Sepsis is a condition commonly encountered in critically ill patients. However, the management of sepsis varies globally and mainly depends on the availability of resources. Sepsis-related mortality tends to be higher in countries with limited resources.

In this study, the researchers summarise evidence regarding sepsis protocols and their compliances and the effect of implementing these protocols on ICU and hospital length of stay and sepsis-related mortality. They also discuss facilitators and barriers often encountered when implementing these protocols.

The researchers used six studies that used modified-sepsis protocols to detect early warning signs of sepsis and manage the condition in resource-restricted settings. The interventions included educational components and modified sepsis protocols.

Findings show increased compliance to sepsis protocols with education and standardised sepsis protocols. No significant impact was observed on hospital lengths of stay. However, sepsis-related mortality decreased by 22.6%, even where sepsis protocol implementation was partial. Study researchers highlight that the biggest challenge in implementing sepsis protocols in resource-restricted settings is the lack of resources that would allow clinical teams to successfully complete every component of the protocol. These include the availability of intravenous fluids, antibiotics, manpower, intensive care unit beds, and ventilators.

Overall, the study shows that even when standardised sepsis protocols were not fully executed, they decreased the overall sepsis-related mortality rate. This suggests that there is a need for more simplified sepsis protocols to improve sepsis-related mortality rates in resource-restricted settings as they can help overcome the challenges associated with lack of resources. In addition, adequate training of nurses, nursing assistants and physicians and help improve the rate of compliance with standardised sepsis protocols and the use of modified protocols can also promote implementation.