

evaluated.

Predictive Value of Trending SOFA in Early Management of Sepsis

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Limitations Analysis of SOFA Scores Background •Heterogeneity of patient sample •Sequential Organ Failure Assessment Change in SOFA Score vs. Amount of collection and timing confounds Score (SOFA) has been offered as the Fluids Given in ED interpretation. most precise metric so far for severity of •Small size of high sofa score sepsis. 8 patients confounds the ability to •Predictive value of worsening scores, E beginning in the ED, has not been stratify patients into more specific E,

categories.

Objective

We assessed the mortality risk of change in first two SOFA scores for all levels of initial sepsis severity. Our hypothesis is that trending of early change in SOFA will provide actionable data to guide resuscitative efforts.



Mortality %Avg Change In SofaLow Initial Sofa (<5)</td>3No ChangeMiddle Initial Sofa
(5-7)14Improvement by 2.86High Initial Sofa (≥8)36.7Worsening by 0.86

Conclusions

Early trending of SOFA progression in sepsis patients is of marginal benefit compared to the initial SOFA in isolation.
Initial SOFA score is highly predictive of mortality, but high-risk patients with improving SOFA still showed high mortality.
Fluid resuscitation and oxygen may suggest misleading clinical improvements in seriously ill patients.
Further studies looking at a larger patient size and trending SOFA

Methods

- •Retrospective Chart Review at an Urban Teaching Hospital
- •Included 384 patients coded as "sepsis/present on admission" for a fourmonth period in 2019 (pre-Covid19).

•Calculated initial and second SOFA scores, mortality percentages for 3 levels of SOFA severity, and correlation of percentage death to worsening SOFA scores

Results

•SOFA scores seemed to improve with greater amounts of fluid resuscitation, but with poor R2 correlation.

•11 of the 30 patients in the high risk group expired. 9 of the patients who expired had improved or unchanged SOFA scores on the second SOFA measurement.
•As expected, initial sofa scores correlate with higher in hospital mortality. However, in the high sofa group, improvements in second sofa score did not correlate with improved mortality. investigating this important research question.

scores longer could be invaluable to