

Research finds Black children more than twice as likely to die of sepsis at one hospital

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A retrospective analysis of pediatric sepsis deaths at a large hospital in Arkansas found that Black children in the hospital were 2.5 times more likely to die of sepsis than white patients, according to research



presented during the <u>2023 AAP National Conference & Exhibition</u> at the Walter E. Washington Convention Center.

Researchers who wrote the abstract, "Racial Disparity in Pediatric Sepsis Mortality," conducted a retrospective analysis of all patients at Arkansas Children's Hospital (ACH) with sepsis, severe sepsis, or septic shock between January 2018 and April 2022. Researchers found 3,514 patients had sepsis during the study period with an overall mortality rate of 1.65%. Mortality was 3.13% in Black children versus 1.27% in white children, revealing that black children were far more likely to die of sepsis.

"Early recognition and resuscitation of pediatric sepsis has led to improved outcomes. Despite these advancements, Black children continue to have increased mortality rates," said lead study author Michael Stroud, MD, FAAP, professor, Pediatric Critical Care University of Arkansas for Medical Sciences, Arkansas Children's Hospital Little Rock. "We must identify the factors contributing to this discrepancy and work to improve outcomes for all children, despite race, ethnicity, and socioeconomic status."

Many hospitals and <u>health centers</u> have made advancements in how they respond to sepsis, which is a deadly emergency health risk. Today, many hospitals, like ACH, use automated, real-time, algorithm-based detection of sepsis, severe sepsis, and septic shock incorporated into the electronic medical record. This method leads to earlier recognition, resuscitation, and improved outcomes.

However, despite improvements in early recognition and resuscitation, sepsis remains a major pediatric health issue with an estimated 40,000 hospitalizations and 5,000 deaths every year in the US.

"Our research shows that mortality in black children remains higher



when compared with white children, despite advances like automated recognition tools and timely administration of therapeutic interventions," Dr. Stroud said. "Further investigations are needed to identify if conscious and unconscious biases, potential socio-economic factors, and genetic predispositions are leading to racial disparities in outcomes of children with pediatric sepsis, severe sepsis, and septic shock."

More information: Abstract Title: Racial Disparity in Pediatric Sepsis Mortality

Provided by American Academy of Pediatrics

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