

Sepsis Update: Study Shows Prognosis Worse in Patients With Hospital-acquired Sepsis

Study reveals alarming trends in hospital-acquired sepsis and advocates safer medical solutions

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“Although comprising only 11.3% of severe sepsis hospitalizations, HA-SS (Hospital Acquired Severe Sepsis) posed significant healthcare burdens, accounting for 20% of severe sepsis deaths and over 34.9% of all severe sepsis-related hospital costs in the consortium” ... David Page, MD, MD.

“

There is no justification for the continued use of polyurethane PICC lines, midlines, or central lines as there is safer technology that reduces the risk of infection of the venous central line.”

Greg Vigna, MD, JD

[Greg Vigna, MD, JD](#), national pharmaceutical injury attorney, “Practicing hospital medicine for nearly twenty years, each day there are dedicated efforts by hospitals, doctors, and other caregivers to reduce the risk of hospital-acquired sepsis. One of the many reasons is that patient outcomes are worse in this group of patients. This study proves that.”

To see the study: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4537676/>.

What did the study “Community-, Healthcare- and Hospital-Acquired Severe Sepsis Hospitalizations in the University Health System Consortium” say?

“Hospital-acquired severe sepsis had greater resource utilization than both healthcare-associated severe sepsis, and community-acquired sepsis.”

“Median hospital costs (hospital-acquired \$38,369) versus... community-acquired severe sepsis (\$7,024)”

“Higher median length of hospital stay (Hospital-acquired (17 days... versus community-acquired (6 days)”

What is sepsis? Multiple organ damage from inflammation because of infection that may result in organ damage to the brain, kidney, heart, liver, and lung.

What is septic shock? A life-threatening condition that causes dangerously low blood pressure because of infection that may result in amputations of fingers and toes, brain damage, kidney failure, ventilator dependence, oxygen dependence, and nerve damage.

[Dr. Vigna](#) continues, “The study didn’t investigate the underlying cause of sepsis in the hospital-acquired severe sepsis group. Therefore, we don’t know the percentage of those in the hospital-acquired serious sepsis group were caused by infections from [PICC lines](#) and other central lines.”

Dr. Vigna concludes, “There are safer designs of the tubing that goes into the vein that is composed of a hydrogel matrix that prevents bacterial adhesion, which appears to decrease the risk of infection when compared with the old, outdated polyurethane tubing. Doctors know that central-line infections happen

despite perfect bedside care by nurses and other caregivers and know that these infections are serious medical complications. There is no justification for the continued use of polyurethane PICC lines, midlines, or central lines at this time, as there is safer technology that reduces the risk of infection of the venous central line.”

Dr. Vigna is a California and Washington DC lawyer who represents those with serious injuries caused by defective medical devices including PICC lines and Med-Ports that lead to sepsis. He represents the injured with the Ben Martin Law Group, a national pharmaceutical injury law firm in Dallas, Texas. The attorneys are product liability and medical malpractice attorneys, and they represent the most injured across the country.

Resources:

<https://www.tandfonline.com/doi/pdf/10.2147/TCRM.S73379>

<https://www.sciencedirect.com/science/article/pii/S2052297520300238>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4537676/>

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