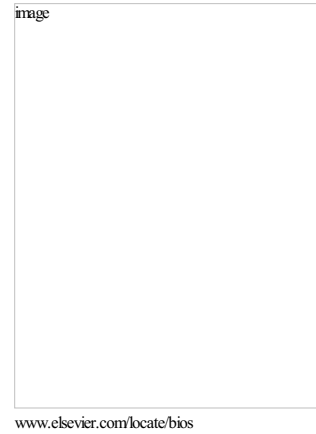


Author's Accepted Manuscript



PII: S0002-9629(18)30144-7
DOI: <https://doi.org/10.1016/j.amjms.2018.04.005>
Reference: AMJMS653

To appear in: *The American Journal of the Medical Sciences*

Cite this article as: , , *The American Journal of the Medical Sciences*, doi:

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Editorial for: **Timeliness of Antibiotic Administration and Outcomes in Sepsis (MAJ 17-1727)**

Title: **The Timing of Antibiotic Administration after Triage in the Emergency Department may not be Straight Forward!**

Steven Clum, MD and Mark Rumbak, MD

Email; mrumbak@health.usf.edu
Steve clum; steven.clum@gmail.com

Division Pulmonary, Critical Care and Sleep Medicine
Department of Internal Medicine
Morsani College of Medicine
University of South Florida

The article by Kim et al., in this issue of the Journal is interesting because they not only looked at time from triage to antibiotic administration, but time in the emergency department (ED) as well as time from triage to ordering antibiotics ED. (1) They prospectively studied 117 patients who came through their ED and went directly to the intensive care unit (ICU). There was no difference in mortality concerning time in the ED but there was between the time the antibiotics were ordered or given. Adjusting for expected mortality, a 22% increase in mortality risk for each hour delay from triage to antibiotics given and 15% from triage to antibiotics ordered. Similarly, time from triage to antibiotics ordered and given was independently associated with increased hospital and ICU stays. Weakness of this study is that the number of patients was relatively small, and it was a single center study. They authors did not differential septic shock from severe sepsis. The patients who died had a higher lactic acid and mortality risk than those who survived and may have been sicker.

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