The Role of Biomarkers and Procalcitonin (PCT) in Sepsis Diagnosis and Management:
What do biomarkers tell us that we don't already know?

AZ ENA meeting
September 19, 2014
Maricopa Integrated Health Systems (Phoenix)
5 – 6 pm presentation
Dinner served

OBJECTIVES:

• Discuss the current definitions of systemic inflammatory response syndrome (SIRS), sepsis, severe sepsis and septic shock; and examine limitations involved with making accurate and timely diagnosis
• Describe the application of current tools and guidelines to diagnose and identify infection and sepsis.
• Identify the biochemistry of Procalcitonin (PCT) including normal and abnormal values, kinetics and how PCT differs from other diagnostic tools currently available

Sepsis is a leading killer in the U.S., striking more than 750,000 patients each year. New therapies and guidelines over the past decade have resulted in significant changes in the treatment of patients with sepsis. Despite these developments, sepsis remains one of the leading causes of death in U.S. hospitals. The often non-specific nature of symptoms can confound an early diagnosis and may delay critical intervention. Procalcitonin (PCT) may aid in early identification and differentiation of underlying cause of this disease. PCT is a sensitive biomarker that can help clinicians make more efficient diagnosis and treatment decisions in the risk assessment of patients with suspected sepsis. This presentation discusses these challenges for clinicians, the performance characteristics of PCT as a relevant biomarker, interpretation of values, and current PCT utilization in the hospital.

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