

Can AI Predict Sepsis Before Clinical Symptoms Appear?

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Abstract

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By Rasit Dinc

Sepsis remains a formidable challenge in modern medicine, a life-threatening response to infection that can rapidly lead to tissue damage, organ failure, and death [1]. Affecting an estimated 49 million people globally each year, the timely diagnosis of sepsis is critical, as each hour of delayed treatment is associated with an increased risk of mortality [1]. However, the early signs of sepsis are often subtle and non-specific, making it difficult for clinicians to distinguish from other conditions. In this complex landscape, artificial intelligence (AI) is emerging as a powerful ally, offering the potential to predict sepsis long before the onset of clear clinical symptoms.

The Power of AI in Early Sepsis Detection

At its core, the power of AI in sepsis prediction lies in its ability to continuously monitor and analyze vast amounts of patient data from Electronic Health Records (EHRs) in real-time. By processing a multitude of variables—including vital signs, laboratory results, and medications—AI algorithms can identify subtle patterns and correlations that may be imperceptible to human observers [1]. This allows for the creation of predictive models that can forecast the likelihood of sepsis development hours before the condition becomes clinically apparent, enabling earlier intervention and improving patient outcomes.

Success Stories: AI Models in Action

Several innovative AI-driven tools have already demonstrated remarkable success in the early prediction of sepsis. The Targeted Real-Time Early

Warning System (TREWS), developed by researchers at Johns Hopkins University, has shown impressive results. In a retrospective analysis of over 9,800 sepsis cases, TREWS was able to identify 82% of patients with the complication ahead of time [2]. Furthermore, a prospective study of the tool revealed that its use was associated with a significant reduction in in-hospital mortality [2].

Similarly, the COMPOSER algorithm, developed at the University of California San Diego (UCSD), has demonstrated a significant impact on patient outcomes. A study involving over 6,000 adult patients with sepsis found that the implementation of COMPOSER was associated with a 17% relative decrease in in-hospital sepsis mortality [2]. These real-world examples underscore the immense potential of AI to not only predict sepsis but also to save lives.

The Role of Unstructured Data

The predictive power of AI in sepsis detection is further enhanced by the integration of unstructured data, such as clinical notes. While structured data provides a quantitative snapshot of a patient's condition, unstructured data offers a rich source of qualitative information, including physicians' observations, differential diagnoses, and prognostic assessments. The Sepsis Early Recognition and Assessment (SERA) algorithm, developed by researchers in Singapore, exemplifies the value of this approach [3].

By combining structured and unstructured data, the SERA algorithm can predict the onset of sepsis up to 12 hours in advance with a high degree of accuracy (AUC 0.94) [3]. The inclusion of clinical notes is particularly beneficial in the 12- to 48-hour window before sepsis onset, a period when measurable symptoms may not yet be present in structured data. This suggests that the qualitative insights captured in clinical notes provide crucial early warning signs that can be leveraged by AI for timely prediction.

The Future of Sepsis Management

Looking ahead, the future of AI in sepsis management is moving towards more personalized and nuanced approaches. Recognizing that sepsis is a heterogeneous condition with different patient subtypes, or phenotypes, researchers are developing algorithms that can identify these variations. For instance, Luminare, Inc., a graduate of the Mayo Clinic Platform_Accelerate program, has identified seven distinct sepsis phenotypes [2]. By tailoring predictions to specific patient profiles, AI can provide more targeted and effective interventions.

Furthermore, AI-powered platforms are being designed to reduce alert fatigue, a common challenge with traditional clinical decision support systems. Instead of generating a high volume of binary alerts, these platforms provide nurses with educational notifications, phenotype information, and options for ordering sepsis bundles within the EHR [2]. This collaborative approach empowers clinicians to make more informed decisions while minimizing the burden of excessive alerts.

Conclusion

The integration of artificial intelligence into clinical practice is poised to revolutionize the detection and management of sepsis. By harnessing the power of real-time data analysis, AI algorithms can predict sepsis with remarkable accuracy, hours before the onset of clinical symptoms. The success of models like TREWS, COMPOSER, and SERA, coupled with the move towards personalized, phenotype-based predictions, offers a glimpse into a future where sepsis is no longer a race against time but a manageable condition with significantly improved patient outcomes.

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