

Advances in the Diagnosis and Management of Sepsis and Septic Shock

Sepsis is recognized with dysregulated host response to infection triggering life-threatening organ dysfunction, which composes a high risk for grave outcomes. Severe sepsis is suspected in a significant ratio of patients presenting with an infection in the emergency departments (ED). Sepsis is a great burden on society, especially affecting the elderly, neonates and other vulnerable groups. Septic shock is defined by clinical findings of systemic tissue hypoperfusion, including supranormal lactate levels, with or without arterial hypotension. Administration of vasopressors in the management of septic shock is critical to achieve survival.

Recognition of sepsis in children and the elderly in the ED can be difficult due to the high prevalence of mimicking conditions, the lack of specific diagnostic features, and the involved patients' capacity to compensate until the advanced stages of shock. Scoring systems such as Modified Early Warning Score (MEWS) and National Early Warning Score (NEWS) demonstrated higher predictive values for admission to ICU and death than qSOFA. The QSOFA score may help to achieve faster recognition of sepsis in the ED for timely management.

Sepsis requires multidisciplinary and multi-faceted management. It is one of the clinical situations in which timing is most critical. Emergency healthcare workers are pioneers in evaluating and intervening with patients for life-threatening conditions, including sepsis, within the context of the modern healthcare system. This special issue "Advances in the diagnosis and management of sepsis and septic shock" is designed to cover up-to-date research topics in the field of diagnosis and treatment of sepsis and septic shock, their complications, outcomes, and relevant management recommendations.

Keywords: Diagnosis; Management; Sepsis; Septic Shock; Lactate Hypotension; Vasopressors



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