

# The systemic inflammatory response syndrome: A look back in time

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## Letter to Editor

The Systemic Inflammatory Response Syndrome (SIRS) has been etched into the history of early sepsis recognition and treatment. Originally an Intensive Care Unit (ICU) concept, the American College of Chest Physicians/Society of Critical Care Medicine Consensus Conference in 1992 proposed the use of SIRS as part of the “set of definitions that could be applied to patients with sepsis and its sequelae” [1]. That same conference proposed “detailed physiologic parameters by which a [septic] patient may be categorized,” creating definitions for severe sepsis, septic shock, and multiple organ dysfunction syndrome [1].

Although the definition of sepsis originally reflected use in the ICU setting, the potential for an expanded use of SIRS in the Emergency Department (ED) was at the time unknown. Despite over 50% of patients presenting to the ICU originating from the ED, the ED was not previously examined in regard to SIRS performance. Thus, the diagnosis of sepsis provided unique and fundamental challenges in the ED. Could the use of concepts, such as SIRS, prove functional in the emergency setting as they had in the inpatient critical care setting? This question prompted the original scientific investigation of the use of SIRS in the ED setting.

Originally presented in abstract, the results of this original investigation clearly associated SIRS at ED triage with admission rate and mortality, stating “SIRS upon presentation to the ED indicated significant underlying illness and may be a useful marker for early intervention” [2]. As a result, this abstract represented the stimulus for the early diagnosis and treatment of sepsis in the ED, laying a foundation for early goal directed therapy [3]. For various reasons, this abstract’s accompanying manuscript has not yet been published. We wanted to offer this manuscript as “a look back in time” to the original data assessing the performance characteristics of SIRS in the ED. We believe it will not only be of historical interest but may also help to inform the current discussion surrounding sepsis screening methods.

## References

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