
Optimizing Sepsis Management in the Intensive Care Unit: An Interview With Jordi Trafi



“Studies continue to show that guiding antibiotic therapy based on the dynamics of PCT levels in the blood will reduce not only the use of antibiotics but also the length of stay, hereby lowering hospital costs significantly” - an interview with Jordi Trafi.

Sepsis can easily escalate to the life-threatening condition septic shock which has a mortality rate of about 40 %. In most cases, patients expire during intensive treatment in the ICU, after a long fight against the infection and a constantly decreasing function of vital organs.

Patients with septic shock have a high ICU mortality rate and long ICU length of stay and are substantially expensive to treat. It's especially these days of intensive treatment of sepsis in the ICUs which make this disease costly and a significant burden to our health system.

If sepsis has not been diagnosed yet, the level of PCT will help to identify patients with either a very limited or high risk of having an infection. In the cases when a patient has not received any antibiotic treatment, increased levels of PCT will alarm clinicians and support better treatment of the patient.

In case sepsis has already been diagnosed and antibiotic therapy is in place, regular PCT results will indicate whether the antibiotic treatment is successful or not. Decreasing PCT levels indicate successful therapy, while persistent high or increasing PCT levels indicate treatment failure. In such cases, alternative antimicrobial treatment needs to be considered. Moreover, treatment failure might indicate bacterial resistance which would require immediate attention.

Read the interview with Jordi Trafi on the [optimization of sepsis management in the ICU](#)

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