

# Delays in Antibiotic Initiation of Hospitalized Patients: Increased Mortality

*Delayed treatment of hospital-onset sepsis, especially overnight, raises mortality risk*

LOS ANGELES, CA, UNITED STATES, August 19, 2025 /EINPresswire.com/ -- "The hospital administration must review each occurrence of hospital-acquired sepsis to ensure there are no delays in diagnosis and no delays in treatment. In addition, different units within the hospital must be compared to determine if delays in treatment are unit-specific versus a hospital-wide problem," states Greg Vigna, MD, JD, Board Certified Physical Medicine and Rehabilitation.

"The probability of antimicrobial initiation among patients with new hospital-onset sepsis declined at shift changes and overnight. Time to antimicrobial initiation for patients with sepsis onset overnight was four times longer than for patients with onset during the day," says Dr. Jennifer C. Ginestra, MD, Critical Care.



Dr. Greg Vigna

What did Dr. Ginestra report in "Association of Time of Day with Delays in Antimicrobial Initiation among Ward Patients with Hospital-Onset Sepsis" published in AnnalsATS Volume 20, Number 9, September 2023?

"Median time from hospital admission to sepsis onset was 7.3 days. The incidence of hospital-onset sepsis was approximately equally distributed throughout the day.

Unadjusted median time from sepsis onset to antimicrobial initiation was 4.1 hours.

The adjusted probability of antimicrobial initiation within 3 hours of sepsis onset exhibited a fivefold difference, ranging from 13.3% for sepsis onset at 6 A.M. to 72.4% for sepsis onset at 2 P.M.

Adherence to guideline-recommended care bundles of antimicrobial initiation within 1 and 3 hours of sepsis onset followed similar trends of decline throughout the night shift, suggesting



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*Greg Vigna, MD*

the presence of an accumulating barrier to prompt clinical care. These findings persisted in analyses restricted to patients with the highest severity of illness and were consistent across several sensitivity analyses."

Read Dr. Ginestra's article:

<https://www.atsjournals.org/doi/full/10.1513/AnnalsATS.202302-160OC>

Dr. Greg Vigna, MD, JD, national sepsis attorney, states,

"The literature on sepsis shows that there is an increase in risk of mortality in patients with septic shock of 8% for every hour there is a delay in treatment. Any specific change in status requires an evaluation for developing sepsis since hospital-acquired sepsis is associated with an absence of fever."

What did Dr. Meyer report in "Sepsis and Septic Shock" published in the New England Journal of Medicine 2024; 391:2133-2146?

"Even in the absence of fever or localizing signs of infection, sepsis should be considered in patients with altered mentation, hypotension, dyspnea, and acute decompensation of chronic disease, such as diabetic ketoacidosis or decompensated cirrhosis."

Read Dr. Meyer's article: <https://www.nejm.org/doi/full/10.1056/NEJMra2403213?query=TOC>

[Dr. Vigna](#) concludes, "We are looking at sepsis associated with PICC line or other central line infections because these infections are largely preventable if hospitals were to switch to safer central lines made with hydrophilic technology that appears to nearly eliminate the risks."

Dr. Vigna is a California and Washington, D.C., lawyer who represents those who have suffered serious injuries caused by defective medical devices, including [PICC lines](#), dialysis catheters, and other central lines. He represents injured individuals with the [Ben Martin Law Group](#), a national pharmaceutical injury law firm based in Dallas, Texas. The attorneys focus on product liability and medical malpractice, representing the most severely injured individuals across the country.

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