

## Neurological Injuries from Hospital Acquired Infections: Septic Shock and Vasopressors

Study links vasopressor use to higher risk of ICU-acquired weakness, with patients on vasopressors showing 50.1% incidence versus 27.4% in controls

SANTA BARBARA, CA, UNITED STATES, February 14, 2025 /EINPresswire.com/ -- "Our review underscores a significant link between the use of vasopressors and the development of intensive care unit-acquired weakness in critically ill adult patients," says Dr. Xiuming Xi, Department of Critical Care Medicine, Capital Medical University, Beijing, China.

What does Dr. Xi report regarding Vasopressors and ICU-acquired weakness (ICUAW) in the article published in Brain and Behavior 2024:14; e70012?:



"When the data from 15 studies was combined, the analysis found a notable association between the use of vasopressors and the occurrence of ICUAW indicating a statistically significant result. To address the heterogeneity in the data, a random effects model was applied. This analysis revealed that the incidence of ICUAW was substantially higher in patients treated with vasopressors (50.1%) compared to those in the control group (27.4%)."



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Greg Vigna, MD, JD

Read Dr. Xi's article "A meta-analysis of the association between vasopressor use and intensive care unit-acquired weakness":

https://onlinelibrary.wiley.com/doi/pdf/10.1002/brb3.7001 2

Dr. Greg Vigna, national septic shock attorney, explains, "Hospital-acquired bloodstream infections from PICC lines and infected decubitus ulcers have significantly worse

morbidity and mortality than community-acquired. These super-bacteria and fungi are more resistant to antibiotics and tend to cause more serious disease."

"Hospital-Onset Sepsis Warrants Expanded Investigation and Consideration as a Unique Clinical Entity," published in Chest, Volume 165, Issue 6, June 2024, describes the increased risks:

"Although most sepsis episodes are caused by an infection beginning before presentation to the hospital, up to one-quarter of sepsis cases develop during hospitalization.

In contrast, hypotension, impaired gas exchange, and normothermia or hypothermia are more common in patients with HOS. Severity of illness is generally higher in patients with HOS, with a greater number of dysfunctional organ systems and higher APACHE II and Sequential Organ Failure Assessment (SOFA) scores than those with COS.

Because HOS is more commonly complicated by neurologic, cardiovascular, respiratory, and renal dysfunction, these patients require vasopressors, mechanical ventilation, and renal replacement therapy nearly twice as often as those with COS."

Read the above article: <a href="https://www.sciencedirect.com/science/article/pii/S0012369224000394">https://www.sciencedirect.com/science/article/pii/S0012369224000394</a>

Dr. Vigna states, "We represent individuals with neurological weakness caused by septic shock from Stage IV decubitus ulcers and central-line associated bloodstream infections from the defective polyurethane PICC lines."

Greg Vigna, MD, JD, is a national malpractice attorney and an expert in wound care. He is available for legal consultation for families and patients who have suffered decubitus ulcers due to poor nursing care at hospitals, nursing homes, assisted living facilities, and those with central-line associated bloodstream infections caused by polyurethane PICC lines. The Vigna Law Group, along with Ben C. Martin, Esq., of the Ben Martin Law Group, a Dallas, Texas national pharmaceutical injury law firm, jointly prosecute hospital and nursing home neglect cases that result in bedsores nationwide on a non-exclusive basis.

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