



# THREE INSIDER TIPS FOR MAKING **SEPSIS CARE MORE EFFICIENT IN THE ED**

Sepsis care has seen drastic improvements in recent years, but a number of challenges remain. Understaffing and burnout, diagnostic uncertainty, overtreatment, and overspending all place immense pressure on the clinical teams tasked with treating sepsis.

“At some point, something’s got to give,” says Murtaza Akhter, MD, an emergency physician at the University of Arizona. “And I’m surprised we’re not there yet.”

It will take time to fully overcome these challenges. But in this article – the third of our four-part series on sepsis management – the nation’s top physicians provide a few pointers that can help alleviate stress and make sepsis management more sustainable, today.







## INSIDER TIP #1:

# TRY PLACING A PROVIDER IN TRIAGE

Emergency departments need a way to drive efficient treatment without a full staff.

“Almost every day I ask, ‘Where are all the nurses going?’ because all I hear is, they’re leaving for higher-paying hospitals,” says Dr. Akhter.

Understaffing – and ensuing burnout – is a serious problem. One way to help alleviate it is to examine and improve processes at the very beginning of a sepsis patient’s hospital journey: the moment of triage.

“There are some places that have a provider in triage,” Dr. Akhter says. “For a couple reasons: For one, to be more efficient with how you triage patients, and two, it decreases your door-to-doc times because the doctor is sitting out there saying, ‘What’s going on? Okay, let me put in some orders.’”

With those wheels in motion, other members of the care team have an ample heads-up that a patient may be coming their way.

“The tech knows, ‘I might be needed here because right now there’s an order in.’ The lab people know, ‘A sepsis patient has been called. Let me walk over.’ Then the provider team might say, ‘We’re not doing it for this guy. Cancel that.’ But at least it has gotten rolling. That can help get people the right care even though you’re understaffed,” Dr. Akhter explains.

“To really keep things efficient with short staffing, take one provider and say, ‘All you do is triage, and we’ll take care of the rest.’”

- Murtaza Akhter, MD



## INSIDER TIP #2:

# TAKE AT LEAST ONE BLOOD CULTURE AND/OR RUN A VIRAL PANEL

With sepsis, there's no time to waste. Many providers immediately start antibiotics and fluids when they suspect sepsis, before confirming.

This can lead to overtreatment and overspending, as well as uncertainty about the root cause of the ailment.

"If you don't get me culture results, I don't know what I'm treating – and you guys keep giving these antibiotics and now I have no idea what to do with this patient. They're like, 'Well, at least he's alive,' and we're like, 'I'm glad he's alive but what do I do now?'"

- Murtaza Akhter, MD

Ideally, two sets of blood cultures should be obtained from two different sites for each patient – before any antibiotics are administered. But with incentives around

speed and abundant caution in care, that rarely happens.

"At the very least, get that one culture," Dr. Akhter urges. "You can't give antibiotics unless you've got an IV, and if you've already got an IV, get the blood culture."

Having a culture on-hand makes it easier to determine the root cause of the problem, if bacteria is the culprit.

But the same line of thinking applies if the patient has a virus. Running a viral panel can help prevent continued use of unnecessary antibiotics.

"Right now, everybody is like, 'They might have the flu; they might have COVID,'" says Frank LoVecchio, DO, a longtime emergency physician and the Director of Research at the University of Arizona Maricopa Medical Center. "You're not going to entirely change what you do, but if you've got a whole viral panel and you found out which virus they had and say, 'This virus can present this way,' we could probably deescalate the antibiotics and know the prognosis for the patient is good."





### INSIDER TIP #3:

## RUN A SECOND LACTATE TEST IN A TIMELY MANNER

Blood culture results are helpful, but can take a few days to come back from the lab. A quicker option in a doctor's diagnostic toolbox is lactate testing.

"In the setting of sepsis, lactate kind of gives you a starting point for how sick the person is," explains Faheem Guirgis, MD, an emergency medical physician and research fellowship director at UF Jacksonville.

An elevated lactate level after an initial test could mean sepsis – but it's the second test that brings more clarity when deciding the next steps for a patient.

"If the first lactate is elevated and I start to treat the patient, the next one should show that their lactate is improving," Dr. Guirgis says. "If the second lactate doesn't show improvement, or if it goes up, that's concerning."

The problem is that running a second lactate test can take a while.

The bigger issue is getting people to send the second test in a timely manner," Dr. Guirgis explains.

"Particularly in the ED, where things move quickly, the patient is frequently getting admitted by that point and the second lactate can be delayed as the patient gets transitioned to different doctors, or to the medical ward or ICU."

"Ideally, it's going to come back in an hour from the time you order it. But it would be nice to have something a little earlier."

- Frank LoVecchio, DO

The solution? Point-of-care lactate testing can provide lab-quality diagnostic results in mere minutes, giving the clinical team the clarity and context they need to quickly decide next steps. It's even possible to set up automatic reflex ordering of a second lactate in many EMRs, saving additional time.

"A lactate test that could be done at bedside would be helpful, no doubt," says Dr. LoVecchio, whose hospital does not currently use point-of-care testing.



# THE NEXT GENERATION OF SEPSIS TESTING

Although there's no holy grail of sepsis detection, tips like these can help health systems drive appropriate resourcing and better control spending in an era of overutilization and overtreatment.

But in the coming years, with new advancements in medicine and breakthrough technologies, sepsis care may begin to look very different. In the fourth and final article in our exclusive sepsis series, see what the industry experts think the future of care could like it, and how we can begin to shape it.



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