

**“Utilizing Point of Care Testing
for Lactate”**





- Understand Lactate and the role that it can play as a prognostic indicator for morbidity and mortality
- Identify the clinical value of lactate in a number of disease states
- Recognize the need for a Sepsis protocol

Lactate: What Increases Levels?

Lactate production occurs in all tissues, specifically:

- ✓ Skeletal muscle
- ✓ Brain
- ✓ Red blood cells
- ✓ Kidneys

Lactate levels are elevated by:

- Tissue hypoperfusion
- Anaerobic metabolism
- Hepatic dysfunction
- Catecholamines
- Pyruvate-dehydrogenase impairment

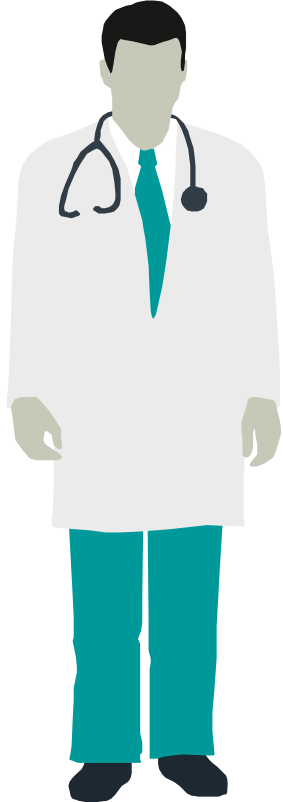




The College of Emergency Medicine developed a Users Guide, noting:

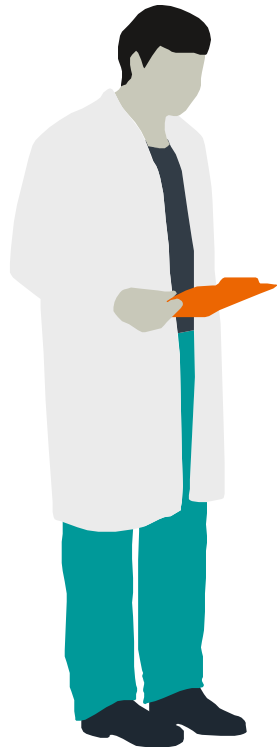
- ✓ Lactate values are essential in identifying tissue hypoperfusion in patients who are not yet hypotensive, but at risk for septic shock
- ✓ A raised lactate level, especially the rate of clearance, has prognostic value for survival

Serum Lactate



| Initial Lactate | | |
|-----------------|---------------|--|
| | 0 to 2 mmol/L | Normal |
| | > 2 mmol/L | If sepsis criteria are already met, this indicates Severe Sepsis |
| | > 4 mmol/L | If sepsis criteria are already met, this may indicate Septic Shock if the patient does not respond to fluids |

Lactate levels should be repeated after the initial care duties have been performed



| Repeat Lactate | | |
|----------------|---------------|--|
| | 0 to 2 mmol/L | Normal |
| | > 2 mmol/L | If initial lactate was >2 and <4, this is Severe Sepsis unless the patient's BP is low (see below) If initial Lactate was >4, this indicates Severe Sepsis |
| | > 4 mmol/L | Septic Shock (If the BP was never low, this is called Cryptic Shock) |

If, after initial resuscitation, the BP remains low, this is Septic Shock regardless of the Lactate levels.



- Lactate is raised with significant tissue hypoxia -Type A lactic acidosis
- Also raised in other conditions not associated with tissue hypoxia- Type B lactic acidosis
- The lactic acid test is used as an indirect assessment of the oxygen level in tissues and to determine the cause and course of lactic acidosis.
- Also used as a prognostic indicator in Sepsis



Type A Lactic Acidosis – Hypoxic

- ✓ Shock
- ✓ Carbon Monoxide intoxication
- ✓ Severe anemia
- ✓ Cardiac arrest
- ✓ Respiratory failure



Type B Lactic Acidosis – Non-Hypoxic

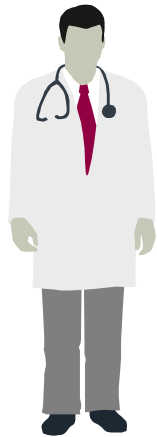
- ✓ Large doses of acetaminophen
- ✓ Alcohol intoxication
- ✓ IV infusion of epinephrine, glucagon, fructose, or sorbitol.
- ✓ Antifreeze poisoning
- ✓ Metformin (Glucophage), usually coincides with renal or liver impairment
- ✓ Theophylline, Cocaine, Salicylates
- ✓ Anti-retroviral Drugs (HIV patients)
- ✓ Malignancies, Sepsis, Seizures

Sepsis- Did You Know?

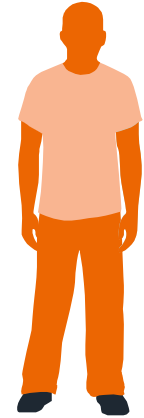


\$20 Billion Spent in 2011²

Between 28-50% of patients die³



Every year, severe sepsis strikes more than a million Americans¹



Sepsis contributed to 1 in every 2 to 3 deaths, and most of these patients had sepsis at admission⁴



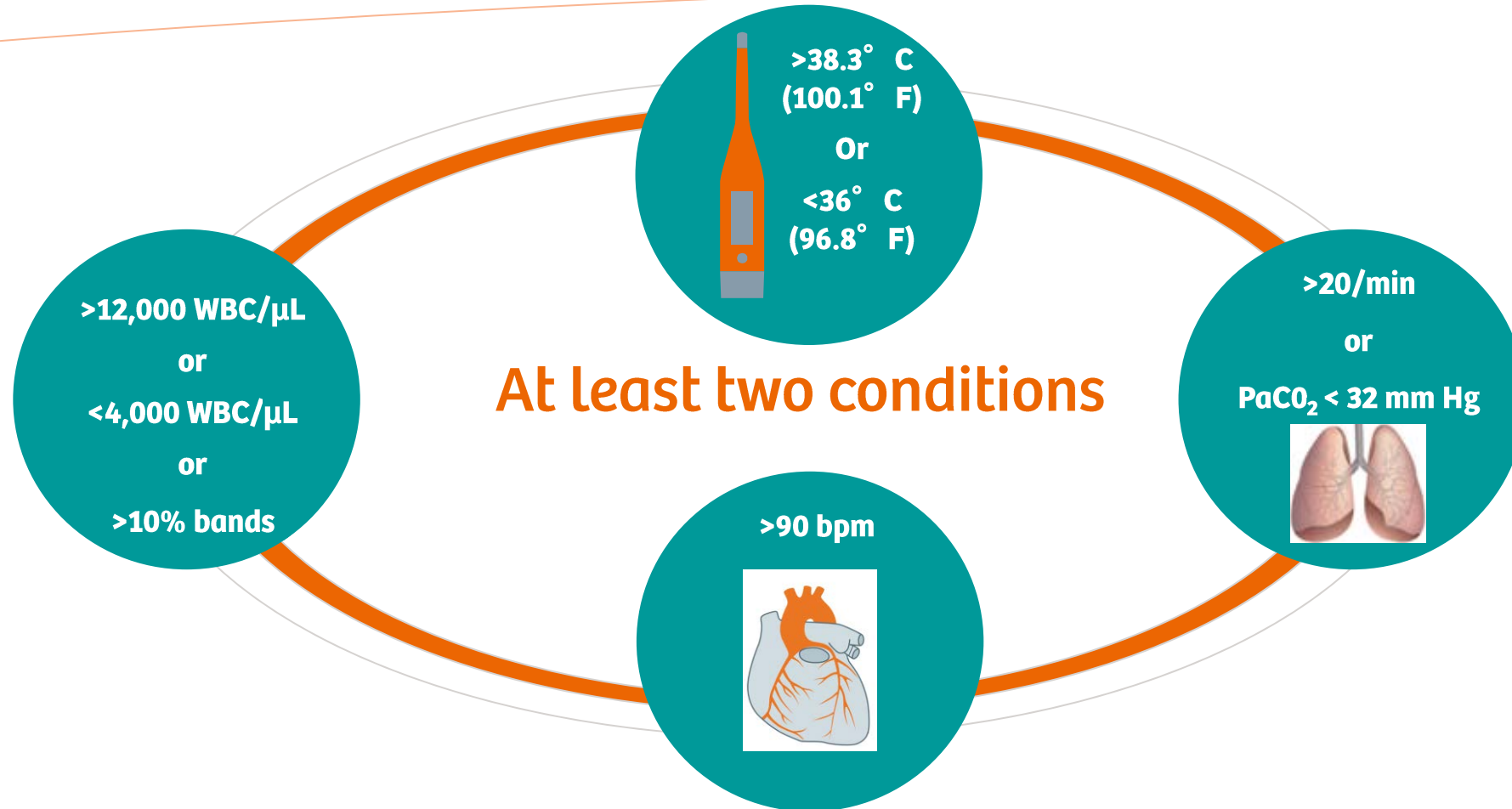
1. Inpatient Care for Septicemia or Sepsis: A Challenge for Patients and Hospitals , NCHS Data Brief No. 62, June 2011

2. Agency for Healthcare Research and Quality Healthcare Cost and Utilization Project Statistical Brief No. 160 August 2013. National inpatient hospital costs: the most expensive conditions by payer, 2011

3. Wood KA, Angus DC. Pharmacoeconomic implications of new therapies in sepsis. Pharmacoeconomics. 2004;22(14):895-906

4. JAMA July 2, 2014 Volume 312, Number 1

Systemic Inflammatory Response Syndrome (SIRS)



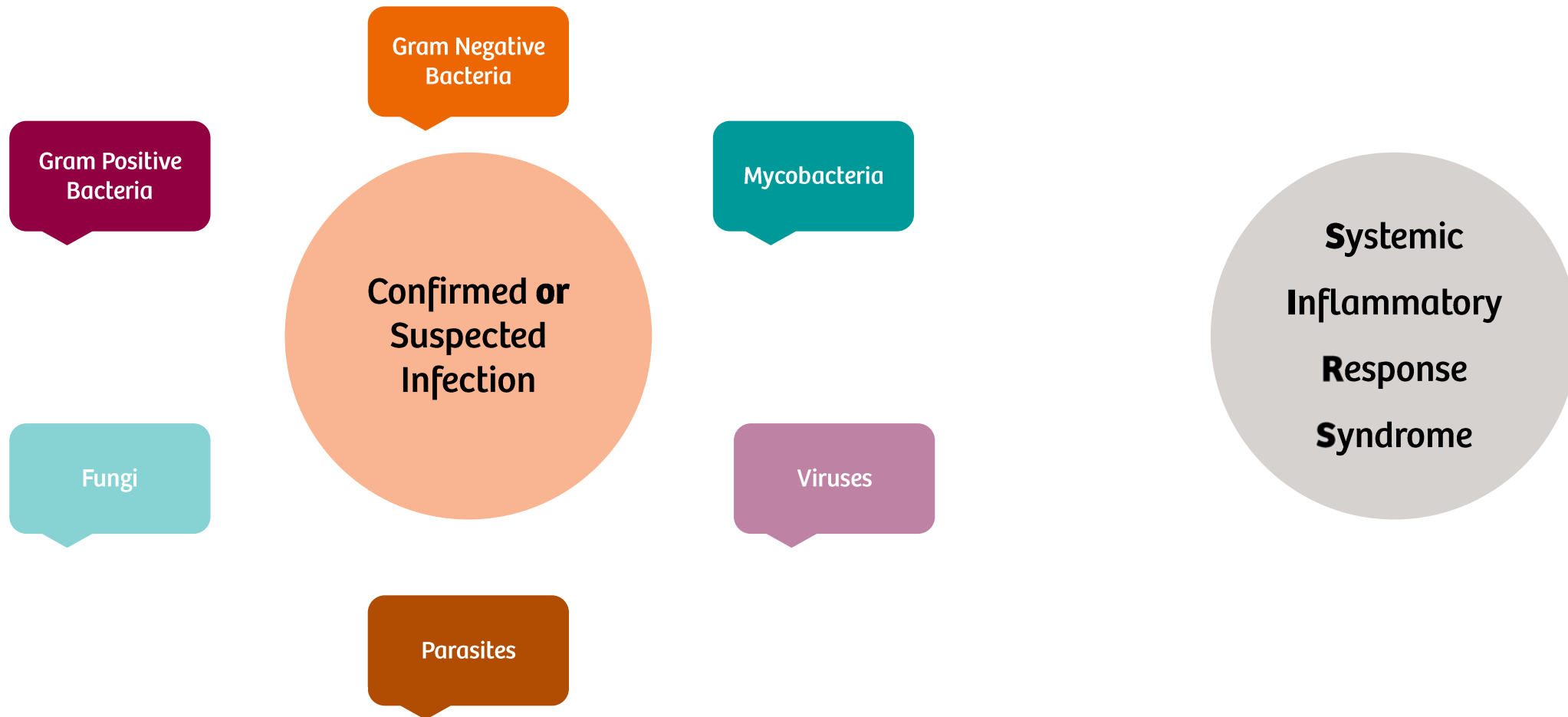
What is sepsis?

**Confirmed or
Suspected
Infection**

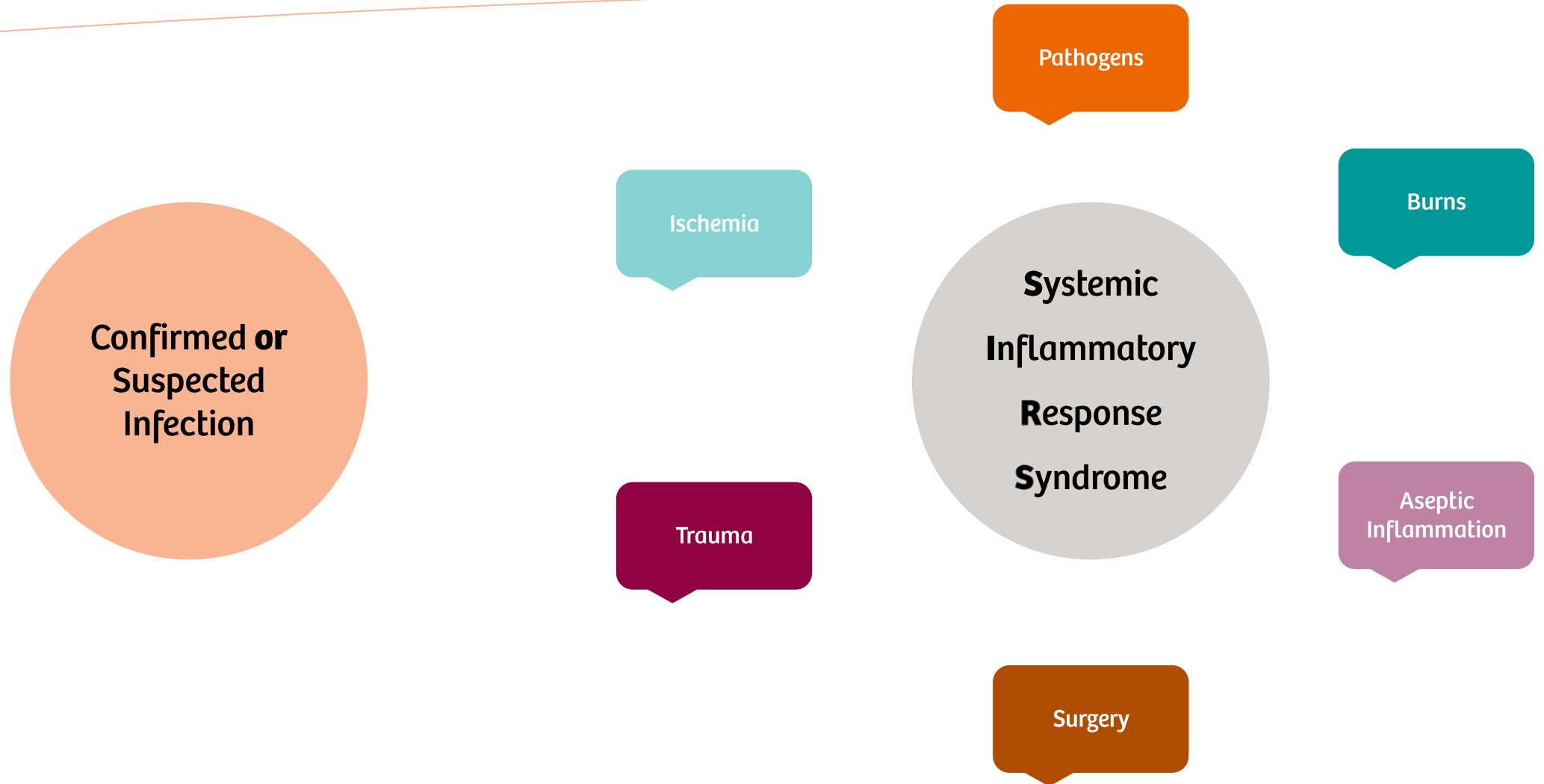


**Systemic
Inflammatory
Response
Syndrome**

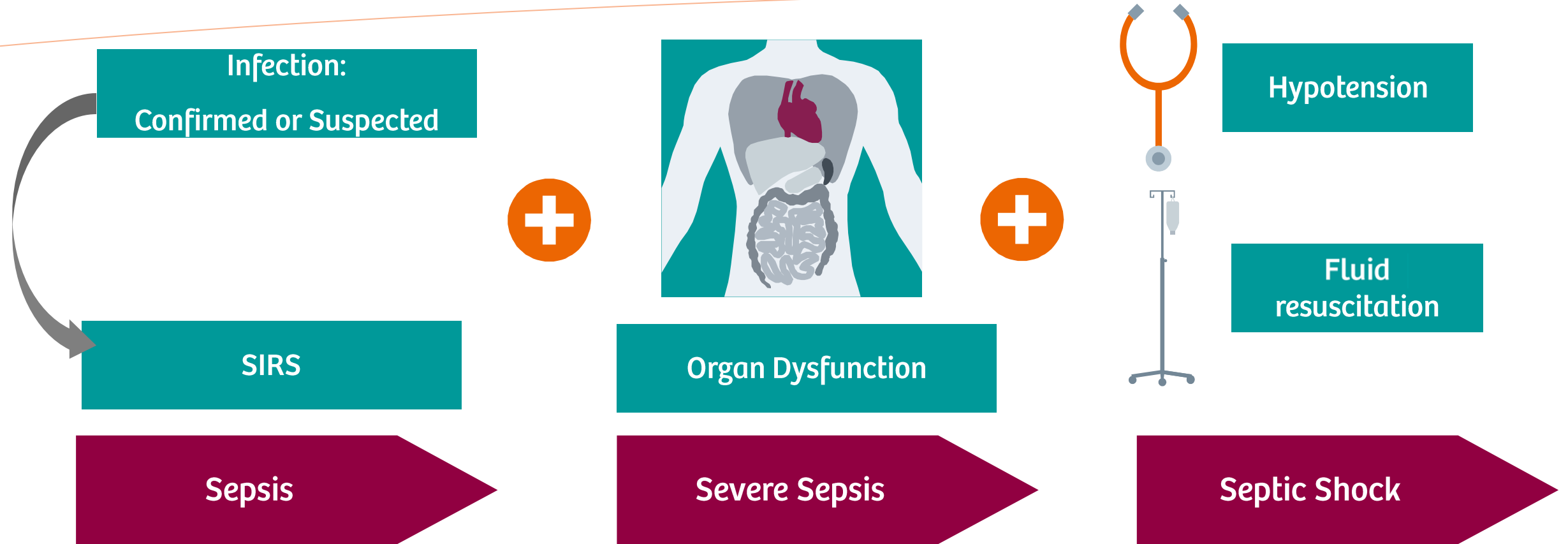
What is sepsis?



What is sepsis?



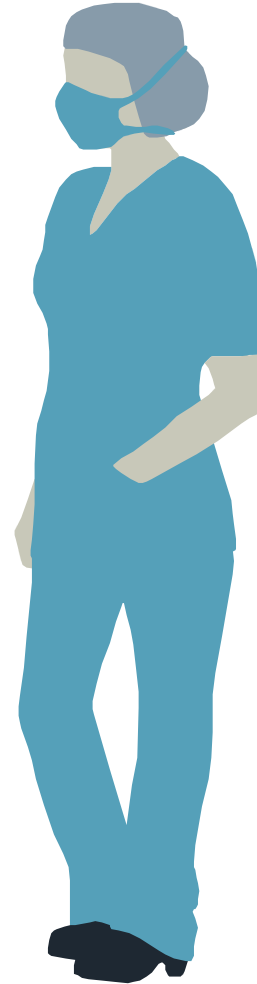
Severe Sepsis, and Septic Shock Definitions

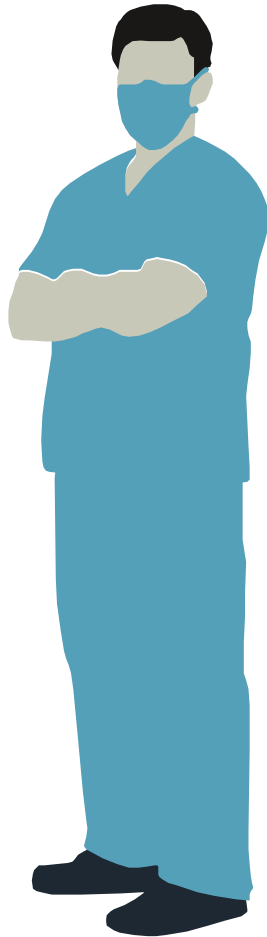


Levy et al. Crit Care Med. 2003;31:1250.
Wheeler, et al. N Engl J Med. 1999;340:207.
Friedman et al. Crit Care Med. 1998; 26:2078.
Bone et al. Chest. 1992;101:1644.
Brun-Buisson C. Intensive Care Med. 2000;26:S64.

Heterogeneity is the theme

- **Dysregulated coagulation**
 - Altered hemostasis
 - Prolonged clotting times
- **Aberrant mediator production**
 - Hyper inflammatory
 - Blunted inflammatory response
 - Unknown inflammatory response





Heterogeneity is the theme

- Cellular dysfunction
 - Lymphocyte apoptosis
 - Neutrophil hyperactivity
 - Endothelial cell failure
 - Apoptosis in other cells
- Metabolic alterations
 - Hyperglycemia
 - Hypoglycemia
 - Adrenal failure



***“Until a cure for sepsis is found,
early detection is the surest hope
for survival”***

The Sepsis Alliance

Minutes matter—There is a need for a rapid indicator of morbidity and mortality

- ✓ Pathogenesis can be rapid with death occurring in as little as 24 to 72 hours
- ✓ Early goal-directed therapy in patients with sepsis can decrease mortality by as much as 46%
- ✓ Every hour of delay lowers survival by nearly 8%
- ✓ The Global Sepsis Alliance urges the use of antibiotics and intravenous fluids within an hour of suspecting sepsis

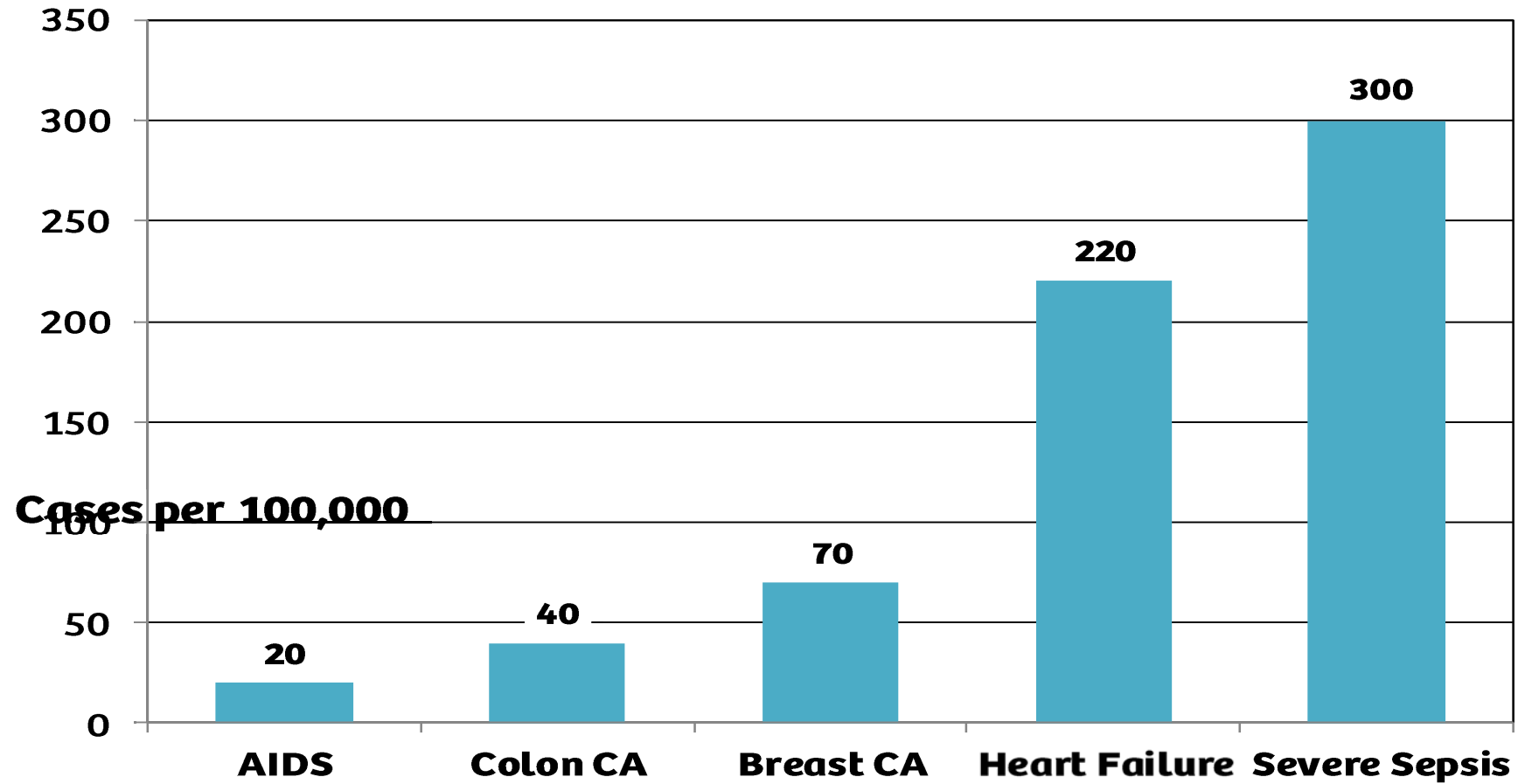


Minutes matter—There is a need for a rapid indicator of morbidity and mortality



- ✓ Survivors of sepsis are at risk of developing mental and physical impairments late in life
- ✓ 60% of sepsis patients experienced worsening of cognitive or physical function or both after their infection
- ✓ Nearly 17% showed signs of moderate to severe cognitive impairment compared to 6% before the sepsis infection.
- ✓ Sepsis contributes to 20,000 new cases of cognitive impairment, such as dementia, per year

Incidence of Severe Sepsis





Erin Flatley

www.sepsisalliance.org founded in her memory

- **An otherwise healthy 23 year old female was experiencing pain due to hemorrhoids.**
- **April 24 (Wednesday): She develops a significant increase in pain (10/10), uncontrolled by Demerol. She had a outpatient hemorrhoidectomy which was uneventful.**
 - **Six hours after the procedure, the doctor said she was well enough to go home.**
- **April 27 (Saturday): She was unable to void for 3 days after surgery and was seen in the ER.**
 - **Temp: 101, BP: 101/47, HR: 129, RR: 21, WBC: ~23,000**
 - **At this point she met 4 of the SIRS criteria**
 - **She was discharged with a diagnosis “This is the expected course given the recent surgery”**

Case History: Septic Shock

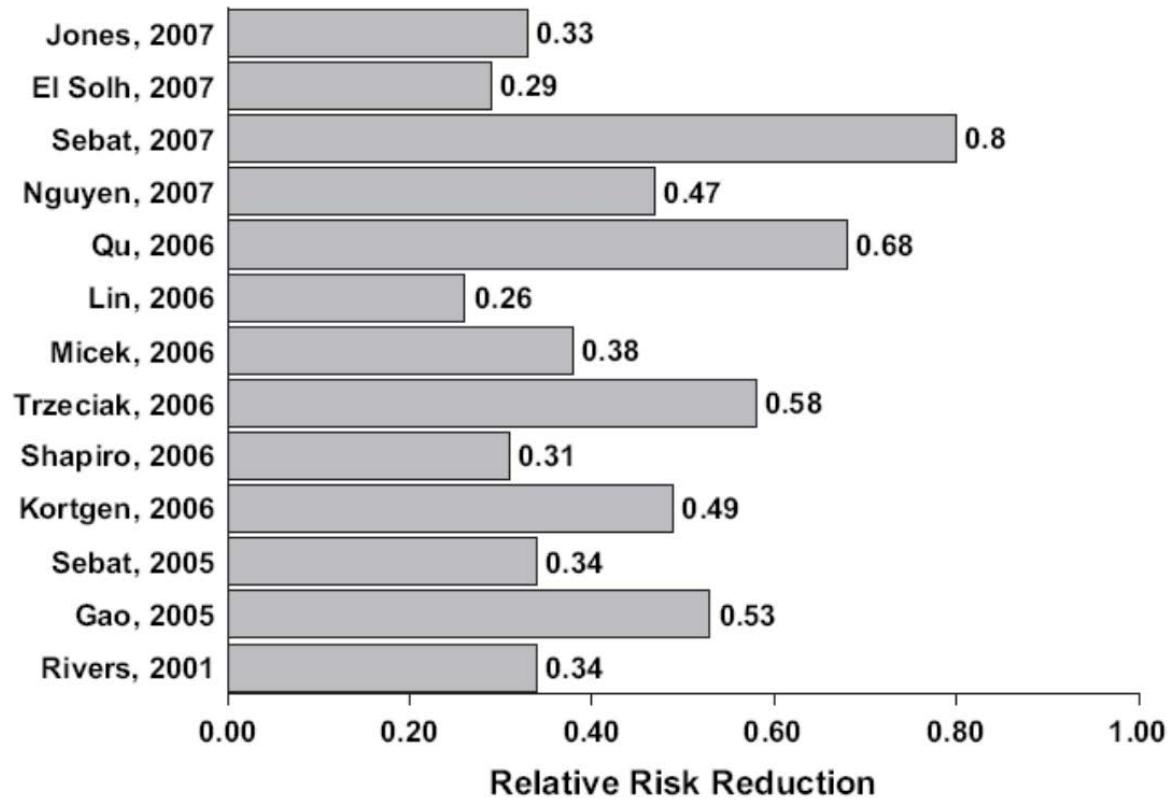


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- **April 28 (Sunday): She returned to hospital with persistent, worsening symptoms and was admitted.**
 - **WBC: ~46,000 (doubled)**
- **April 29 (Monday)**
 - **3:00 pm: She was diagnosed with an UTI**
 - **5:30 pm: She is in septic shock and has not received any antibiotics or IV fluids**
 - **10:00 pm: She was transferred to the ICU and antibiotics were started**
- **April 30 (Tuesday)**
 - **7:30 am: Erin Flatley dies of septic shock 6 days after an outpatient surgical procedure**

Decreased risk if sepsis protocols are implemented



Traditional variables don't address the need

Physiological variables:

- Vital signs
- Heart rate
- Glasgow Coma Score
- Respiratory rate
- pH
- Base deficit

Testing Sent to Lab:

- Platelet count
- Prothrombin time
- Albumin
- Total bilirubin
- Hemoglobin
- Potassium
- Sodium
- Blood Urea Nitrogen
- PCO₂
- PO₂
- HCO₃
- PCT
- Anion Gap
- IL-6
- Glucose
- Chloride

Whole Blood versus Serum

Lactate is moderately unstable once it is collected:

Two samples were centrifuged for 15 min. The plasma and serum lactate levels were consistently higher than the whole blood values ($p < 0.05$)

Centrifugation increases tech time and slightly delays reporting of results. This also allows for:

Lactate shifts to occur between the plasma and blood cell compartments

Ongoing lactate synthesis by blood cells

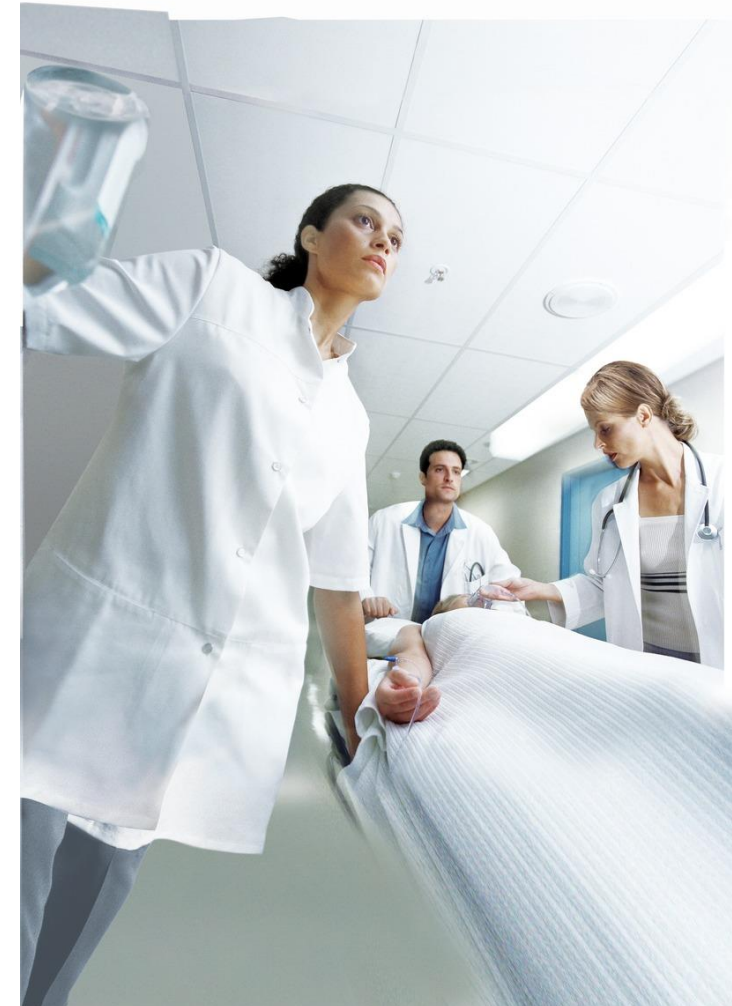
A delay by as much as 30 minutes may increase the lactate concentration by as much as 70%



Point of Care Testing for Lactate Levels

Utilizing a Point of Care Blood Gas Analyzer Allows for:

- ✓ Use of Whole blood
- ✓ Rapid time to result
- ✓ Small sample size
- ✓ Broad analytical measuring range





- Lactate measurement should be a standard of care in every institution
- It is critical to have equipment that makes rapid assessment possible
- Create standardized protocols that include the measurement of lactate levels
- Include physician order entry prompt to order lactate for suspected sepsis

Questions?

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Point of Care

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