

SEPSIS AT 360°: PREVENTION, DIAGNOSIS, AND BEYOND

MD. MONJURUL HAQUE¹

Sepsis is defined as life-threatening organ dysfunction caused by a dysregulated host response to infection and remains a major global health burden with high mortality. While fever is a classical feature, a substantial proportion of patients present with normothermia or even hypothermia (H°360°), which is associated with delayed recognition and poorer outcomes. Contemporary frameworks such as the Surviving Sepsis Campaign (SSC) emphasize early identification and time-critical management, yet normothermic presentations remain under-recognized in clinical pathways. To highlight the clinical significance of “sepsis at 360°,” integrate current SSC guideline recommendations, and explore strategies for prevention, early diagnosis, and post-acute care beyond the initial resuscitation phase. Sepsis should be treated as a medical emergency requiring immediate intervention regardless of temperature profile. The SSC recommends systematic screening of high-risk patients, recognizing that reliance on fever alone may miss cases; tools such as SIRS, NEWS, or MEWS are preferred over qSOFA as standalone screening methods. Early diagnostic strategies include prompt lactate measurement and rapid clinical assessment within hours of presentation. The Hour-1 bundle remains central: obtaining blood cultures, initiating broad-spectrum antimicrobials, administering intravenous crystalloids (approximately 30 mL/kg for hypoperfusion), and starting vasopressors if indicated. Prevention strategies emphasize infection control, early source identification, and antimicrobial stewardship. Beyond the acute phase, newer recommendations stress post-ICU care, including rehabilitation, cognitive assessment, and structured follow-up, acknowledging the long-term sequelae of sepsis. Normothermic or hypothermic sepsis (H°360°) is increasingly recognized as a high-risk phenotype, often reflecting impaired host response and associated with higher mortality, underscoring the need for heightened clinical suspicion independent of temperature. “Sepsis at 360°” challenges traditional diagnostic paradigms centered on fever and highlights the importance of comprehensive screening and early intervention. Adherence to SSC guidelines, combined with awareness of atypical presentations, can improve timely diagnosis and outcomes. Future directions should focus on precision phenotyping, biomarker-guided therapy, and integrated post-sepsis care to move beyond survival toward recovery and quality of life.

Keywords: Sepsis, Normothermic sepsis, Hypothermia (360°), Organ dysfunction

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Affiliation:

1. Professor, Department of Medicine, Mugda Medical College, Dhaka, Bangladesh. E-mail: drmonjur70@yahoo.com