

Physical presence of a clinical pharmacist in the ED decreased time to administration and increased appropriateness of IV antibiotics for adult patients with sepsis, severe sepsis, or septic shock” Moussavi and Nikitenko (2016).

Abstract:

Purpose: To determine if the physical presence of a clinical pharmacist in the Emergency Department (ED) would decrease antibiotic order to administration time in adult patients with sepsis, severe sepsis, or septic shock.

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Methods: We conducted a retrospective review of adult patients presenting to the ED between January to December 2014 with a diagnosis of sepsis, severe sepsis, or septic shock who required intravenous (IV) antibiotics.

Results: 186 patients (92 patients when an ED pharmacist was present and 94 when no ED pharmacist was present) were included in the analysis. Baseline characteristics were similar between groups. When a pharmacist was present, patients received antibiotics sooner (median 0.61 vs. 0.88 hours, $P = .001$), Surviving Sepsis Campaign goals for antibiotic administration time were more likely to be met (88% vs. 72%, $P = .0097$), and initial antibiotics were appropriate more often (97% vs. 81%, $P = .0008$). No significant differences were noted in intensive care unit length of stay (LOS), hospital LOS, ventilator days, or in-hospital mortality.

Conclusions: Physical presence of a clinical pharmacist in the ED decreased time to administration and increased appropriateness of IV antibiotics for adult patients with sepsis, severe sepsis, or septic shock.

Reference:



Moussavi, K. and Nikitenko, V. (2016) Pharmacist Impact on Time to Antibiotic Administration in Patients with Sepsis in an Emergency Department. The Journal of Emergency Medicine. July 19th. .

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