Regional forskningskonferanse 2017

Sammendraget skal ha maksimum 250 ord.
Ferdig utfylt mal må lagres før den sendes til nina.slind@stolav.no innen 7. april.
Filnavn: Etternavn + tittel på abstract

**Forfattere:** Åsa Askim* (MD, anaesthesiologist)\(^1,3,9\), Florentin Moser* (MD)\(^3\), Lise.T Gustad (RN, PhD)\(^3,8,9\), Helga Stene (MS)\(^10\), Maren Gundersen (MS)\(^10\), Bjørn Olav Åsvold (MD, PhD, Associate Professor)\(^4,6,9\), Jostein Dale (MD)\(^2\), Lars Petter Bjørnsen (MD,PhD) \(^2\), Jan Kristian Damås (MD, Professor)\(^5,7,9\), Erik Solligård (MD, Associate Professor)\(^1,2,3,9\)

*Equal contribution

1 Clinic of Anesthesia and Intensive Care, St Olav University Hospital, Trondheim, Norway.
2 Clinic of Emergency Medicine and Prehospital Services, St Olav University Hospital, Trondheim, Norway.
3 Department of Circulation and Medical Imaging, NTNU, Norwegian University of Science and Technology, Trondheim, Norway.
4 Department of Endocrinology, St Olav University Hospital, Trondheim, Norway.
5 Department of Infectious Diseases, St Olav University Hospital, Trondheim, Norway.
6 Department of Public Health and General Practice, NTNU, Norwegian University of Science and Technology, Trondheim, Norway.
7 Centre of Molecular Inflammation Research of Cancer Research and Molecular Medicine, NTNU, Norwegian University of Science and Technology, Trondheim, Norway.
8 Department of Medicine, Levanger Hospital, Nord-Trøndelag Hospital Trust, Levanger, Norway.
9 Mid-Norway Sepsis Research Center, NTNU, Norwegian University of Science and Technology, Trondheim, Norway.
10 Faculty of Medicine, NTNU, Norwegian University of Science and Technology, Trondheim, Norway

**Kontaktdetaljer korresponderende forfatter:**
Etternavn: Askim

Fornavn: Åsa

Arbeidssted: ISB, NTNU og St Olavs hospital

Telefon: 99642130

E-post: asa.askim@ntnu.no
Tittel: Poor performance of quick-SOFA (qSOFA) score in predicting severe sepsis and mortality – a prospective study of patients admitted with infection to the emergency department

Formål: We aimed to evaluate the qSOFA as a clinical identification and risk tool for sepsis compared to traditional SIRS criteria or the Rapid Emergency Triage and Treatment System (RETTS).

Metode: The study was an observational cohort study performed in the Emergency Department (ED) at St Olav’s university hospital. We prospectively included all patients >16 years presenting with symptoms or clinical signs suggesting an infection (n=1535) from January 1 to December 31, 2012. At arrival in the ED, vital signs were recorded and all patients were triaged according to RETTS, vital signs, presenting infection, and sepsis symptoms. These admission data were used to calculate qSOFA and SIRS. Treatment outcome was later retrieved from the patients' electronic records (EPR) and mortality data from the Norwegian population registry.

Resultat: Of the 1535 admitted patients, 108 (7.0%) fulfilled the Sepsis2 criteria for severe sepsis. The qSOFA score ≥2 identified only 33 (sensitivity 0.32, specificity 0.98) of the patients with severe sepsis, whilst the RETTS-alert ≥orange identified 88 patients (sensitivity 0.85, specificity 0.55). Twenty-six patients died within 7 days of admission; four (15.4%) of them had a qSOFA ≥2, and 16 (61.5%) had RETTS ≥ orange alert. Of the 68 patients that died within 30 days, only eight (11.8%) scored ≥2 on the qSOFA, and 45 (66.1%) had a RETTS ≥ orange alert.

Konklusjon: In this observational cohort study, qSOFA failed to identify two thirds of the patients admitted to an ED with severe sepsis and was also poor to predict 7-day and 30-day mortality