Background: Internationally, sepsis has high cost, morbidity and mortality. SIRS is more sensitive (85% vs 39%) than SIRS
qSOFA is more specific (84% vs 35%) qSOFA score had good specificity.
Those with a positive qSOFA were approximately three times more likely to die or need intensive care (OR 3.03; 95% CI 1.03,8.92; p 0.04).
Increasing scores or maximum qSOFA score had no correlation with death or need for ICU and 0.72 vs 0.55; P 0.001).
Positive qSOFA score at presentation
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SIRS: temperature >38°C or < 36°C, heart rate > 90 bpm, respiratory rate > 20 bpm, white blood cell count >12,000/µL
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 Besides the lack of large scale studies that evaluate the usefulness of qSOFA, it is important to ascertain how qSOFA predicted death and need for intensive care in patients at a tertiary hospital in Jamaica.
EXHIBIT 1. qSOFA and its various scores
1. qSOFA score was awarded for replacing the SIRS criteria to clearly separate sepsis patients
2. qSOFA scores over first 48 hours
3. Hospitalization Duration - 9 (± 8) days
4. Factors assoc. with death; ICU admission
5. Email: schade.stanton@mymona.uwi.edu
6. Phone: (876) 351 9787
7. Three patients with qSOFA scores >1 at presentation (50% CI 0.27, 1.0; p = 0.094)
8. Discharge in mortality
9. qSOFA score had better predictive value in predicting death and need for ICU. qSOFA scores were 4 points compared to 2 points for SIRS.
10. Positive qSOFA scores were associated with a higher risk of death or need for ICU (OR 3.03; 95% CI 1.03,8.92; p 0.04)
11. Positive qSOFA score at presentation
12. More strongly and significantly associated with death or ICU than SIRS Fig 4
13. Length of Stay
14. No significant difference in hospital stay and infection. The qSOFA score is useful for predicting death and need for ICU. However, its utility is limited when used alone and not as the sole criterion of the SIRS criteria
15. In adult patients at a Jamaican tertiary hospital, qSOFA predicted death or ICU requirement with moderate accuracy.
16. qSOFA score had good specificity.
17. The poor sensitivity was improved when used in conjunction with SIRS.
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19. International, sepsis has high cost, morbidity and mortality.
20. qSOFA score had good specificity.
21. qSOFA is more specific (84% vs 35%)
22. Positive SIRS (presentation)
23. Respiratory Tract Infection
24. GI Infection
25. Length of Stay
26. In adult patients at a Jamaican tertiary hospital, qSOFA predicted death or ICU requirement with moderate accuracy.
27. qSOFA score had good specificity.
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29. International, sepsis has high cost, morbidity and mortality.
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31. SIRS: temperature >38°C or < 36°C, heart rate > 90 bpm, respiratory rate > 20 bpm, white blood cell count >12,000/µL
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