

**S**urviving sepsis. Sepsis is a bloodstream infection that can start from something as simple as an insect bite or urinary tract infection.

In 2011 sepsis was named the most expensive condition treated in U.S. hospitals. Care and treatment for sepsis represented 5.2 percent of total inpatient hospital costs which reached \$387 billion in 2011. Some experts report that sepsis causes up to 70,000 hospital deaths each year....needlessly.

In 2012 The Surviving Sepsis Campaign was initiated by a joint collaboration of the Society of Critical Care Medicine and the European Society of Intensive Care Medicine in an effort to reduce mortality for severe sepsis and septic shock worldwide. From 2011 and continuing in 2013, over 40 articles have been published in medical literature citing practice guidelines and other best practices for reducing deaths from sepsis.

Recent research has focused on why there has been little progress in the Surviving Sepsis Campaign. In a recent article for Forbes, Dr. Robert Pearl, MD and Dr. Donald Berwick stated it was because too many physicians do too little, too late to treat sepsis.

Some patients arrive at the ER with clear signs of sepsis, such as high fever and low blood pressure. Younger and healthier patients don't show definite signs of the condition, but are still at risk for death if not treated aggressively.

The most important step in diagnosing sepsis is a blood test to

measure lactic acid levels. In the sickest patients this test is almost always positive and aggressive treatment with antibiotics and other supportive measures should begin within minutes.

But in patients with less severe disease the blood test results are indeterminate – not clearly negative or positive. Then the physician must decide whether to treat aggressively or “wait and see”. Experience has shown that most patients who die from sepsis were in the indeterminate group due to delayed testing and treatment.

Medical students are taught to “first do no harm”. Their actions are scrutinized in monthly “morbidity and mortality” conferences in the hospital. In addition, hospital Quality Assurance committees investigate physicians whose treatments cause complications. Those who delay treatment with a wait and see approach are less likely to be questioned.

Sepsis often results in rapid decline, debilitation or death in patients whose treatment is delayed by “watchful waiting”. However, in these cases, it is likely the disease is blamed for the patient's death, not the physician's lack of prompt treatment.

Some hospital ERs are taking a proactive approach to surviving sepsis by adopting a sepsis protocol which has shown to save thousands of lives.

In cases which involve debilitation or death from sepsis, one of the attorney's first questions should be: Did the hospital have a sepsis protocol?