

“Every minute matters in pediatric sepsis care”

BACKGROUND

Pediatric sepsis is a leading cause of morbidity and mortality, demanding **rapid recognition** and timely, **coordinated interventions**.

A team of nurses working in a large volume pediatric emergency department (ED) observed **clinical drift** from established protocols.

Clinical drift, specifically **door-to-antibiotic time**, resulted in a lack of timely bundle completion and potential impacts on patient outcomes.

PURPOSE STATEMENT

The purpose of the quality improvement (QI) project was to improve timely completion of the sepsis bundle through evidence – based interventions including electronic health record (EHR) optimization.

IMPLEMENTATION STRATEGIES

The Plan-Do-Study-Act (PDSA) method was used to:

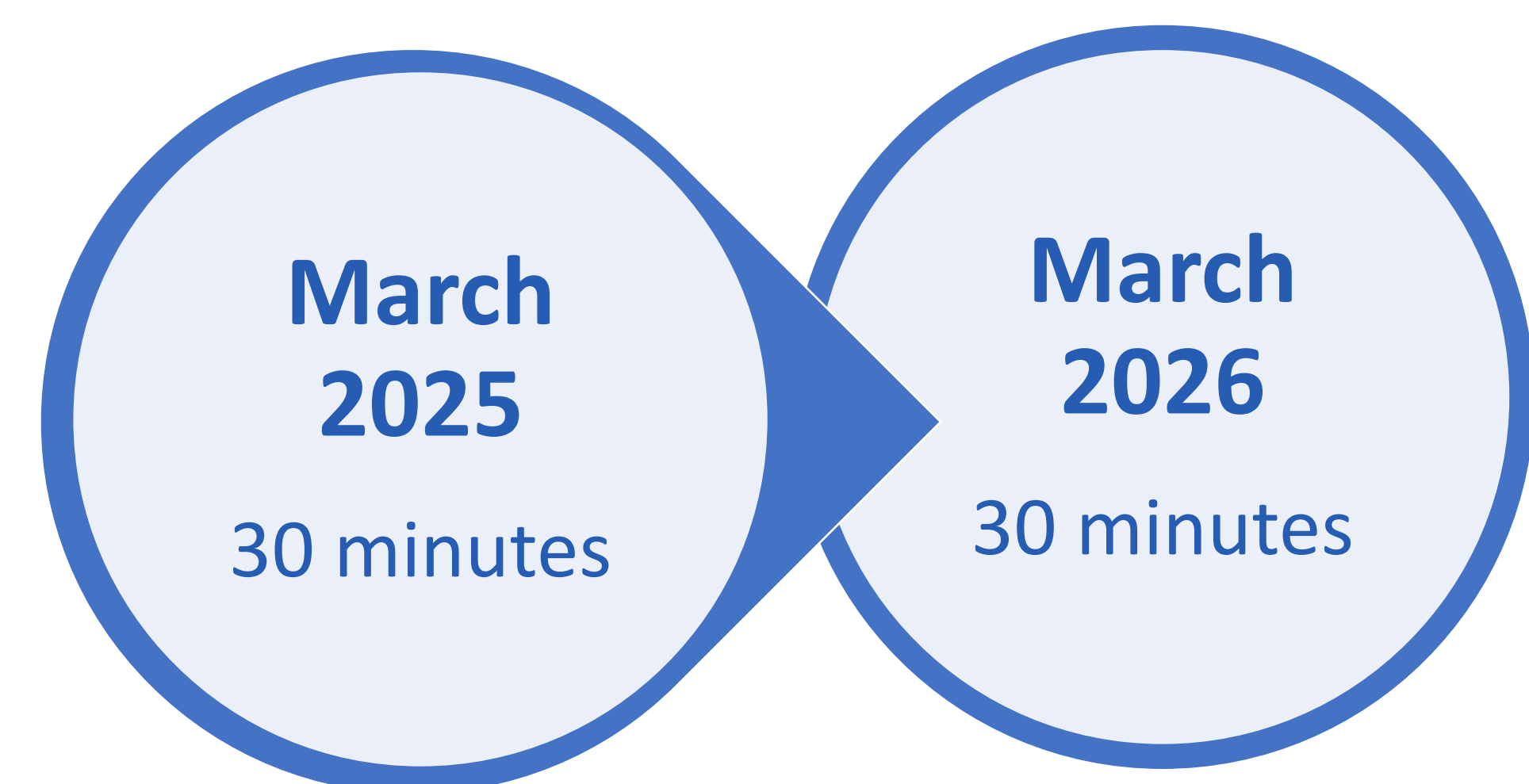
- P** Partner with Performance Improvement Coordinators, ED leadership, frontline nurses, pharmacists, and Information Technology (IT) to assess sepsis bundle gaps and design evidence-based interventions focused on improving compliance.
- D** Implement standing antibiotic orders for patients with a positive sepsis screen.
- S** Review EHR documentation to assess bundle compliance pre- and post-implementation of standing antibiotic orders, specifically time-to-antibiotic and time-to-first fluid bolus.
- A** Sustain standing antibiotic orders for patients with a positive sepsis screen. Continue tracking of sepsis bundle compliance.

Standing Orders:

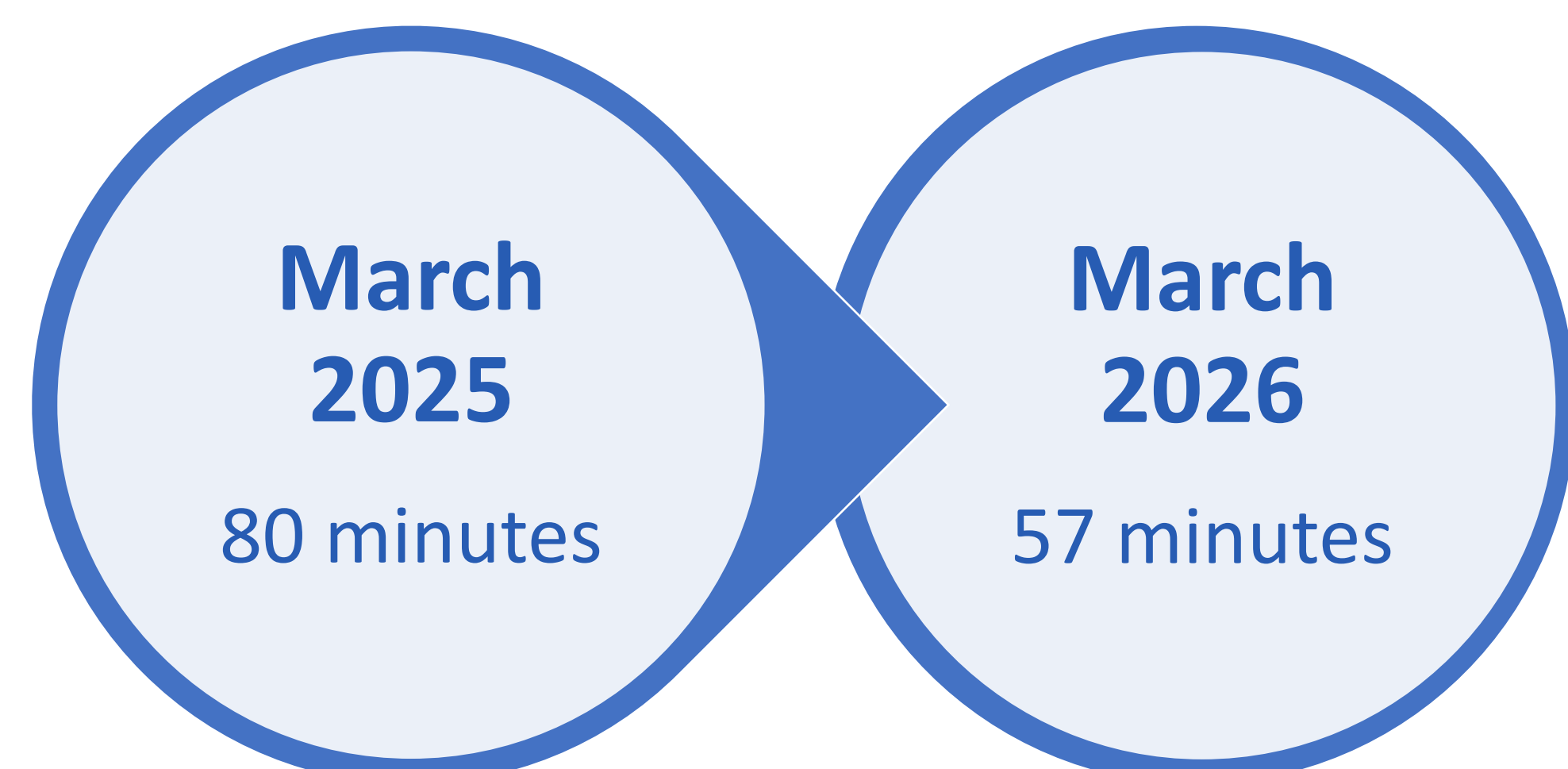
	Inclusion Criteria	Exclusion Criteria
Ceftriaxone 50mg/kg (2,000mg max dose)	Patients presenting to the ED with a positive sepsis screen Patients <u>without</u> an oncology diagnosis	Patients <u>with</u> an oncology diagnosis
Cefepime 50mg/kg (2,000mg max dose)	Patients <u>with</u> an oncology diagnosis who present to the ED with: <ul style="list-style-type: none"> • infectious symptoms • chemotherapy and / or radiation, or • steroids 	Patients <u>without</u> an oncology diagnosis

OUTCOMES

Average Time to First Fluid Bolus (goal: 30 minutes)



Average Time to First Antibiotic (goal: 60 minutes)



CONCLUSION

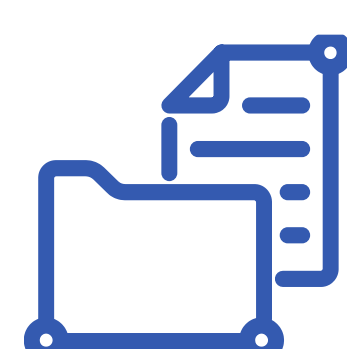
Evidence-based interventions, such as EHR optimization, can **improve sepsis bundle compliance**, particularly time to administration of the first antibiotic.

By prioritizing rapid recognition and evidence-based interventions, healthcare teams can **act quickly, prevent clinical deterioration**, and offer **brighter futures** to children and families facing sepsis.

Acknowledgements

Recommitting to the sepsis bundle is not just a return to protocol, it is a re-commitment to the pediatric lives we care for. **We would like to acknowledge and honor Clover**, the daughter of two ER nurses, who died from sepsis despite repeated attempts by her parents to receive care for concerning symptoms and vital signs and care in a pediatric facility. After attending a DFW sepsis conference and being introduced to a family that has dedicated their lives to improving the care provided to sepsis patients, our team was rejuvenated.

We aim in her memory and honor to prevent future loss through lessons learned and compliance to the evidence-based practice of the utilization of sepsis bundles for early recognition and comprehensive, standardized treatment.



References available



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