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N/A, San Antonio, TX Learning Objectives: Septiment has been the subject of many recent initiatives because it is common, costly, and carries significant mortality. The Surviving Sepsis Campaign (SSC) has emphasized the importance of timeliness and appropriateness of treatment The aim of this study was to assess adherence with the one hour anti-microbial administration and 3-hour treatment recommendations, and outcomes of patients with sepsis on a general medicine unit (GMU).	Find Similar t.
Methods: A retrospective chart review was conducted of adult patients admitted to a GMU of an academic medical center during a six-month period. Inclusion criteria were a diagnosis of sepsis, and at least one order for antimicrobials. The primary objective was compliance with antibiotic administration within one hour of the diagnosis of sepsis. Secondary objectives were compliance with SSC 3-hour treatment recommendations, length of stay (LOS), pharmacy verification time, ICU admission and all-cause readmissions within 90 days.	About this Journal Request Permissions
Results: A total of 526 patients were identified (67 +/- 17.5 years of age; 56% women). Of those patients, 177 (33.7%) received antibiotics within the first hour. Two hour delay to antibiotics was noted in 111 (21.1%)patients, three hour delay in 52 (9.8%), four hour delay (10.2%), 5 hour in 30 (5.7%), and up to 10 hour delay noted in 63 (11.9%). Greater than 10 hour delay was seen in 39 (7.4%) patients. A total of 482 (81%) patients had an antibiotic order verified by the pharmacy in less than half an hour. Completion of all four bundl components in <3 hours was low for all patients (12.8%). Ultimately 81 (15.6%) patients required transfer to an ICU. Patients who received antibiotics after more than 1 hour had a notable increased rate of ICU admissions (82.7%), longer hospitalizations (10.4 +/- 4.9 tays), so 8.9 +/- 5.8 days), mortality (42.8% vs 27.9%) and 90 day all-cause readmission rates (31% vs 11%). Only 75 (14.2%) patients had an antibiotic order priority of STAT and among them only 18 (24%) had antibiotics administered within one hour.	/ in e
Conclusions: This study of compliance with antibiotic administration goals in sepsis care on a GMU highlights the need to specifically focus on sepsis care when it is diagnosed outside of the emergency room and ICUs. The STAT ordering of antibiotics does not appear to impact the timeliness of antibiotic administration on a GMU. Our data confirm that timeliness important outcomes in this subgroup of sepsis, and should be a focus in future sepsis care improvement efforts.	tr.
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