

レクチャーマラソン 1-6-1-D

敗血症性ショック 総論

Septic shock: An update in management

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対象者 医師, 後期研修医 (卒後 3 年目以上), 初期研修医 (卒後 1-2 年目), 学生

Target Doctor, Senior Resident (3+years after graduation), Resident (1-2 years after graduation), Medical student

敗血症性ショックは合併症・死亡率が高い疾患で、内科エマージェンシーと言える。救急外来、一般病床を含め内科医が初期診療のファーストタッチに関わる頻度も高い。2016 年～2017 年にかけて定義が改定され、国内外のガイドラインが更新された。今回敗血症の新たな診断基準及び新ガイドラインを臨床現場で効果的に方法論を提示する。

Septic shock is defined as sepsis that has circulatory, cellular, and metabolic abnormalities that are associated with a greater risk of mortality than sepsis alone. Hospitalists are a critical link in providing evidence-based care for patients with sepsis across the disease spectrum, from early recognition to recovery. Management of the spectrum of sepsis disorders is no longer restricted to the intensive care unit (ICU). In 2016, a new definition of sepsis (Sepsis-3) was developed. The last few years have been a remarkable time in the evolution of management principles for severe sepsis and septic shock. This topic review will provide an update in the management of sepsis for hospitalists based on recently published pivotal studies.