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Incorporating individual organ shock into the septic shock and separating a shock and a failure

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Sepsis is defined as life-threatening organ dysfunction caused by a dysregulated host response to infection. Septic shock is defined as a subset of sepsis in which underlying circulatory and cellular/metabolic abnormalities are profound enough to substantially increase mortality. Clinically, sepsis is identified by suspected or documented infection and an acute increase of ≥ 2 SOFA points (a proxy for organ dysfunction). And in case of septic shock, sepsis and vasopressor therapy needed to elevate MAP ≥ 65 mmHg and serum lactate >2 mmol/L (18 mg/dL) despite adequate fluid resuscitation is used. In contrast to new sepsis which deals with multiple organs, definition of septic shock focuses on circulatory shock and cellular/metabolic shock, seeming not to consider other imperative organs such as CNS or lung. It is a big mistake of septic shock definition. If a sepsis refers to organ dysfunction caused by infection, likewise circulatory and cellular/metabolic shock, respiratory, neurologic and other organs shock should be included in the definition of septic shock. This suggestion is supported that hypoxia and unresponsiveness is associated with increased mortality in sepsis. One more problem is that septic shock definition includes failure of adequate fluid resuscitation in itself even though there is no prerequisite reason. Furthermore, assessment of volume status and adequate fluid resuscitation is still challenging in critical care era. So the separation of a shock and a failure in the clinical definition of septic shock was should be considered.

Biography

Sion Jo has completed his Residency of Emergency Department from Seoul National University Hospital. He is an Assistant Professor of the Chonbuk National University Hospital. He has published more than 10 papers in reputed journals. He has designed the NEWS-L score and a Sion's tube.

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