Preface

Caring for Sepsis Patients: An Update

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Sepsis is a common illness and is recognized in the recent World Health Organization resolution as a global health priority.¹ In February 2016, the definitions of sepsis were updated with the emphasis on organ dysfunction being triggered by a dysregulated host response to infection. Septic shock was redefined as a subset of sepsis carrying a worse prognosis. Explicit clinical criteria were published for identifying sepsis, septic shock, and infected patients at risk of bad outcomes.^{2–4}

The new sepsis definitions emphasized reliability, feasibility, and validity attributes, and these have been generally confirmed in recently published epidemiology studies. Despite issues surrounding coding, the incidence of sepsis is increasing due to an aging population and increasing medical interventions. Many patients who survive their sepsis-related hospitalization continue to suffer from longer-term morbidity and increased risk of death.^{5–10}

Despite the significant advances in our understanding of the pathobiology of sepsis, sepsis management remains largely supportive, with no specific treatments shown to be of benefit. Tailoring treatments based on biological (clinical and laboratory) patient characteristics will likely add further benefit over and above that achieved through improving the general quality of care as recommended by the Surviving Sepsis Campaign guidelines. Furthermore, a number of novel treatments are in the pipeline. To achieve this goal, our focus is now on both identifying septic patients most likely to benefit from specific interventions or who are at greatest risk of bad outcomes and exploring novel trial designs to identify specific treatments in identified subpopulations.^{11–14}

This issue of *Critical Care Clinics* is dedicated to providing a comprehensive update to practicing physicians on the epidemiology and biology of sepsis, ongoing controversies, clinical care, and novel treatment strategies.

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