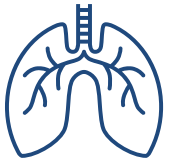
SOFA-2

Märta Leffler, SIR

Svenska Intensivvårdsregistret
SIR

SOFA-1

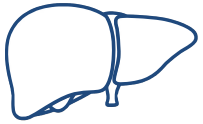


Respiration
PF-kvot + mekanisk ventilation

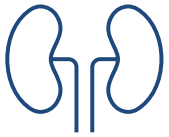
Kardiovaskulär
MAP och pressorer

CNS
GCS/RLS

Koagulation/hematologi
Trombocyter
3p ≤ 50, 4p ≤ 20 × $10^3/\mu L$

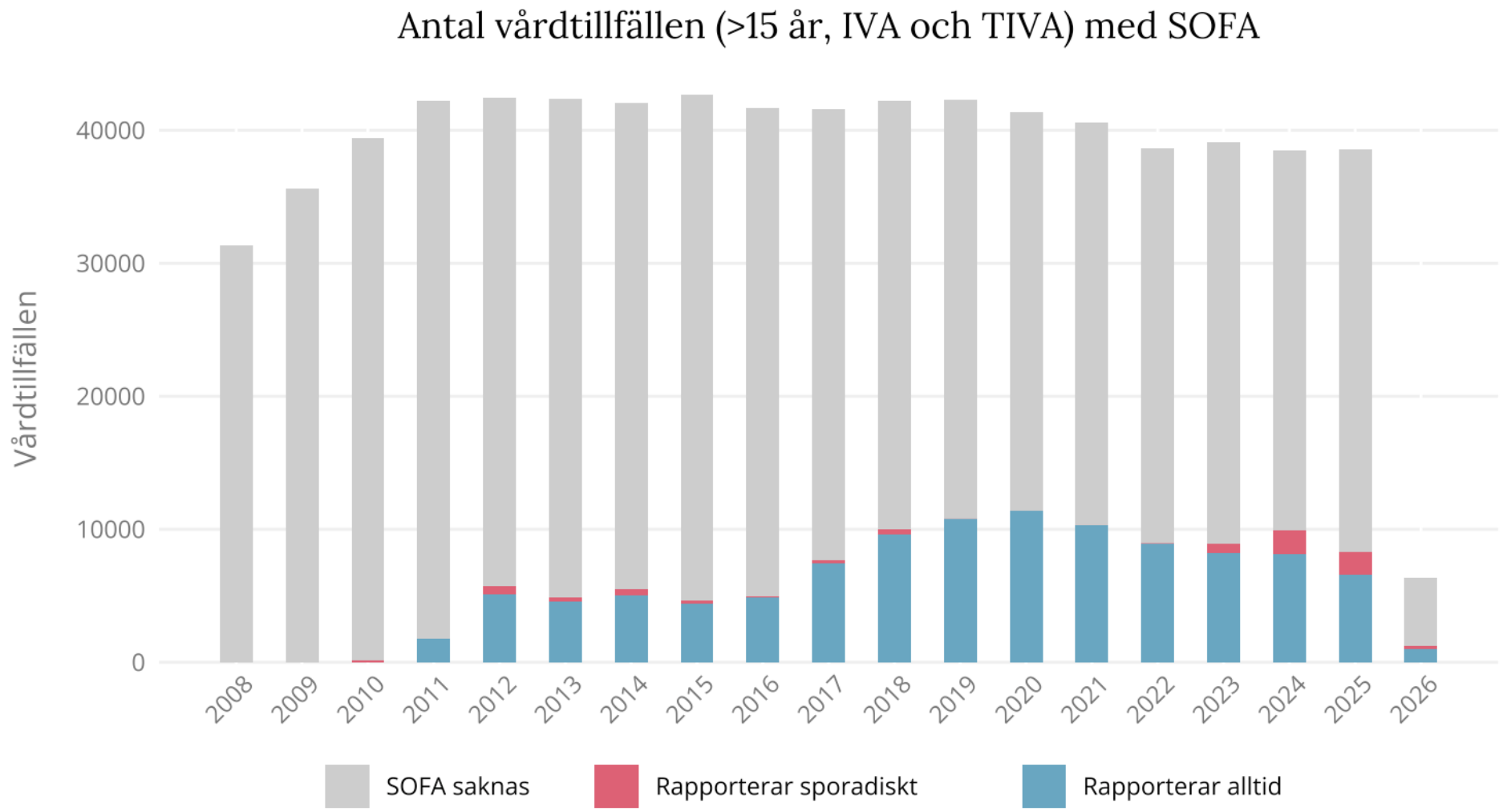


Hepatisk
Bilirubin

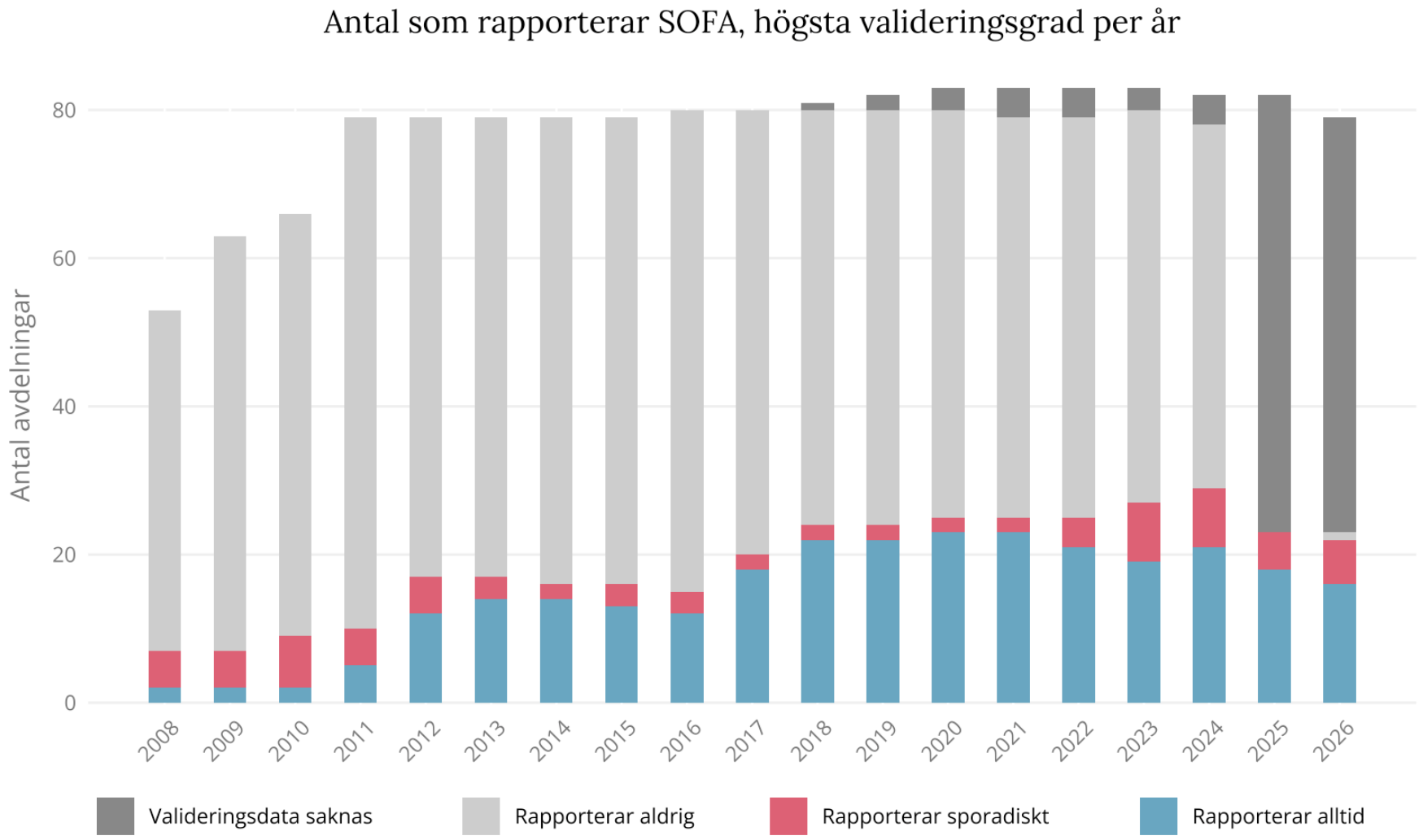


Renal
Kreatinin eller diures

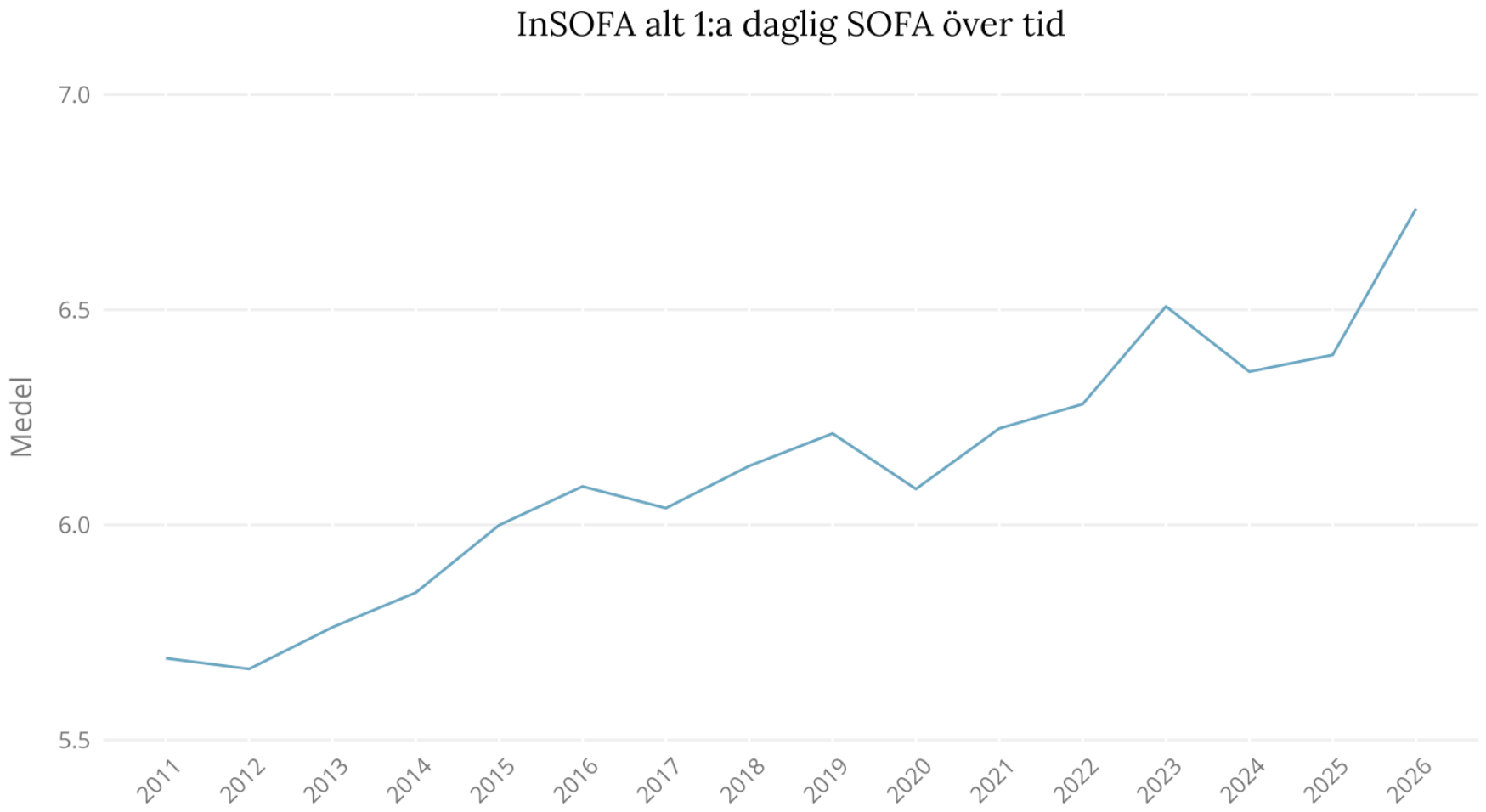
SOFA i SIR


Antal vårdtillfällen (>15 år, IVA och TIVA) med SOFA
Vårdtillfällen
40000
30000
20000
10000
0
2008
2009
2010
2011
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021
2022
2023
2024
2025
2026
SOFA saknas
Rapporterar sporadiskt
Rapporterar alltid

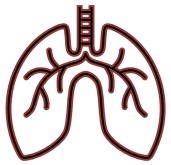
SOFA i SIR


Antal som rapporterar SOFA, högsta valideringsgrad per år
Antal avdelningar
0
20
40
60
80
2008
2009
2010
2011
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021
2022
2023
2024
2025
2026
Valideringsdata saknas
Rapporterar aldrig
Rapporterar sporadiskt
Rapporterar alltid

SOFA i SIR


InSOFA alt 1:a daglig SOFA över tid
Medel
7.0
6.5
6.0
5.5
2011
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021
2022
2023
2024
2025
2026

SOFA-2

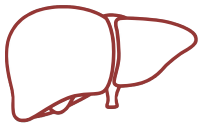


Respiration
PF- alt SF-kvot +
avancerat ventilationsstöd

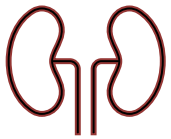
Kardiovaskulär
MAP, NA-ekvivalenter +
annat, mekaniskt stöd

Hjärna
GCS/RLS +
deliriumbehandling

Hemostas
Trombocyter
3p ≤ 80, 4p ≤ 50 × 10^3/µL



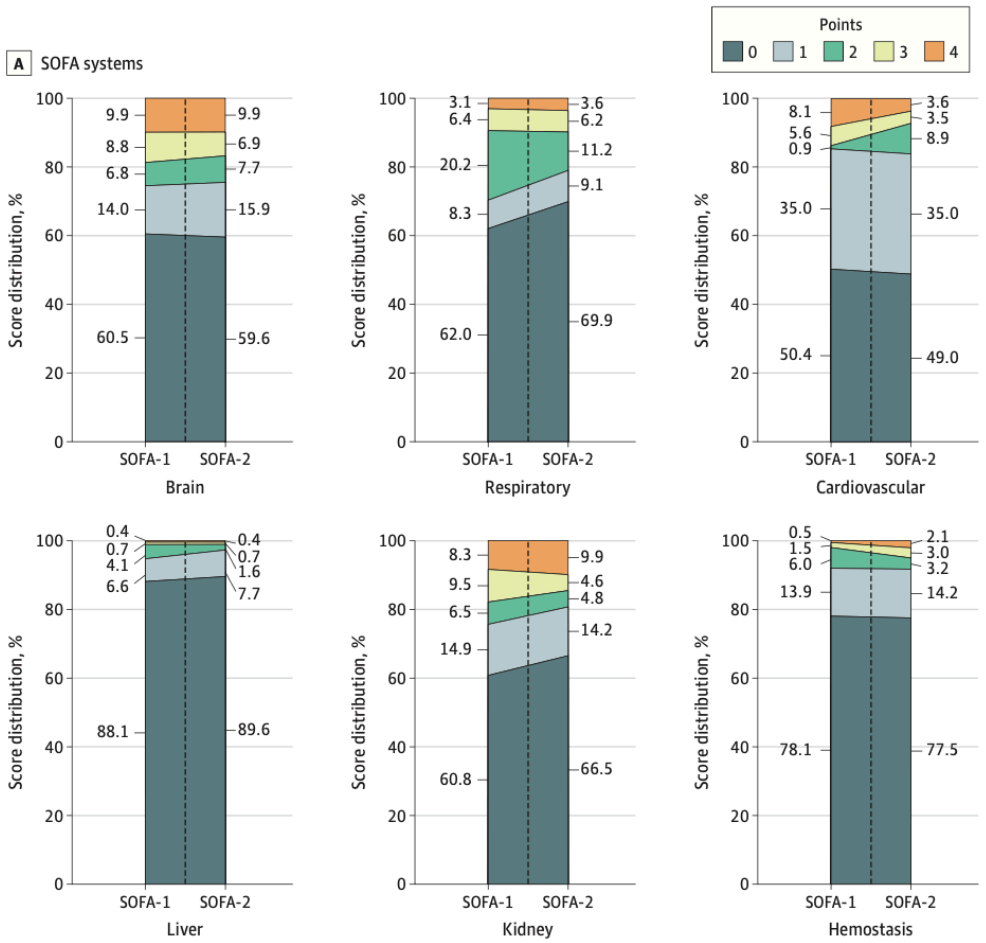
Lever
Bilirubin
Cutoff för 2p lite högre

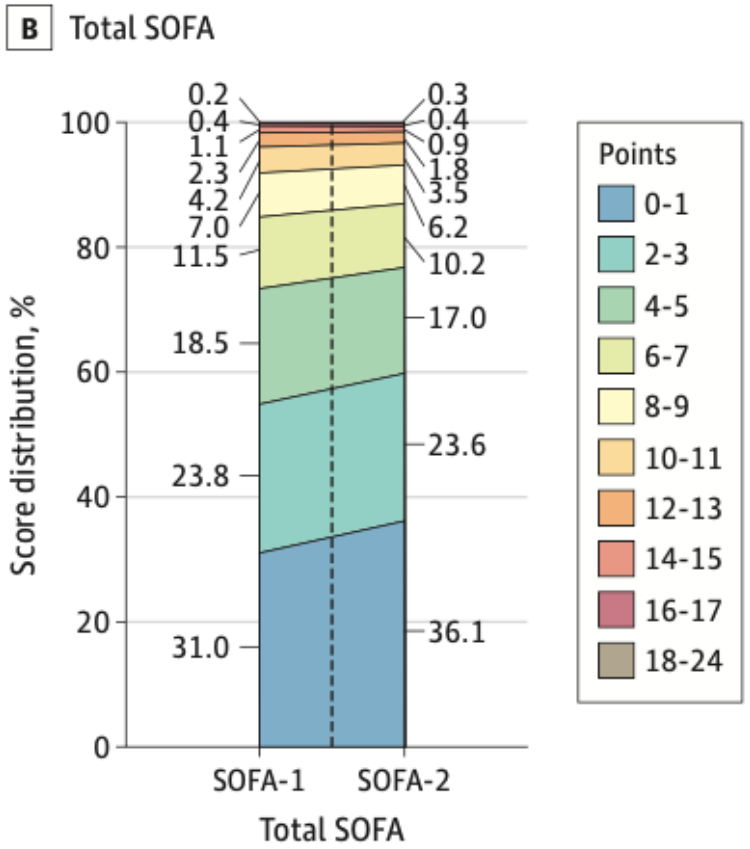


Njurar
Kreatinin eller diures +
RRT

SOFA-2

Figure 4. Distribution Change From SOFA-1 to SOFA-2 Systems and Total Scores at ICU Admission Combining Data From 2 Internal Cohorts and 3 External Cohorts Validation





Ranzani et al, JAMA 2025, doi:10.1001/jama.2025.20516

EXTRABILDER

SOFA-2

Table 2. The SOFA-2 Score[a,b]

	Score				
Organ system	0	1	2	3	4
Brain[c,d]	GCS 15 (or thumbs-up, fist, or peace sign)	GCS 13-14 (or localizing to pain)[d] or need for drugs to treat delirium[e]	GCS 9-12 (or withdrawal to pain)	GCS 6-8 (or flexion to pain)	GCS 3-5 (or extension to pain, no response to pain, generalized myoclonus)
Respiratory[f]	PaO_2:FIO_2 ratio >300 mm Hg (>40 kPa)	PaO_2:FIO_2 ratio ≤300 mm Hg (≤40 kPa)	PaO_2:FIO_2 ratio ≤225 mm Hg (≤30 kPa)	PaO_2:FIO_2 ratio ≤150 mm Hg (≤20 kPa) and advanced ventilatory support[g,h]	PaO_2:FIO_2 ratio ≤75 mm Hg (≤10 kPa) and advanced ventilatory support[g,h] or ECMO[i]
Cardiovascular[j,k,l,m]	MAP ≥70 mm Hg, no vasopressor or inotrope use	MAP <70 mm Hg, no vasopressor or inotrope	Low-dose vasopressor: (sum of norepinephrine and epinephrine ≤0.2 µg/kg/min) or any dose of other vasopressor or inotrope	Medium-dose vasopressor (sum of norepinephrine and epinephrine >0.2 to ≤0.4 µg/kg/min) or low-dose vasopressor (sum norepinephrine and epinephrine ≤0.2 µg/kg/min) with any other vasopressor or inotrope	High-dose vasopressor (sum of norepinephrine and epinephrine >0.4 µg/kg/min) or medium-dose vasopressor (sum of norepinephrine and epinephrine >.02 to ≤0.4 µg/kg/min) with any other vasopressor or inotrope or mechanical support[i,n]
Liver	Total bilirubin ≤1.20 mg/dL (≤20.6 µmol/L)	Total bilirubin ≤3.0 mg/dL (≤51.3 µmol/L)	Total bilirubin ≤6.0 mg/dL (≤102.6 µmol/L)	Total bilirubin ≤12.0 mg/dL (≤205 µmol/L)	Total bilirubin >12 mg/dL (>205 µmol/L)
Kidney	Creatinine ≤1.20 mg/dL (≤110 µmol/L)	Creatinine ≤2.0 mg/dL (≤170 µmol/L) or urine output <0.5 mL/kg/h for 6-12 h	Creatinine ≤3.50 mg/dL (≤300 µmol/L) or urine output <0.5 mL/kg/h for ≥12 h	Creatinine >3.50 mg/dL (>300 µmol/L) or urine output <0.3 mL/kg/h for ≥24 h or anuria (0 mL) for ≥12 h	Receiving or fulfils criteria for RRT (includes chronic use)[o,p,q]
Hemostasis	Platelets >150 × 10^3/µL	Platelets ≤150 × 10^3/µL	Platelets ≤100 × 10^3/µL	Platelets ≤80 × 10^3/µL	Platelets ≤50 × 10^3/µL

Ranzani et al, JAMA 2025
doi:10.1001/jama.2025.20516