

Help Implement Updated Sepsis Guidelines to Improve Outcomes

Top Takeaways

- Help ensure antibiotics are delivered ASAP for sepsis, since they need to be given within 1 to 3 hours.
- Updated sepsis guidelines recommend continuous or extended infusions for certain antibiotics.
- You may see orders for topical antibiotics given in the mouth and throat in some patients on ventilators to decrease pneumonia risk and death.

Hospitals will be revising their adult sepsis protocols...due to updated Surviving Sepsis Guidelines.

Sepsis isn't just a serious infection...it's a medical emergency that can be deadly. Help implement best practices to improve survival.

"Code sepsis" teams. Expect your hospital to create or expand sepsis teams to treat patients ASAP...similar to code blues for cardiac arrest.

Your code sepsis team may include a pharmacist to help choose antibiotics...and they may need your help coordinating med delivery.

Antibiotic timing. Anticipate antibiotics to be given within 1 hour for septic shock (low blood pressure needing pressors, etc)...and patients who have a confirmed or high suspicion for sepsis withOUT shock.

On the other hand, starting antibiotics within 3 hours may be a goal for some patients if sepsis seems to be less likely or questionable.

Send stat antibiotic doses ASAP from the central pharmacy. And work with pharmacy leadership to optimize antibiotic stock in ED and ICU dispensing cabinets to allow for timely administration on the unit.

Prolonged-infusion antibiotics. Don't be surprised if you see more sepsis antibiotics given as continuous or extended infusions (over 3 to 4 hours, etc) instead of a typical 30- or 60-minute timeframe.

Know that sepsis guidelines now recommend this approach after a short loading dose for certain beta-lactam antibiotics (cefepime, piperacillin/tazobactam, meropenem, etc) to optimize their ability to kill bacteria.

Loop in your pharmacist if nurses call with IV compatibility questions, since these infusions will occupy IV lines longer.

Gastrointestinal decontamination. Know that applying topical antibiotics (polymyxin, tobramycin, etc) into the mouth and throat may decrease pneumonia risk and death in sepsis patients on ventilators.

But don't expect all hospitals or ICUs to do this...it's typically reserved for ICUs with low antimicrobial resistance rates.

Double-check routes on labels...these GI decontamination orders typically involve giving IV products orally.

Alert your pharmacist if labels aren't clear...and only dispense these doses in po syringes to prevent administration mix-ups.

Antibiotic de-escalation. Be ready to help your pharmacist look for antibiotic orders without stop times. Unnecessarily long courses can lead to increased resistance, adverse effects, etc.

Use our *Antimicrobial Stewardship* chart to find other ways you can help improve antibiotic use.

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And review other important aspects of sepsis treatment (fluids, pressors, etc) using our *Sepsis Management in Adults* chart.

Key References:

- Prescott HC, Antonelli M, Alhazzani W, et al. Surviving Sepsis Campaign: International Guidelines for Management of Sepsis and Septic Shock 2026. Crit Care Med. 2026 Mar 23. doi: 10.1097/CCM.0000000000007075. Epub ahead of print.
- Hong LT, Downes KJ, FakhriRavari A, et al. International consensus recommendations for the use of prolonged-infusion beta-lactam antibiotics: Endorsed by the American College of Clinical Pharmacy, British Society for Antimicrobial Chemotherapy, Cystic Fibrosis Foundation, European Society of Clinical Microbiology and Infectious Diseases, Infectious Diseases Society of America, Society of Critical Care Medicine, and Society of Infectious Diseases Pharmacists. Pharmacotherapy. 2023 Aug;43(8):740-777. Erratum in: Pharmacotherapy. 2024 Sep;44(9):754.

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