

Abstract

SG-iSRRS1052

The MET as a tool for increased sepsis awareness and management.

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Objectives:

Analyzing the impact on clinical and logistical outcomes after the introduction of a structured approach during MET calls with suspected infection/sepsis.

Methods:

After every MET call, the ICU registrar documents the details of the call in an electronic database (MET RiskMan registry). In September 2018, a program was introduced to aid in the management of MET calls which may have been related to infection. This program contains elements including source detection and management, imaging and antibiotic guidelines but also requirements for taken appropriate cultures and determination of a lactate. The study will compare the months of June-August and October-December 2018. Primary endpoints include the degree of implementation and clinical outcomes (appropriateness of antibiotics, ICU admission rates, and mortality).

Results:

Full data entry will be performed in January 2019 and will be analyzed during February enabling a full dataset during the conference.

Within the first two weeks of October 2018, 22 septic MET calls were recorded. Overall compliance (lactate and blood cultures) was 77,3%. Lactate analyses was performed in 86,4% of patients and blood cultures in 86.4%. In 36.4% of patients, additional cultures were performed (sputum, urine or wound). Before the arrival of the MET, antibiotics were prescribed in 59.1% of patients. In 31.8% of patients, antibiotics were changed/initiated during the MET call. In total, 95,5% of patients received antibiotics after the MET call.

Conclusions:

Our point prevalence analyzes during the first two weeks of implementation of the sepsis management package was 77.3%. It's expected that between 75-100 MET calls per month will be included thus enabling data analysis on about 500-600 patients. In the current group, qSOFA scores were positive in 18.2% and it would of great interest to see if changes in management in this specific group would provide better outcomes.