

State Regulation for the Development of Pediatric-Specific Protocols for Sepsis: Does It Work?

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Sepsis is a leading cause of death for children. Making sure hospitals know how to recognize signs and symptoms of pediatric sepsis and institute resuscitative steps quickly and efficiently could be lifesaving. How effective is a legislative mandate to improve sepsis care? New York with its passage in 2013 of "Rory's Regulations" offers a chance to see if state regulation implementation can decrease pediatric sepsis mortality. Gigli et al ([10.1542/peds.2019-3353](#)) evaluated hospital discharge data to assess sepsis outcomes from 2011 to 2015 comparing New York to four control states without similar regulations. The study involved 9,436 children in 237 hospitals and showed that over the four years studied, there was a decrease in sepsis mortality from 14% to 11.5% in New York. But there was a similar decrease in the control states as well (14.4% to 11.2 %). On first pass, it appears the regulations do not make a difference. But when the investigators excluded metropolitan New York, improved survival was noted, especially in cases involving previously healthy children and children not admitted through the emergency department. So what is going on? Do state regulations help improve outcomes in selected subgroups? The answer to that latter question is "yes" according to an accompanying commentary by Drs. Halden Scott (University of Colorado), Fran Balamuth (University of Pennsylvania), and Elizabeth Alpern (Northwestern University) ([10.1542/peds.2020-1525](#)). The commentary authors help explain the importance of having sepsis protocols in place in general hospitals with medium and smaller pediatric volumes compared to the free-standing hospitals in big cities like Manhattan where protocols may have already existed. Focusing only on hospitals in rural areas or away from regional centers for pediatric care might show the largest benefit from this type of regulation as suggested by Halden et al. These authors also focus on the improvements going on in the control states without regulation and offer some important reasoning as to why overall improvements in sepsis may be happening even without state regulations being passed. If your state does not have sepsis regulations, reading this study and commentary may make you consider advocating that your legislature do so or at least make sure protocols exist in your local emergency facility.

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