

Time to recognition, aetiology, antibiotic sensitivity pattern and outcome of sepsis in a tertiary care hospital in Sri Lanka

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Aims

To study the time to recognition, aetiology, antibiotic sensitivity patterns and outcome of patients who presented with suspected sepsis.

Methods

A prospective observational study of all patients suspected to have sepsis was carried out from 1 July 2016 to 30 June 2017 at the emergency department of Teaching Hospital Kurunegala, Sri Lanka. The study instrument was a data sheet comprising UK survival sepsis guidelines and demographics and background information from patient records. All patients were followed up for 1 month. Data analysis was done using SPSS (version 21).

Results

104 patients (61±17 years, 54.8% male) were studied. Blood culture results were available in 94 patients (90.4%): 19 (20%) were positive. The most common organisms identified were coagulase-negative *Staphylococcus aureus* (42%) and *Escherichia coli* (42%). Door to blood culture time was 38.6±26.7 minutes, with 98% of patients having blood cultures within 45 minutes of admission. Door to antibiotic time was 43.3±27.2 minutes. The commonest primary foci of infection were pneumonia, which was 34.6%, and cellulitis, which was 28.8%. All *S aureus* was sensitive to teicoplanin and vancomycin, while *E coli* was sensitive to meropenem. The mean duration of hospital stay was 8±7.8 days. The in-hospital mortality was 30% (28.9%) and 30-day mortality was 36% (34.6%). There is no statistically significant difference in mortality between blood culture-positive and -negative patients.

Conclusions

The sepsis bundle had been activated within 45 minutes in most of our patients. The outcome of sepsis at our hospital is comparable to the data published from other centres around the world. ■

Conflict of interest statement

No conflicts of interest.

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