



Sepsis Awareness Month: Urgent Care's Critical Role

Each September, Sepsis Awareness Month reminds us of the urgent responsibility we share to detect and manage one of the most time-sensitive medical conditions. Sepsis remains a leading cause of death in the United States, yet it is often preventable when recognized and treated early. As Urgent Care clinicians, we are uniquely positioned to identify the early warning signs and intervene before patients deteriorate.

Why Sepsis Recognition Matters

Sepsis is a life-threatening emergency that occurs when the body's response to infection causes organ dysfunction. The risk of death increases with every hour of delayed treatment. While hospitals have long adopted sepsis protocols, Urgent Care clinicians face an equally critical role: serving as the first point of contact for many patients who may not initially present as "critically ill."

Delays in recognition or transfer can mean the difference between life and death. According to the CDC, sepsis contributes to at least 1.7 million adult hospitalizations and at least 350,000 deaths annually in the United States (Dantes et al., *MMWR*, 2023). Sepsis is both the most common cause of in-hospital death and the most expensive cause of hospitalization: more than one-third of all U.S. in-hospital deaths are attributed to sepsis, at costs exceeding \$38 billion in 2017 (Meyer and Prescott, *New England Journal of Medicine*, 2024). When post-acute and skilled-nursing care are included, aggregate annual costs are substantially higher, with Medicare-only sepsis care estimated at \$57.5 billion in 2019 (Frank et al., *Critical Care Medicine*, 2021). Roughly one-quarter of adults with sepsis had an outpatient healthcare visit in the 7 days before hospitalization (CDC Emerging Infections Program data), and up to about half had some clinician encounter in that week.

Early suspicion, timely diagnostic evaluation, and rapid escalation of care are the most effective tools for reducing sepsis mortality.

Learning from Lochlin's Law in Maryland

In 2024, Maryland passed landmark legislation known as "Lochlin's Law." This law mandates that all hospitals and Urgent Care centers in the state establish evidence-based protocols for sepsis recognition and treatment by January 1, 2025. The requirements

extend beyond clinical staff to include periodic training for laboratory, pharmacy, and ancillary personnel.

Lochlin's Law has already catalyzed education and awareness across Urgent Care, underscoring that sepsis recognition is not solely a hospital responsibility. It is a call to action for Urgent Care networks nationwide to proactively implement structured sepsis protocols, regardless of state mandates.

Practical Steps for Urgent Care Clinicians

Adopt Evidence-Based Protocols – Use frameworks such as the Surviving Sepsis Campaign guidelines, emphasizing early screening, timely antibiotics, fluids, and ongoing reassessment. The current guidance (Prescott et al., *Critical Care Medicine*, 2026) recommends administering antimicrobial therapy immediately, ideally within 1 hour, for probable or definite sepsis and for any possible, probable, or definite septic shock; for possible sepsis without shock, a time-limited rapid investigation with antimicrobials within 3 hours if concern for infection persists. At least 30 mL/kg of IV crystalloid within the first 3 hours is suggested for sepsis-induced hypoperfusion or septic shock, with individualized volume and frequent reassessment.

Train the Entire Care Team – Educate both direct care staff and support personnel (front desk, lab, pharmacy) to recognize concerning symptoms and escalate appropriately.

Integrate Protocols into Daily Workflows – Embed sepsis screening questions and alerts into the EHR. Establish structured transfer pathways to emergency departments for patients who meet sepsis criteria.

Monitor Outcomes and Refine – Track metrics such as time to antibiotics and transfer-to-ED intervals. Continuous monitoring helps ensure protocols are effective.

Resources for Clinicians

- **CDC – Hospital Sepsis Program Core Elements:** Framework for building multidisciplinary sepsis protocols. <https://www.cdc.gov/sepsis/hcp/core-elements/index.html>
- **CDC – Clinical Guidance on Caring for Patients with Sepsis:** Practical recommendations for early recognition, testing, and treatment. <https://www.cdc.gov/sepsis/hcp/clinical-care/index.html>
- **CDC – "Get Ahead of Sepsis" Toolkit:** Provider and patient-facing educational tools, posters, and communication materials. <https://www.cdc.gov/sepsis/php/toolkit/index.html>

- **Surviving Sepsis Campaign Guidelines (2026):** Internationally endorsed, evidence-based protocols for the management of sepsis and septic shock.
<https://www.sccm.org/clinical-resources/guidelines/guidelines/surviving-sepsis-guidelines>

Moving Forward

As Urgent Care clinicians, our vigilance and rapid response are critical to reducing preventable sepsis deaths. We can make a measurable difference by implementing protocols, training our teams, and learning from initiatives like Lochlin's Law. This Sepsis Awareness Month, let us commit to:

- Recognize early.
- Act decisively.
- Save lives.