**A173 - Qsofa versus sirs versus sofa for predicting sepsis and adverse outcomes of patients in the intensive care unit. preliminary report of russian national study.**

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**Introduction:**
In 2016 sepsis is defined as a life-threatening organ dysfunction caused by infection. This concept, called Sepsis 3 [Singer M at al], define only two stages – sepsis and septic shock. In addition, it is defined that quick SOFA (qSOFA) may be a better predictor of in-hospital mortality than the SOFA score [Seymour CW et al]. However, the possibility of application of the Sepsis-3 and qSOFA conception for use in low/middle-income countries is still unknown.

**Methods:**
The aim of our study was to define the role of qSOFA, SIRS and SOFA for predicting sepsis and adverse outcomes of patients in the ICUs in Russia. Design: prospective observational multicenter study. We made ROC-analysis to estimate sensitivity, specificity, and predictive value of SIRS, qSOFA, and SOFA to identify sepsis and predict ICU-mortality.

**Results:**
The study included 335 patients from 22 ICUs in Russia. Sepsis, according to the Sepsis 3 criteria, was identified in 179 (53%) patients, and septic shock – in 82 (24%) patients. 102 (30%) patients died within ICU stay. In the prognosis of sepsis the qSOFA scale, SIRS and SOFA demonstrated the following AUCROCs: 0.683 (95% CI 0.626-0.736); 0.719 (95% CI 0.674 to 0.764); 0.763 (95% CI 0.711 - 0.816) respectively (only the AUCROCs of qSOFA vs SOFA differ significantly, p<0.01). In the prognosis of mortality the qSOFA scale, SIRS and SOFA demonstrated the following AUCROCs: 0.736 (95% CI 0.682-0.791); 0.594 (95% CI 0.546-0.642); 0.843 (95% CI 0.798-0.889) respectively (all AUCROCs significantly differ from each other, p<0.01). For the break-point of the qSOFA score >1 in the prognosis of mortality, the specificity was 65.2%; the sensitivity was 70.6%.

**Conclusion:**
The qSOFA scale in the prognosis of sepsis does not differ significantly from the SIRS criteria, but in the prognosis of mortality is significantly better than SIRS. qSOFA significantly worse in the prognosis of sepsis and death than the SOFA scale.