Introduction:
The new 2016 definition of sepsis suggest using the quick SOFA score (q SOFA) for stratification of risk of patients with sepsis. The aim of this study was to compare this score to our local score of triage in predicting mortality.

Data collection:
This is a retrospective cohort study based on data from a sepsis registry from emergency department of Sahloul.

Methods:
A score consisting of mainly 8 variables (age, pulse, arterial pressure, temperature, respiratory rate, oxygen saturation, Glasgow coma scale and pain scale). Every variable is given a number from 0 to 2, the total score defines 4 gravity stages.
We calculated retrospectively qSOFA and our triage score for all patients admitted to our center diagnosed with sepsis.

Results & discussion:
268 patients were included in this study the mean age was 63.6 ± 16.8. The sex ratio was 1.3 (56.7% of patients were men). 42.5% are diabetic and 45.9% are hypertensive. Overall hospital mortality was 7.5%. Based on our results, we showed that qSOFA’s performance in predicting mortality in sepsis was lower than our triage score.
The area under curve of our triage score was 0.745 vs 0.664 for q SOFA score.
Our triage score was more sensitive and specific in predicting the mortality of these patients compared to qSOFA score.

Conclusion & perspectives:
We found out that our triage score was greater than qSOFA score in predicting morality. Additional studies with larger patients number are needed to re-evaluate the q SOFA score.