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Mahidol University
Faculty of Medicine Ramathibodi Hospital

ADULT SEPSIS DAY 2026

A Case-Based Approach to Sepsis Management: Integrating Emerging Trends and Evidence in 2026

Saturday,
13 June 2026

09:00 – 16:00

Room 910ABC, 9th Floor
อาคารเรียนและปฏิบัติการรวมด้านการแพทย์ โรงพยาบาลรามาธิบดี มหาวิทยาลัยมหิดล

HIGHLIGHTS

- Early recognition of sepsis
- Rapid diagnosis & 60-minute intervention
- Advanced shock management & vasopressor strategies
- Respiratory, renal & other organ support
- Latest SSC 2026 guideline updates










REGISTER NOW!

LIMITED SEATS AVAILABLE

Free registration !
Onsite only

Organized by
Division of Critical Care Medicine
Faculty of Medicine Ramathibodi Hospital

gma Pt journey

The Sepsis Chain of Survival

AWARENESS & PREVENTION

Community and facility-level infection control. (e.g., hand hygiene)

CAUTI VAP PAP ??

EARLY RECOGNITION

The trigger point (Screening) & Call for help.

SOURCE CONTROL

Promptly identify and remove or drain infection focus.

INITIAL RESUSCITATION

Apply 'Golden Hour' interventions: fluids, O2, antibiotics.

CRITICAL CARE WITHOUT WALLS

Rapid escalation and ICU networking across the facility.

POST-SEPSIS CARE

Recovery, rehabilitation, and long-term follow-up.

"sepsis chain of survival "
to prevent the transitional from simple infection to refractory shock

Surviving Sepsis

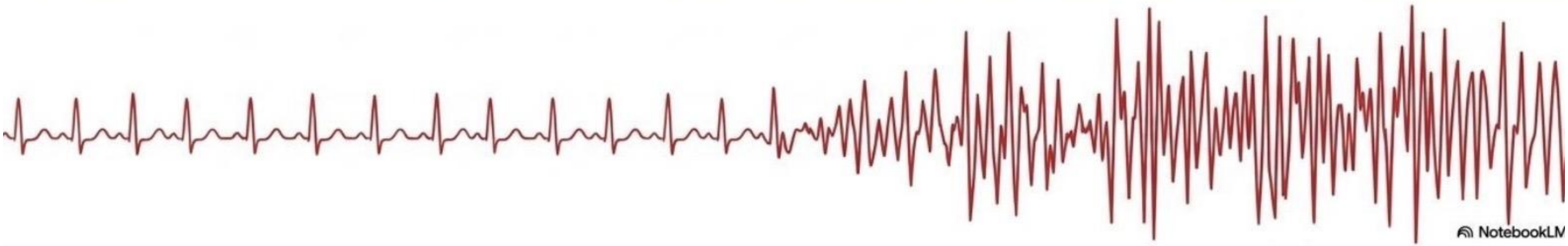
The qSOFA Trap: Waiting is Failing

The Clinical Insight

Waiting for qSOFA to turn positive often means the patient is already entering the exact **Shock** phase you are trying to prevent.

The Verdict

qSOFA is highly specific for mortality, but fundamentally lacks the sensitivity required for early sepsis screening.
Do not use it alone.



The 2026 Sepsis Screening Matrix

Tool Name	Sensitivity (Early Catch)	Specificity (Mortality Prediction)	2026 SSC Recommendation	The Epi Perspective
SIRS			Acceptable	The Noisy Tool.
qSOFA			Do Not Use Alone	The Mortality Predictor. Fails early screening.
NEWS / NEWS2			**Strongly Preferred**	The Superior Choice for the deteriorating patient.

2026 Core Recommendation: For in-hospital patients, use NEWS, NEWS2, MEWS, or SIRS over qSOFA as a single screening tool. Sepsis remains a clinical diagnosis; no single tool is perfect.

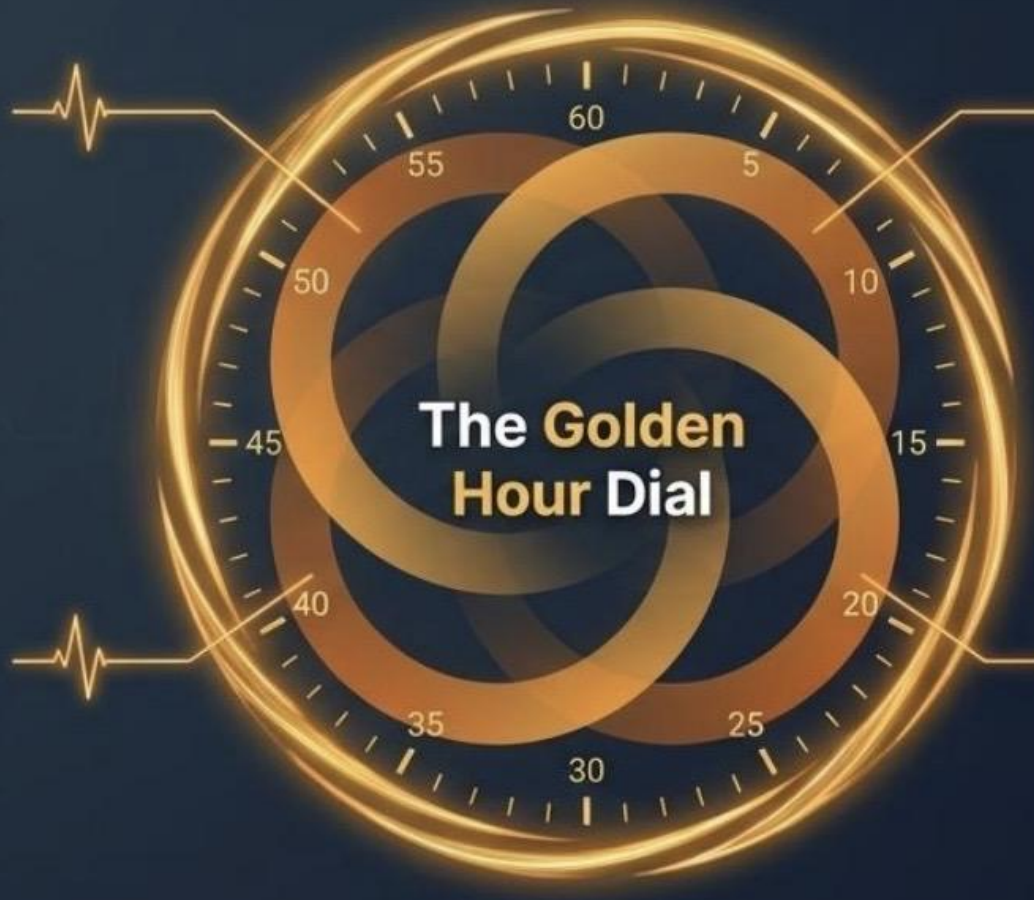
The Paradigm Shift: Previous sepsis vs. Sepsis Now

The Diagnostic Shift Matrix

Dimension	Previous sepsis	Sepsis Now & Then
Primary Diagnostic Focus	Late-stage organ failure.	Early physiological deterioration.
Screening Tool	qSOFA (Quick Sequential Organ Failure Assessment).	EWS/REWS (Ramathibodi Early Warning Score), NEWS, or SIRS.
Sensitivity	Low sensitivity for early diagnosis.	High sensitivity; captures subtle metabolic distress.
Global Guidelines	Sepsis-3 initial recommendations.	Surviving Sepsis Campaign (SSC) 2026 formally recommends EWS over qSOFA.

The 1-Hour Bundle: Simultaneous, Not Sequential

Perfusion:
lactate
capillary refill time



Diagnostics:
Immediate blood collection before antibiotics.

Antibiotics STAT:
Administer within 60 minutes.

Fluids & Pressors:
Initiate resuscitation immediately upon hypotensive recognition.

These are concurrent workstreams.
Do not wait for one to finish before starting the next.

Biomarker Stewardship: When to Start and When to Stop

Lactate

The Danger & Resuscitation Signal

To START? Initial diagnosis relies on clinical signs and Lactate. Lactate exposes hypoperfusion and drives the immediate decision to resuscitate.

Procalcitonin (PCT)

The Stewardship & Stopping Signal

To STOP? SSC 2026 suggests against using PCT to decide whether to start antibiotics. Instead, use PCT to decide when to safely discontinue antimicrobial therapy.

“ At minute 0, what would you do first? ”

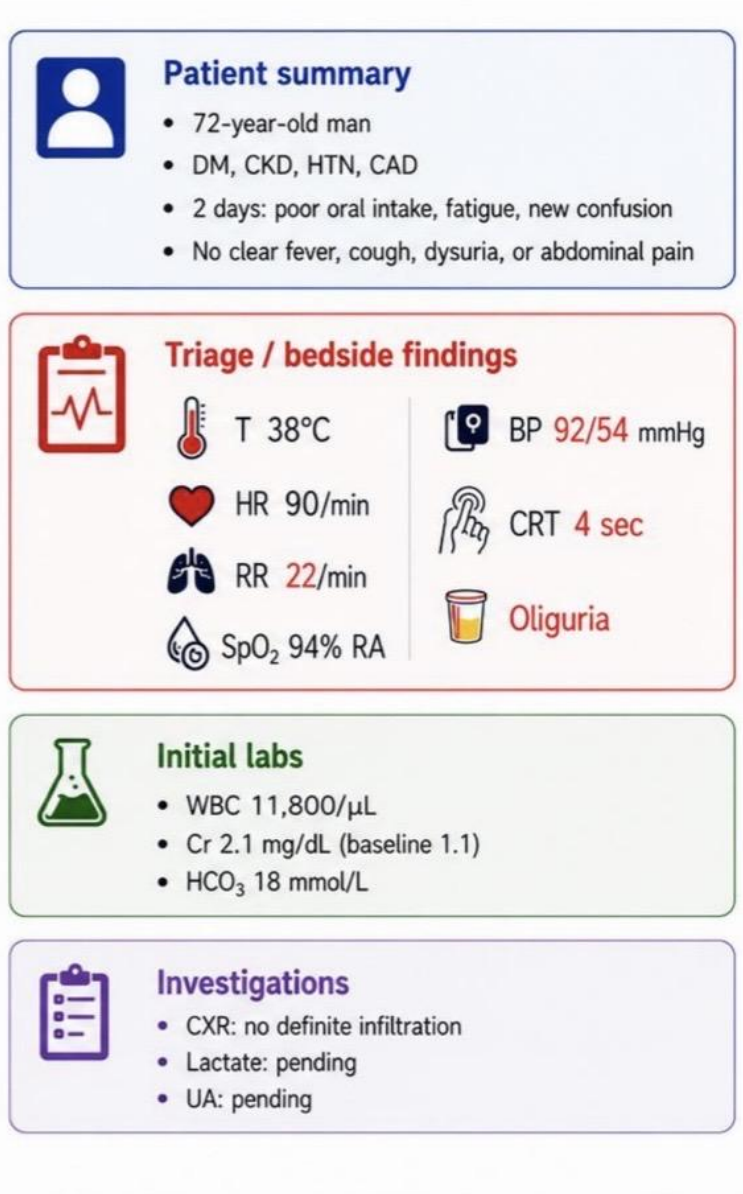
A. Wait for lactate

B. Draw blood culture

C. Give antibiotics

D. Start fluid bolus

E. Admit to ward and reassess later



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Hemodynamic / Fluid Recommendations

- **Initial fluid volume** for sepsis-induced hypoperfusion or septic shock, give **≥ 30 mL/kg IV crystalloid within the first 3 hours** ✓ Conditional Recommendation
  - Individualize volume and reassess frequently
  - Use actual body weight; consider adjusted/ideal BW if BMI >30 kg/m²
- **MAP target:** Initial MAP target: **65 mmHg**
  - Avoid routinely targeting higher MAP ✓✓ Strong Recommendation
- **MAP in older adults:** In septic shock patients **≥ 65 years**, consider **MAP 60–65 mmHg**
  - Prefer lower range over higher MAP targets ✓ Conditional Recommendation
- **Blood pressure monitoring:** Use **either invasive or non-invasive BP monitoring**
  - Consider arterial line when shock is severe, vasopressors are escalating, multiple vasopressors are used, frequent ABG/sampling is needed, or NIBP is inconsistent ✓ Conditional Recommendation

RESUSCITATE: The Hemodynamic Protocol

SSC 2026 Fluid and MAP targets.

BMI ≤ 30 kg/m^2 using actual body weight.
BMI > 30 kg/m^2 using adjusted body weight.
AdjustBW = IBW+ [0.4 (Actual BW-AdjustBW)

1

30 mL/kg

Fluid Volume & Type:

Suggest at least 30 mL/kg in the first 3 hours. Use Balanced Crystalloids over 0.9% saline.

Do not use starches or gelatin.

2

65 mmHg

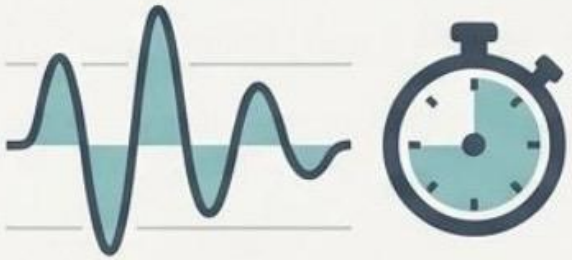
MAP Targets:

Initial target of 65 mmHg.

(Special Exception: target 60-65 mmHg for adults ≥65 years old)

3

Dynamic Monitoring

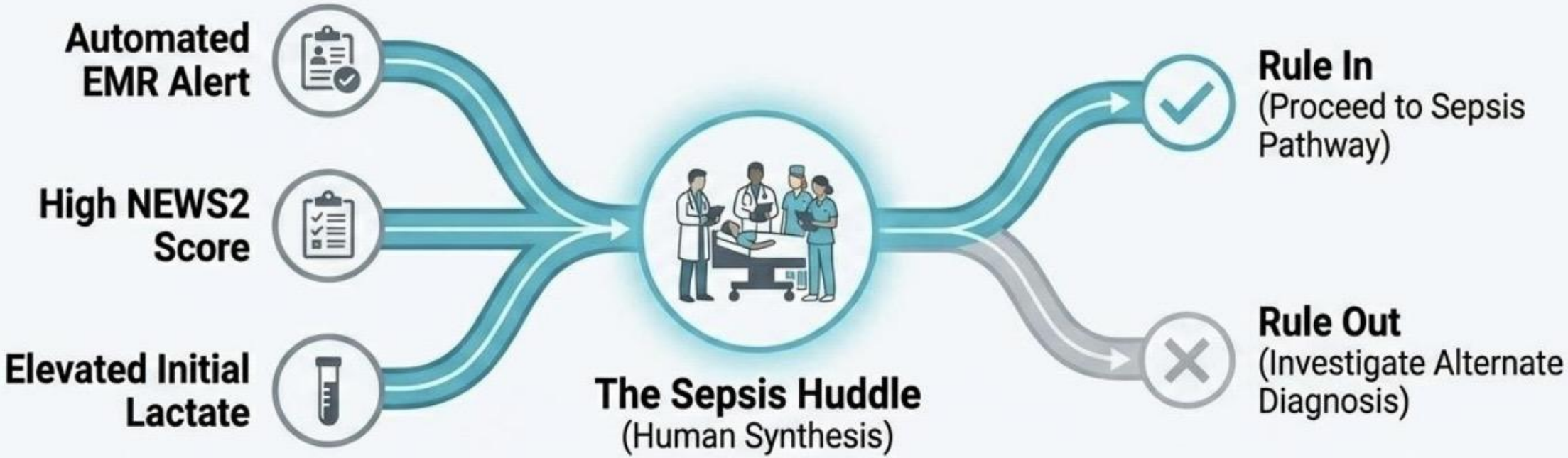


Dynamic Monitoring

Guide resuscitation using dynamic measures (pulse pressure variation) and Capillary Refill Time over static measures alone.

consider fluid-resuscitation in patients intermediate lactate elevation (2-4 mmol/L), if no contraindications to fluid administration.

The Sepsis Huddle: Turning Alerts into Action



The Protocol

Use the alert to trigger an immediate, multidisciplinary bedside assessment to determine the true likelihood of infection.

SSC 2026 Guidance

Strongly suggests utilizing a Code Sepsis or huddle protocol to expedite shared decision-making and rapid treatment.

Summary: agents at a glance: catecholamine-sparing

Agent	Mechanism / role	Cat. sparing	Mortality benefit
Noradrenaline	First-line vasopressor; superior to dopamine	—	—
Vasopressin / analogues	V1a vasoconstriction; terlipressin, selepressin	✓	✗
Methylene blue	Reverses vasoplegia; short-term hemodynamic gain	✓	✗
Corticosteroids	Hydrocortisone ± fludrocortisone; speeds shock resolution	✓	✓
Angiotensin II	AT1 vasoconstriction; raises MAP	✓	✗
Blood purification	Removes mediators; improves hemodynamics	✓	✗

✓ Yes / demonstrated

✗ No / not demonstrated