

# What the experts say

## The role of pneumonia and sepsis

Leading institutions in healthcare recognize sepsis as a significant challenge. Sepsis is a blood stream infection that creates a cascade of bodily responses, which can ultimately result in organ failure and/or death.¹ Sepsis is one of the leading causes of death in the United States,² with a 34.7 to 52% mortality rate in hospitals.³ Sepsis affects more than one million people a year and causes 258,000 deaths annually in the U.S.⁴ Furthermore, the treatment of sepsis costs the U.S. healthcare market \$24 billion per year, making it the number one hospitalization cost in the country.⁵ Individually, sepsis costs an average of \$20,000 - \$40,000 per hospital stay.⁶ While any infection can lead to sepsis, respiratory infections are the most common precipitating condition.⁵ Below is a summary of some of the evidence highlighting the relationship between pneumonia and sepsis.

## **Recommendations & guidelines**

# Centers for Disease Control and Prevention (CDC) 2017<sup>1</sup>

• "Sepsis is often associated with infections of the lungs (e.g., pneumonia)..."

## Association for Professionals in Infection Control and Epidemiology (APIC) 2015<sup>4</sup>

 "Any type of infection can lead to sepsis, but sepsis is most often associated with pneumonia..."

#### Mayo Clinic 2016<sup>8</sup>

 "While any type of infection – bacterial, viral or fungal – can lead to sepsis, the most likely varieties include: pneumonia..."

#### Sepsis Alliance 2017<sup>9</sup>

• "Sepsis and septic shock can result from an infection anywhere in the body, including pneumonia."

# Health Care Utilization Project database (AHRQ) 2017<sup>10</sup>

- Sepsis developed in 36.3% of patients with nonventilator hospital-acquired pneumonia (NV-HAP).
- Sepsis developed in 1.9% of the Community Acquired Pneumonia patients (matched cohort).

## American Hospital Association (AHA), Health Research and Educational Trust (HRET), U.S. Department of Health and Services (HEN) 2014<sup>11</sup>

- "Establish and implement protocols to reduce postoperative pneumonia in patients who will receive general anesthesia."
- "Consider a pre-operative CHG oral rinse the night before and the morning of surgery to reduce the risk of post-operative pneumonia for those who will be receiving general anesthesia."

## **Published outcomes**

#### Severe sepsis and septic shock.12

• "Pneumonia is the most common cause [for sepsis], accounting for about half of all cases..."

# The Role of Infection and Comorbidity: Factors that Influence Disparities in Sepsis 2006<sup>7</sup>

• The most common type of infection causing sepsis are respiratory infections.



# What the experts say

# The role of pneumonia and sepsis

## **Published outcomes (cont.)**

# Implications of the new international sepsis guidelines for nursing care.<sup>13</sup>

 "General principles of caring for any patient undergoing mechanical ventilation continue to be relevant to patients with sepsis."

## Non-Ventilator Hospital Acquired Pneumonia Versus Pneumonia as an Admission Diagnosis in Patients Who Develop Sepsis: Incidence and Cost.<sup>10</sup>

• "Sepsis incidence associated with NV-HAP (non-ventilator associated pneumonia) was 19 times greater than that associated with AP (admitted pneumonia) (36.3% vs 1.9%). LOS was significantly longer and total hospital charges were significantly greater for patients with sepsis associated with NV-HAP (both P <.001). The risk of sepsis developing was 28.8 times greater with NV-HAP than with AP."

#### References

1. Sepsis. Centers for Disease Control and Prevention. https://www.cdc.gov/sepsis/basic/qa.html. Published April 13, 2017. Accessed August 9, 2017. 2. Kochanek KD, Murphy SL, Xu J, Tejada-Vera B. Deaths: Final Data for 2014. National Vital Statistics Reports. 2017;65(4). 3. Liu V, Escobar GJ, Greene JD, et al. Hospital Deaths in Patients with Sepsis from 2 Independent Cohorts. JAMA. https://www.ncbi.nlm.nih.gov/pubmed/24838355. Published July 2, 2014. Accessed August 21, 2017. 4. Three Steps toward Preventing Infections during Cancer Treatment. APIC. https://apic.org/For-Consumers/Monthly-alerts-for-consumers/Article/id-sepsis. Accessed July 14, 2017. 5. Torio CM, Moore BJ. National Inpatient Hospital Costs: The Most Expensive Conditions by Payer, 2013: Statistical Brief #204. Agency for Healthcare Research and Quality. https://www.hcup-us.ahrq.gov/reports/statbriefs/sb204-Most-Expensive-Hospital-Conditions.pdf. Accessed July 26, 2017. 6. Arefian H, Hublien S, Scherag A, et al. Hospital-related cost of spesis: A systemic review. Journal of Infection. 2017;74(2):107-117. 7. Esper AM, Moss M, Lewis CA, Nisbet R, Mannino DM, Martin GS. The role of infection and comorbidity: Factors that influence disparities in sepsis. Crit Care Med 2006; 34:2576-82; PMID:16915108; http://dx.doi.org/10.1097/01.CCM.0000239114.50519.0F 8. Sepsis: Mayo Clinic. http://www.mayoclinic.org/diseases-conditions/sepsis/symptoms-causes/dxc-20169787. Published January 15, 2016. Accessed July 17, 2017. 9. Sepsis and Pneumonia. Sepsis Alliance. http://www.sepsis.org/sepsis-and/pneumonia/. Accessed July 17, 2017. 10. Giuliano, K. et al. Non-Ventilator Hospital Acquired Pneumonia Versus Pneumonia as an Admission Diagnosis in Patients Who Develop Sepsis: Incidence and Cost. Northeastern University, Boston, MA; poster presentation AACR/NTI May 2018. Boston MA.11. Pfuntner A, Wier LM, Steiner C. Costs for Hospital Stays in the United States, 2010: Statistical Brief #146. National Center for Biotechnology Information. https://www.ncbi.nlm.nih.gov/pub