

Cosa non è ancora chiaro nella sepsi dell'anziano?



Sepsis is amongst the **most complex of diseases** known to man



Preexisting conditions

Hypertension

Recent surgery

COPD

Malignancy

Diabetes

Myocardial infarction





Cardiovascular

- Congestive heart failure
- *Cardiogenic shock*
- Myocardial infarction

Neurological

- Subarachnoid hemorrhage
- Encephalopathy

Pulmonary

- Acute respiratory distress syndrome
- *Pulmonary embolism*

Tissue Injury

- *Pancreatitis*
- Trauma
- Transplant rejection

Metabolic

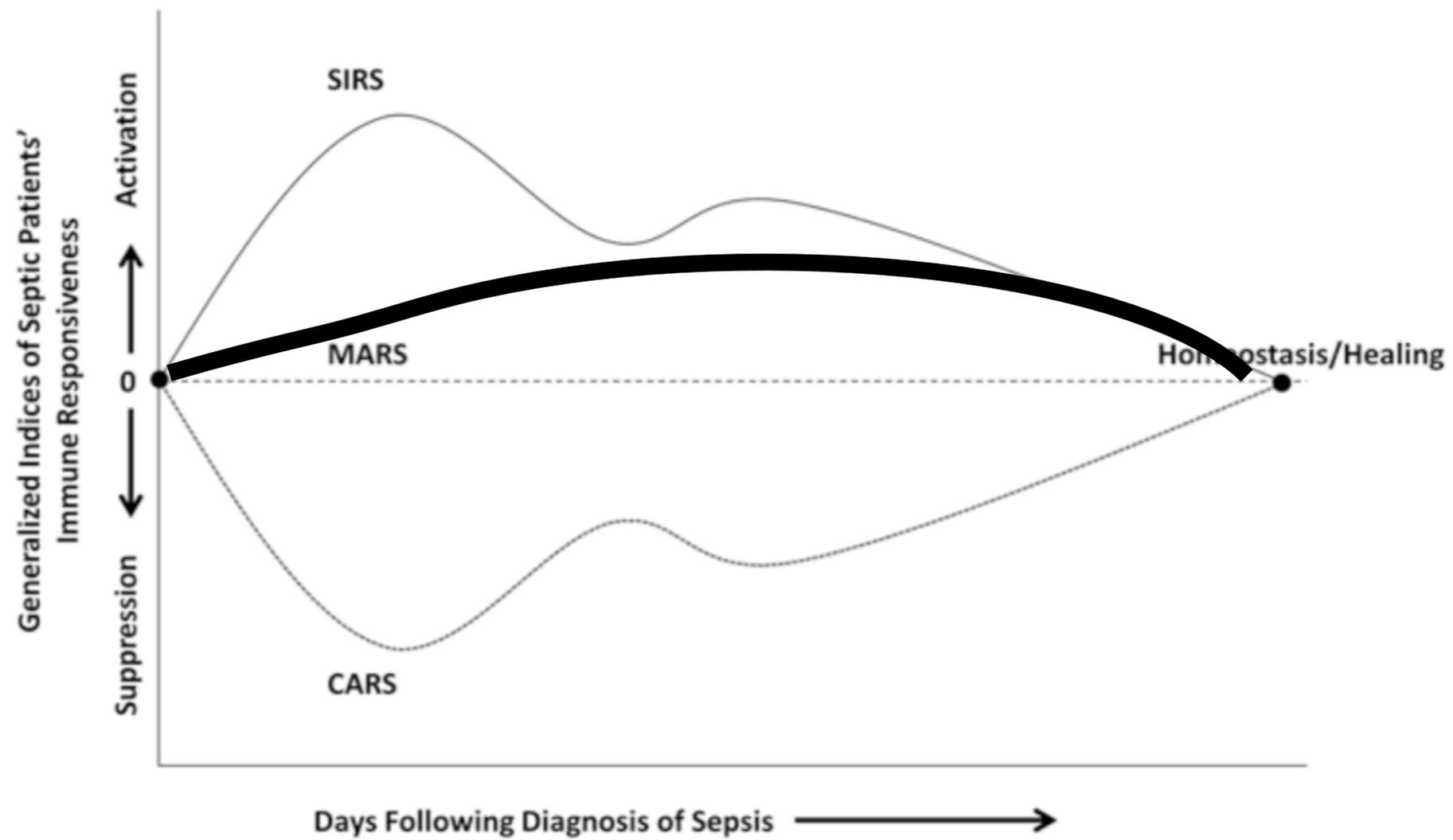
- Thyroid storm
- Acute adrenal collapse
- Tumor lysis syndrome
- *Anaphylaxis*
- Overdose
- Diabetic ketoacidosis

Iatrogenic

- Blood product reaction
- Anesthesia related
- Neuroleptic malignant syndrome

Differential Diagnosis For Sepsis, And Septic Shock





Ward - Levy Sepsis Springer ed.

Fever, the cardinal sign of infection, may be **blunted** or **absent** in the aged.



Not uncommonly patients with sepsis may present with **vague constitutional symptoms**, mild hypotension and tachycardia or with a fever and myalgia that are attributed to '*a viral syndrome*'.



People with sepsis may have **non-specific, non-localised presentations**, for e.g. feeling very unwell, and may not have a high temperature.

Pay particular attention to concerns expressed by the person and their family or carers, for e.g, **changes from usual behaviour.**

Assess people who might have sepsis with extra care if they **cannot give a good history**

The task force chose to emphasize **altered mentation** because it represents any GCS less than 15 and will reduce the measurement burden.





decline in functional status

new or increasing confusion

incontinence

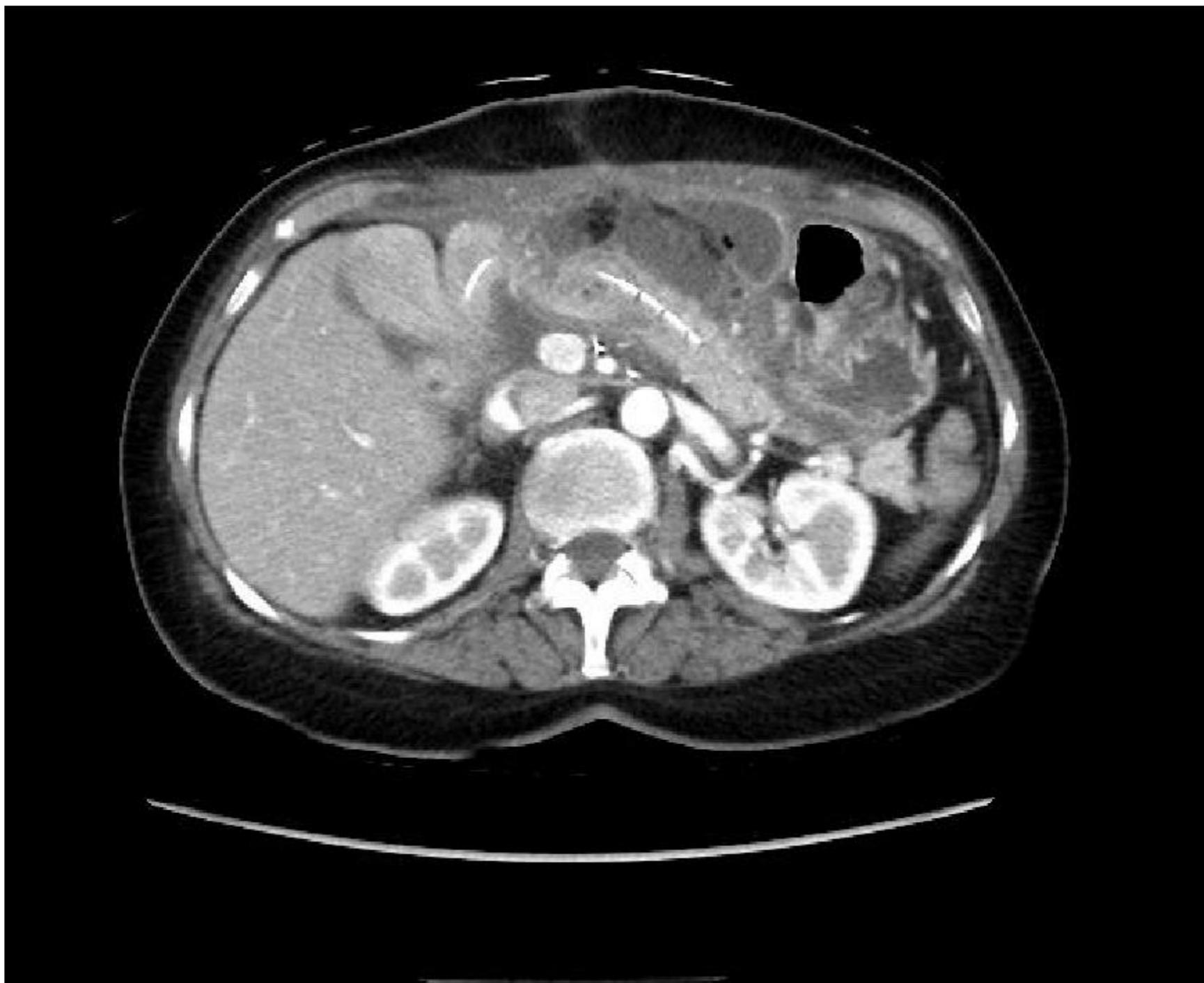
falling

deteriorating motility

reduced food intake

failure to cooperate with staff







Ageing and the gut

Stato confusionale (29%)

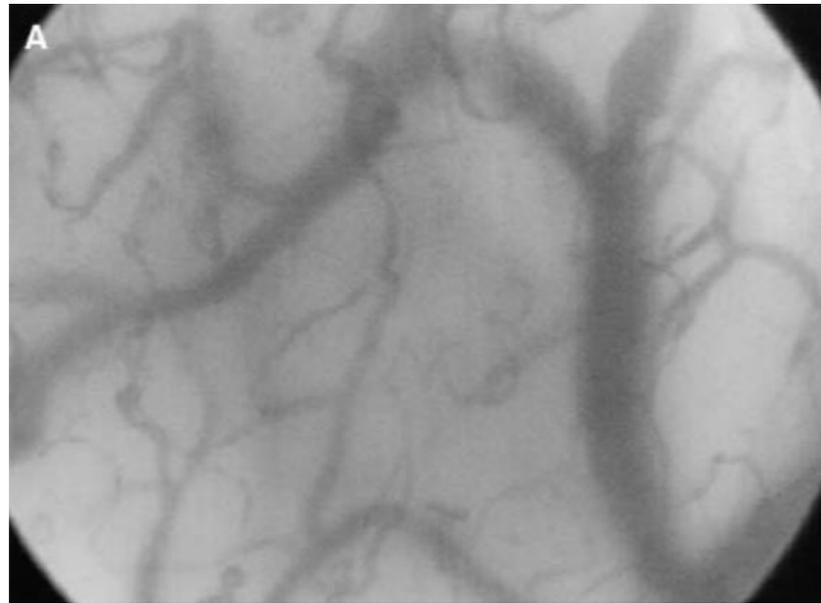
Tachipnea (35%)



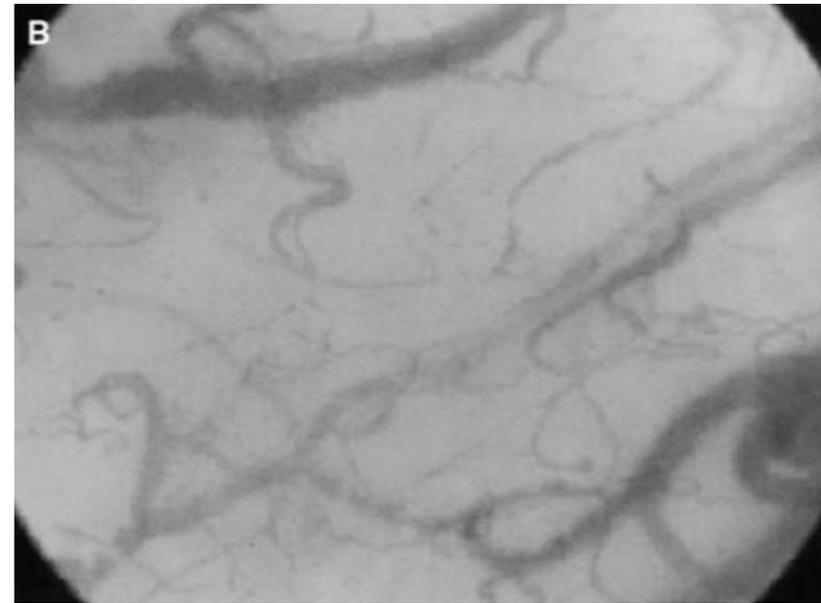
Face-to-face assessment

Assess T, HR, RR, BP, **level of consciousness** and oxygen saturation in young people and adults with suspected sepsis

Examine people with suspected sepsis for mottled or ashen appearance, **cyanosis of the skin**, lips or tongue, non-blanching rash of the skin, any breach of skin integrity (or other rash indicating potential infection).



temp 36,8
FC 65
MAP 82
FR 20
lattati 0.8



temp 38
FC 120
MAP 60
FR 30
lattati 2.9
Hb 8,1

Studio osservazionale nel periodo 1.7 – 31.8 2016

Campione di 98 pazienti

Criteri inclusione: > 65 anni, in Pronto Soccorso

Criteri Sepsi

SIRS

SOFA

qSOFA

qSOFA

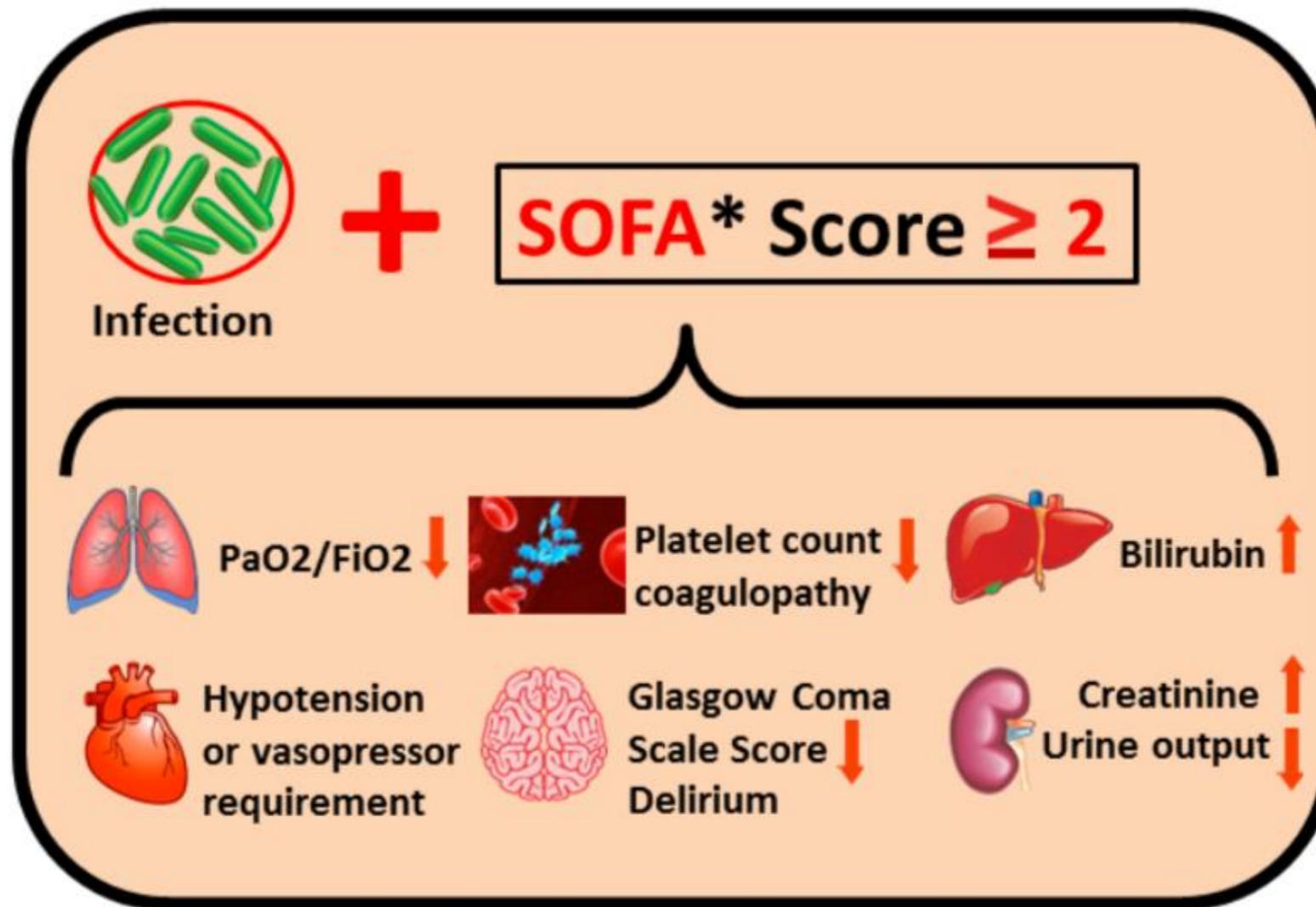


38%

45%

48%





62,2%

Sequential Organ Failure Assessment

Temperatura > 38 o < 36
35,7%



Sepsis is a compulsive search for source of infection
treat patient like trauma



Criteri della febbre in un paziente anziano

Singola temperatura timpanica $> 37,7$

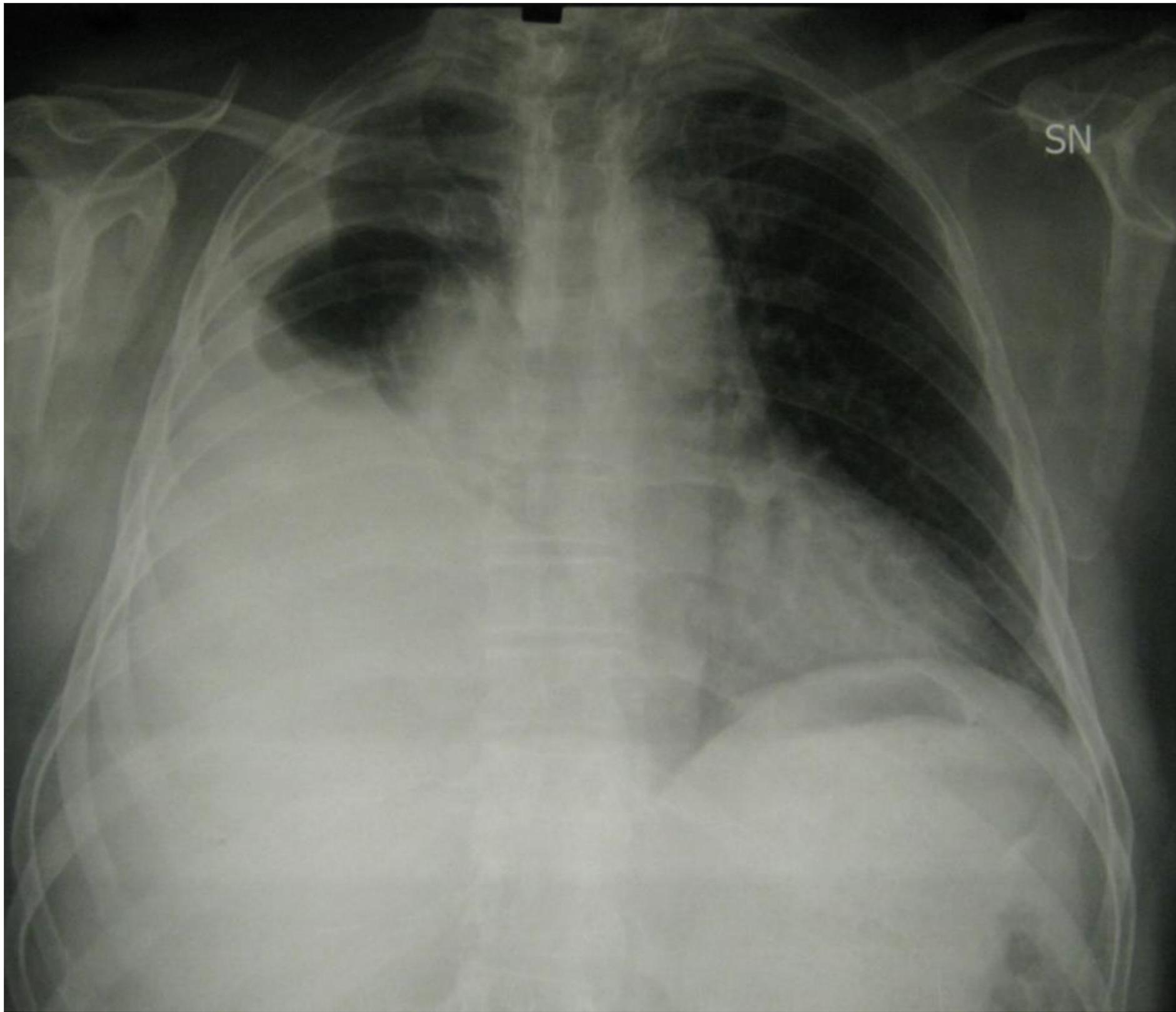
temperatura timpanica ripetuta $> 37,3$

aumento di 1,5 gradi rispetto alla temperatura solita



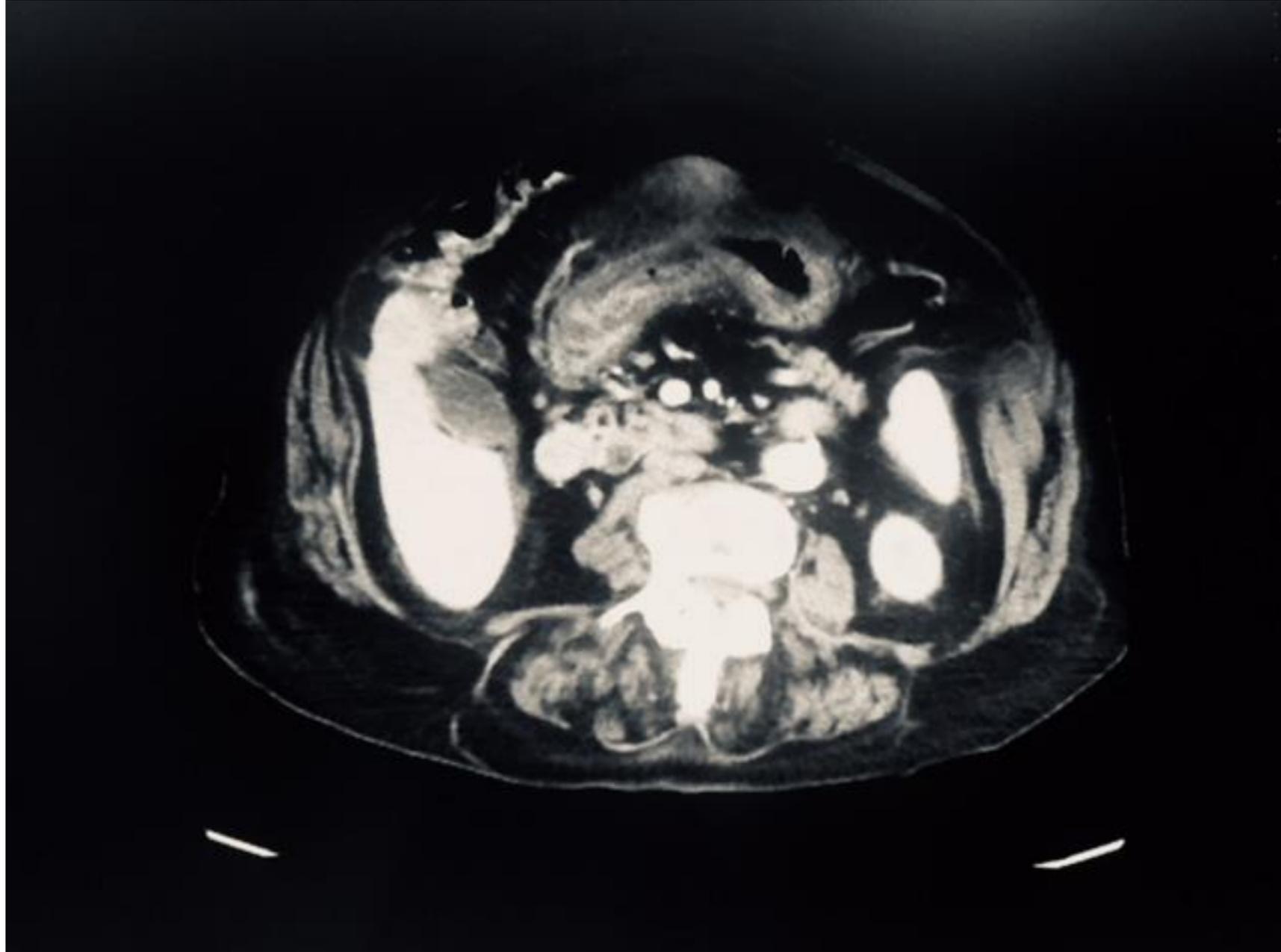
Sede di infezione	Percentuale
Vie Aeree	50,0%
Vie Urinarie	20,4%
Addome	17,3%
Cute e tessuti molli	6,1%
Sconosciuta	4,1%
Endocardite	1,0%

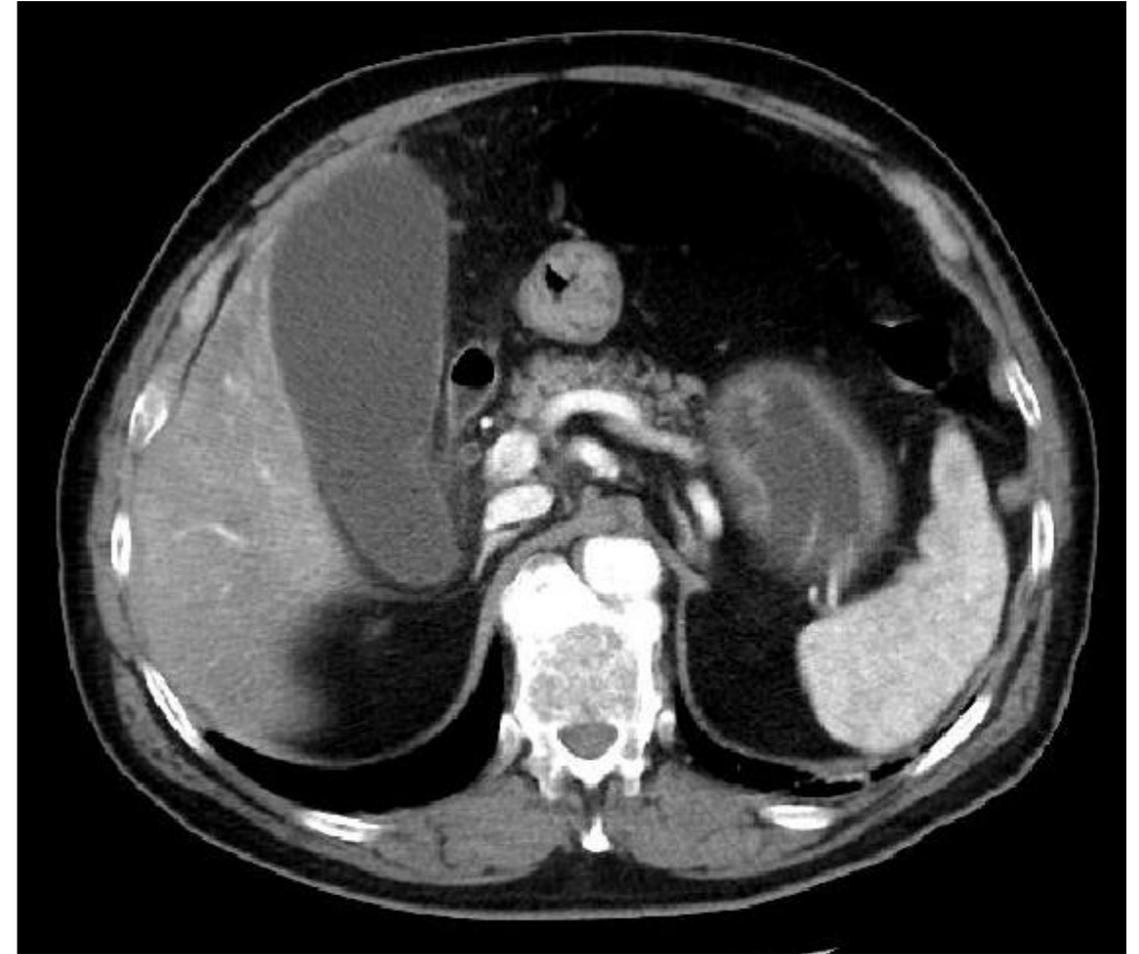
Pulmonary
Urinary
Abdomen
Skin



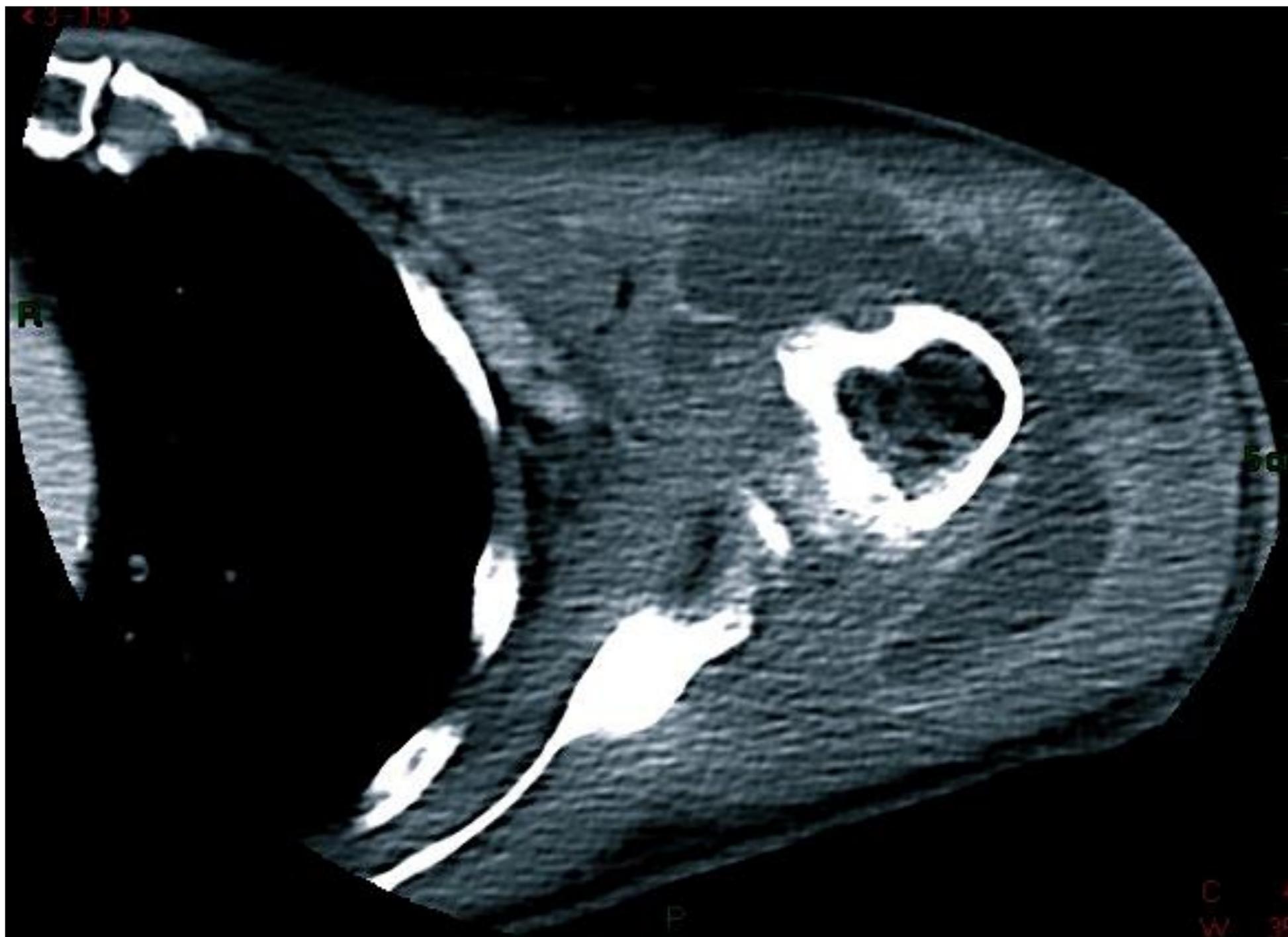
About 35% of older adults with endoscopically proven peptic ulcer disease **do not experience pain.**









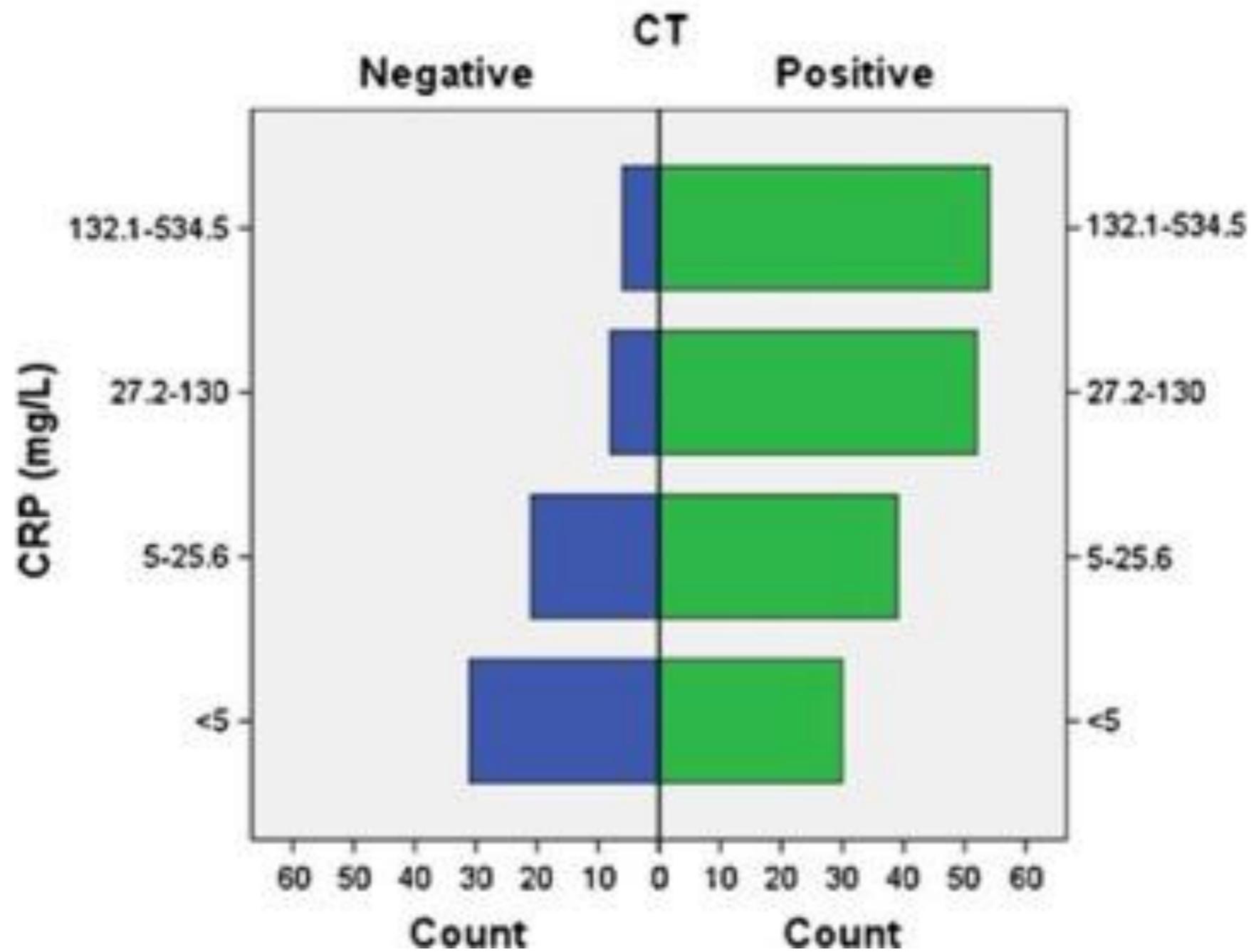




There is no perfect sepsis test

Marik 2014





Absolute CRP values are in general **not helpful**

following the pattern of CRP levels **over time** may provide a clearer picture

PCT was a better **severity marker**



Principal causes of hyperprocalcitonemia

Neuroendocrine tumors

Medullary thyroid cancer

Small cell lung cancer

Carcinoid syndrome

Noninfectious systemic inflammation

Inhalation injury

Pulmonary aspiration

Pancreatitis

Heat stroke

Mesenteric infarction

Severe infection

Trauma

Burns

Surgery



Lactate is a bioenergetic fuel during stress

microcirculatory distress not corrected for 24 hours was the single independent factor predicting patient outcome.



Respect the **glycocalx**

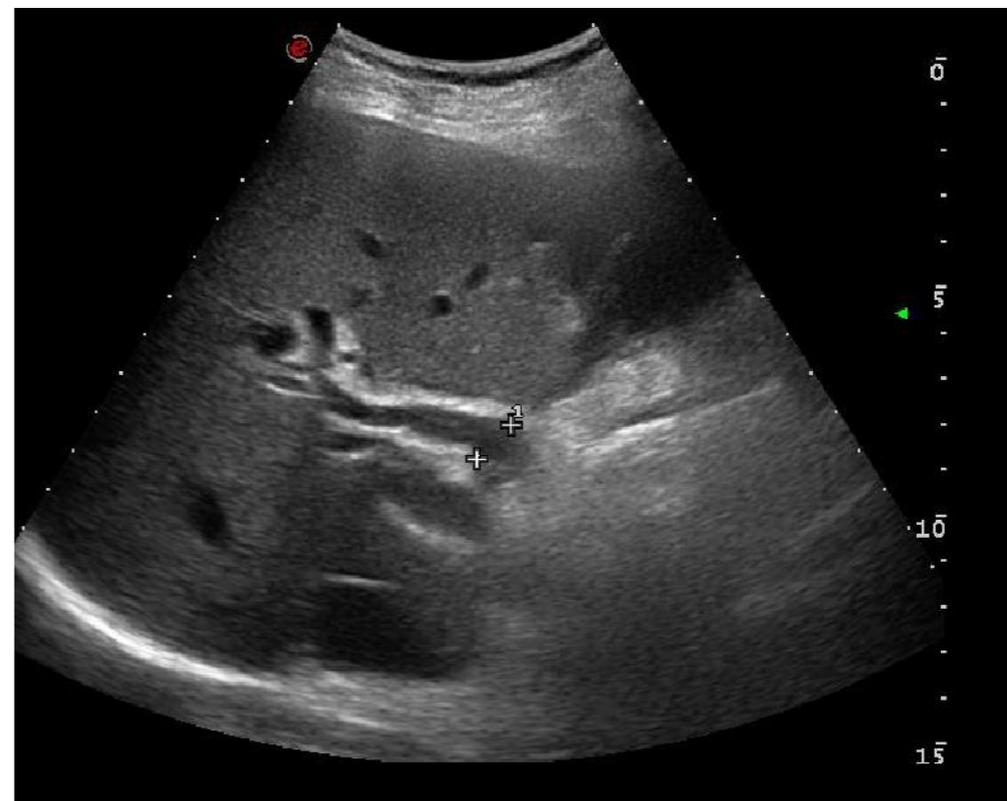
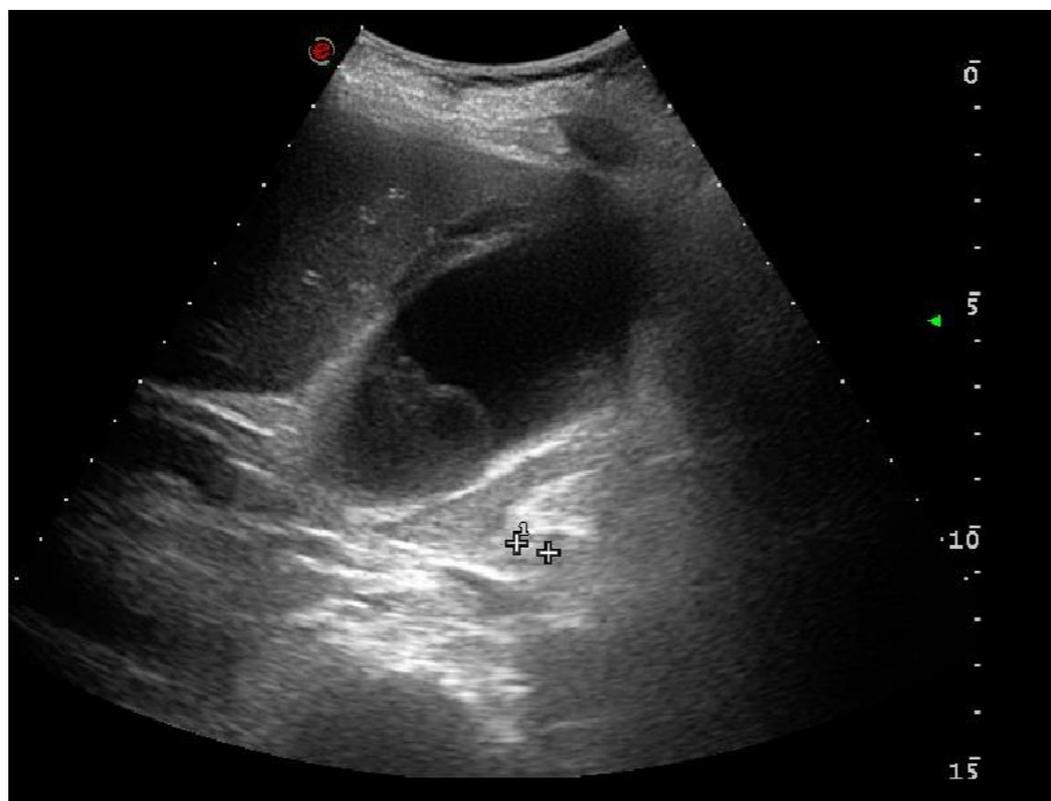
Excess fluid Increases mortality in patients with sepsis

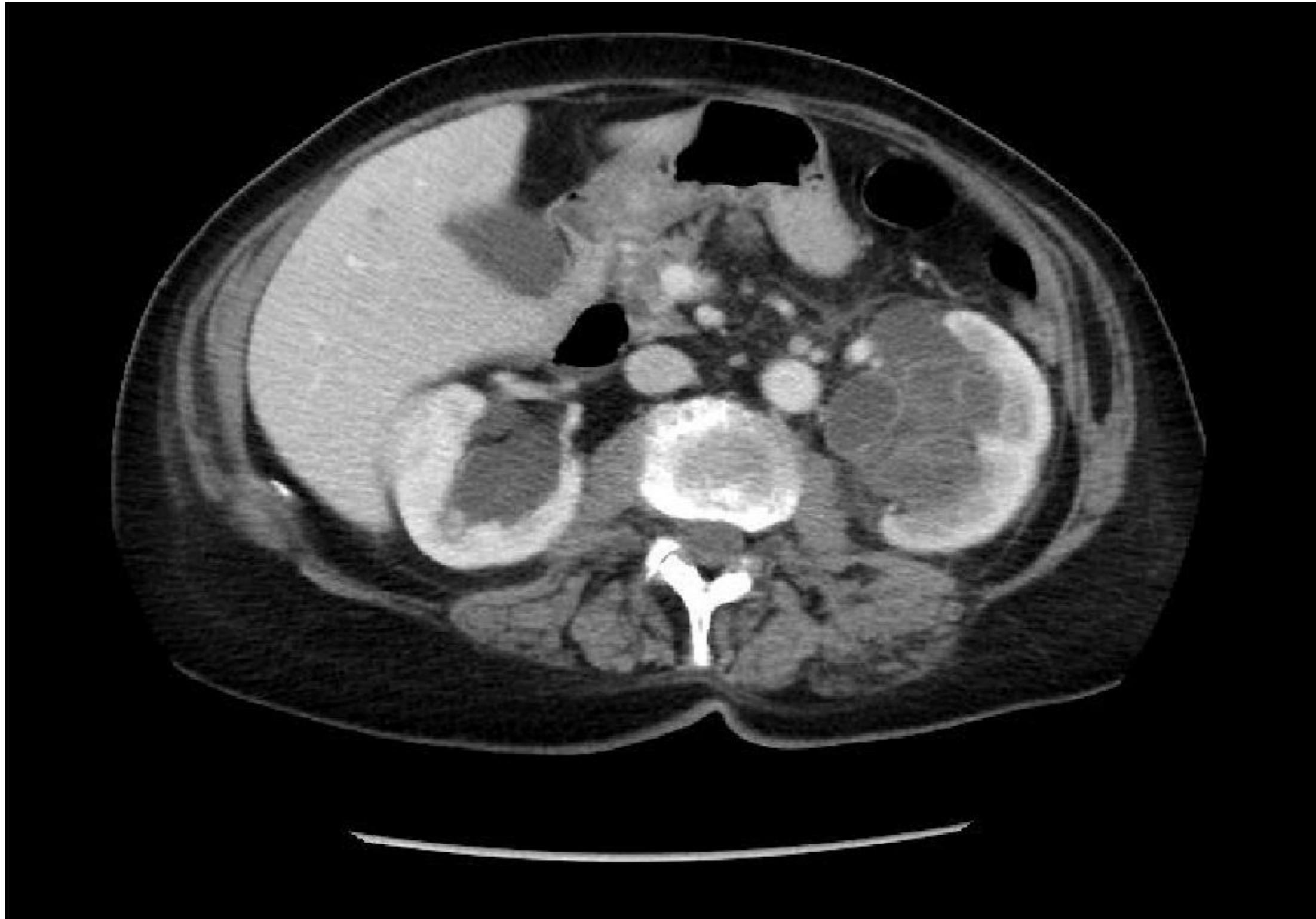
“Give them as much as they need and not a drop more”.....



Septic shock resuscitation: assembling the puzzle









Dolore e sepsi









“Could this be sepsis?” saves lives.



any acute change in functional status in an older patient may herald the onset of an acute illness, and infection should be **at the top** or close to the top of any differential diagnosis in these cases

Hunting the focus of infection



Disposition is destiny

