

Nutritional /glycaemic control

- Pt unwell have problems with absorption and have to keep in mind that our enterocytes lining need direct food from bowel to sustain themselves. If not eating, get secondary bowel dysfunction coz food not reaching lumen and enterocytes not sustaining themselves.
 - o So need ng tube to nourish d bowel: the earlier the better
 - o **Early nutrition**
- Hyperglycemia increase mortality
 - o Glycogenolysis
 - o Insulin resistance
 - A gd proportion fo patients, even if not diabetic, get hyperglycemia: this is ass with inc mortality itself;
 - This imp of tight glycemic control though iv insulion, in someone unwell with sepsis
- Management: tight glycaemic control through IV insulin

Relative adrenal insufficiency

- Common up to 50%
 - o Can have relative or absolute adrenal insufficiency
 - o Eg 80 yr old will not start with 100 % efficient adrenals. If he's stressed won't be able to pump up enough steroids for physiological needs: thus cortisol deficiency
- In sepsis give low dose steroids
 - o High dose not gd coz immuno suppresses patient
- Management: low dose steroids decrease duration of shock and in hospital mortality

Sepsis management

- Empirical antimicrobials based on an intelligent guess
- General supportive care

Antibiotic general principles

- **What is the most likely source? (to target part organisms)**

Source of sepsis

- Retrospectively, around 20% of infections originate from each of
 - o Respiratory
 - o Intra-abdominal
 - o Urinary tract sources imp gd history from patient/relatives
- At least 20% unknown source
- **The earlier the better**
 - o Give antibiotics within the hour