Septic Shock: The First Hour

Prompt Antibiotic Administration Improves Patient Outcomes

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Background

- Early antibiotic administration is a key component of the Surviving Sepsis Guidelines
- Healthcare providers know it is critical to start antibiotics early to improve patient outcomes
- In January 2019, only 65% of shock patients were given an antibiotic in the first hour

AIM Statement Increase the number of septic shock patients receiving antibiotics

• The care team employed the following strategies to increase the number of septic shock patients receiving an antibiotic within the first hour of arrival

Methods

- Utilize code sepsis upon ED arrival
 - EMS to activate prior to hospital arrival
 - Triage staff to activate upon arrival
 - Included SIRS criteria, possible or suspected infection, signs of organ dysfunction
- Establish prompt IV access
 - Early notification to the physician by RN if difficulty obtaining IV access
 - Involving additional resources (ultrasound IV guidance or vascular access nurse)
 - Administration of intramuscular antibiotics in event no IV access obtained in the first hour
- Timely order of antibiotics
 - Key stakeholders reviewed the sepsis order sets
 - Recommended antibiotic choices were pre-selected (per facility antibiogram) with 2nd option in case of allergy
 - Average time to antibiotic by provider was given to the ED medical director each month
 - Recognition given to ED team with fastest time to antibiotic each month

within the first hour to at least 85% and maintain for 6 months.

Results

- The 6 month period occurred May 2019 through October 2019
- May was just short of making the 85% goal due to education and new process implementation
- For all other months the goal was met, including 2 months where 100% of shock patients received their antibiotic in the first hour
- Antibacterial stewardship targets remained consistent – antibiotic days of therapy (DOT per 1000

% Antibiotics in the 1st Hour for Septic Shock



patient days) ranged between 145-152 (goal is 150 DOT or less)

Conclusion

- Communication between all providers on the care team is critical to ensuring patients get timely antibiotics
- Staff knew the importance of initiating the bundle timely; they needed a process to follow when barriers occurred
- Including nurse and physician champions is imperative to gain insight into obstacles, empower staff, and implement change

