



## Day 1

8.30-10.00 Code Sepsis.

Sepsis in the front line. The INEM experience

What matters in the Emergency room. Point of care lactate.

Sepsis in Intensive Care. From SAC UCI and INFAUCI to new data coming from the portuguese RNMI.

10.00-10.30 Conference. Code Sepsis – A new position paper for the Iberoamerican world.

Break

10.50-12.15 – Antibiotic Resistance.

Bacterial resistance – what are the priorities in 2026?

Klebsiella Carbepenem resistance. Epidemiology and therapeutic alternatives.

How to address Pseudomonas aeruginosa resistance?

12.15-13.15. Symposium

13.15-14.00 – Lunch

14.00-15.30 – Clinical Guide.

My approach to the identification of the infection focus and to select an empiric antibiotic

My approach to start vasopressors

My approach to start renal replacement therapy

15.30-16.00 – Conference: Life after septic shock. Real life testimonies

16.00-16.30 – Break

# 31<sup>ST</sup> INFECTION AND SEPSIS SYMPOSIUM

I P A N E M A P A R K H O T E L - P O R T O

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16.00-17.00 – The infection and the Septic syndrome.

Outcome according to the focus of infection.

Can we measure the immune response?

Sepsis in the Transplanted Patient.

17.00-17.30 – 3 selected Posters

## Day 2

8.30-10.00 What is new in sepsis. The year's most relevant papers

In cardiovascular support

In renal support

In antibiotics

10.00-11.00 Symposium

11.00-11.20 Break

11.20-11.50 Conference: Human factors in Stewardship programs and in changing infection management – how much is about communication and cooperation?

11.50-12.50 Infection prevention

Strategies for behavioral change in antimicrobial stewardship

Indicators of behavioral change

Economic benefits of antimicrobial stewardship

12.50-13.40 Symposium

13.40-14.30 – Lunch

14.30-16.00 – Pneumonia: still the captain of the men of death

# 31<sup>ST</sup> INFECTION AND SEPSIS SYMPOSIUM

IPANEMA PARK HOTEL - PORTO

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Pneumonia in the frail and in the old patient

Pneumonia in the oncological patient

Immune modulation: what, when and how?

16.00-17.00 The most severe patients

Which septic patients should receive hemoperfusion?

Refractory septic shock

How can AI help to address severe septic patients?