

شبكة المعلومات الجامعية التوثيق الإلكتروني والميكروفيلو

بسم الله الرحمن الرحيم





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جامعة عين شمس التوثيق الإلكتروني والميكروفيلم قسم

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تحفظ هذه الأقراص المدمجة بعيدا عن الغبار



MONA MAGHRABY



Incidence and Outcome of Sepsis in Respiratory Intensive Care Unit

Thesis

Submitted for partial fulfillment of Master Degree in Chest Diseases and Tuberculosis

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LIST OF ABBREVIATIONS

A 7 7	To 11 4
Abb.	Full term
ABGs	Arterial blood gases
AIDS	Acquired Immunodeficiency Syndrome
AKI	Acute Kidney Injury
APACHE II	Acute Physiology and Chronic Health
	Evaluation
APC	Activated Protein C
ARDS	Acute respiratory distress syndrome
CBC	Complete blood picture
CT	Computed Tomography
CV	central venous
CXR	Chest X ray
DIC	Disseminated Intravascular Coagulation
DM	Diabetes mellitus
DNA	Deoxyribonucleic acid
DO ₂	oxygen delivery
ESICM	European society of intensive care medicine
F_1O_2	fraction of inspired oxygen
GCS	Glasgow coma scale
HAI	Hospital Acquired Infection
HR	Heart Rate
HTN	Hypertension
ICU	Intensive Care Unit
IHD	Ischemic heart disease
IV	intra venous
LOS	length of stay
MAP	Mean Arterial Pressure
MRCA	Methicillin Resistant Staphylococcus Aureus
PAMP	Pathogen Associated Moleculear Pattern
PaO ₂	arterial partial pressure
PCR	Polymerase Chain Reaction
PEEP	positive end-expiratory pressure
PRP	Pattern Recognition Receptor
QSOFA	Quick Sequential Organ Failure Assessment
R ICU	Respiratory Intensive Care Unit
RCT	Randomized Controlled Trial
RR	Respiratory Rate
SBP	Systolic Blood Pressure
SCC	Surviving Sepsis Compaign

I

∠List of Abbreviations

Abb.	Full term
SCCM	Society of Critical Care Medicine
SIRS	Systemic Inflammatory Response Syndrome
SOAP	The Sepsis Occurrence in Acutely III Patients
SOFA	Sequential Organ Failure Assessment
T	Temperature
UOP	urine output
USA	United States of America
WBCS	white Blood Cells

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INTRODUCTION

Sepsis is a condition, arises when the host response to infection causes organ dysfunction and disability in survivors. The incidence was estimated to be 270 severe sepsis cases/100,000 person years with a mortality of 26%. (1,2) In the last three decades, considerable effort has been expended in improving the recognition, and management of sepsis. From the early 1990s until recently, sepsis was defined as a suspected infection accompanied by a pronounced Systemic Inflammatory Response Syndrome (SIRS). Patients then further categorized as having sepsis, severe sepsis or septic shock based on organ dysfunction and fluid responsiveness. This approach failed to detect many cases of sepsis as many as one in eight for severe sepsis. (3,4) The definition of sepsis was revised in 2016 in The Third International Consensus Definitions for Sepsis and Septic Shock ('Sepsis-3'). After eliminating the term 'severe sepsis', sepsis was redefined as 'life-threatening organ dysfunction caused by a dysregulated host response to infection'. The statement further defined septic shock as a 'subset of sepsis in which profound circulatory failure, cellular, and metabolic abnormalities are associated with a greater risk of mortality than with sepsis alone'. The consensus committee also selected the Sequential Organ Failure Analysis (SOFA) assessment to identify organ dysfunction. The clinical criteria for the diagnosis of sepsis were modified to a SOFA score of 2 or more plus evidence