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Effectiveness of quick sequential organ failure assessment (qSOFA) as sepsis screening tool in the emergency department (ED)

Ajibola K Ibironke

University of Maryland, USA

Statement of the Problem: The lack of a rapid diagnostic tool contributes to poor sepsis recognition. In 2016, qSOFA was introduced to help identify patients with a suspected infection who are at risk for sepsis and potential for poor outcomes. Few retrospective and prospective studies have evaluated the performance of qSOFA in predicting hospital mortality. However, no study has examined its effectiveness as a screening tool. The purpose of this study was to evaluate the effectiveness of qSOFA as a sepsis-screening tool in the ED.

Methodology & Theoretical Orientation: A convenience sample of 50 adult ED patients were screened for sepsis during triage using the qSOFA tool. The qSOFA incorporates three criteria: Glasgow Coma Scale ≤ 15 , Systolic Blood Pressure ≤ 100 mmHg, and Respiratory Rate ≥ 22 /min. A score ≥ 2 is considered positive. Demographic data, labs and treatment were collected from the electronic health record. Knowledge to action framework was utilized to incorporate this evidence-based tool into clinical practice.

Findings: Among 50 patients screened, 29 (58%) patients were qSOFA positive and 21 (42%) patients were qSOFA negative. Patient's mean age was 56.5 years old, 64% were female and 55.2% came from nursing home. The white blood cell count, lactic acid level, amount of intravenous antibiotics administered in the ED and average length of stay was higher in qSOFA positive patients compare to negative patients (38 vs. 11.7 x10⁹/L, 6.0 vs. 1.9mmol/L, 67.8% vs. 9.5%, and 6.5 vs. 1.7 days respectively).

Conclusions & Significance: qSOFA was effective in early identification of patients at risk for sepsis. The qSOFA is a simple tool that requires no laboratory values to calculate. As frontline clinicians, ED nurses can utilize this tool to identify patients at risk for sepsis.

Biography

Ajibola K Ibironke is a final year student in the Adult-Gerontology Acute Care Nurse Practitioner/Clinical Nurse Specialist/Doctor of Nursing Practice Program at the University of Maryland. She is passionate about moving evidence base research findings to the bedside. Her Doctoral capstone was focus on improving sepsis care. She has also practiced as a Critical Care Nurse for eight years.

aibir003@umaryland.edu

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