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Early antibiotic initiation in suspected sepsis in long-term geriatric units

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There is a delay in the administration of initial dose of antibiotics beyond the 1st hour in all suspected sepsis patients in long term geriatric male units in the long term acute care facility Rumailah Hospital (RH) in Doha, Qatar, leading to poor clinical outcomes such as transfer of patients to critical care facilities, increase in mortality and morbidity rates and increase in the length of stay. Aim of this study is to make administer the 1st dose of antibiotic within 1 hour to 60% of suspected sepsis patients in long term male units in RH by April 30, 2017, consistent with international guidelines. We followed some parameters like: suspected sepsis checklist card – card with suspicious clinical findings to alert physician of impending sepsis was introduced; tool for monitoring administration of first dose of antibiotic within one hour; lecture by infectious disease team for all physicians regarding importance of first hour administration of antibiotic; Reinforcement for all long term care geriatric units staff regarding administration of first dose of antibiotic within one hour by frequent notification emails from chairperson. Education to the team on utilization of monitoring tool was conducted from 1st of November to 15th of November. After intervention the time for administration reduced from 4.5 hours to within 1.5 hours after the second cycle of PDSA. 58% of the suspected sepsis patients received 1st dose of antibiotic within 1-hour post intervention compared to 26% before.

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