Abstract

Even though sepsis is as old as our immune system, it was not until the XIX century that a causality relation between infectious organisms and the infection per se was identified. Although great advances have taken place after this, it was not until the last 20 years that a process was initiated to try and diminish the mortality, which surpasses 50% in cases of severe sepsis, becoming the tenth most common cause of death in industrialized countries. The epidemiologic sub registry is marred by deficiencies in the standardization and the definitions of the associated terms, sepsis, severe sepsis and septic shock. The understanding of the physiopathologic mechanisms in the last decade has helped to create diagnostic and therapeutic tools that have produced a highly positive impact, with initiatives created to establish uniformity, to publicize them and to standardize the treatment protocols. This is a discussion and review of the management guidelines, which were recently updated, in an attempt to obtain homogenization of the treatment of sepsis from the emergency room to the Intensive Care Unit and to establish data to evaluate sepsis and the real impact of this ominous process.

Keywords

Sepsis, septic shock, infection.