Introduction:
Patients with urgent admissions to the hospital on weekends may be subjected to a higher risk of worse outcomes, which may be due to differences in compliance to established processes. Because delays to antibiotic administration is an important measure of sepsis protocol efficiency and has been associated to worse outcomes, we aimed to assess the association of the weekend effect (admissions on weekend) with timing to antibiotic administration.

Methods:
Patients included in the sepsis protocol in the emergency department (ED) of Hospital Sao Rafael, from January 2016 to July 2017 were retrospectively evaluated. Sepsis protocol is supposed to be activated to every patient with a suspected sepsis diagnosis in the ED. We evaluated the association of weekend (saturday or sunday) admission with timing to antibiotic administration.

Results:
In the study period, 257 patients were evaluated, of which 121 (47%) were male, with a mean age of 59±23 years. Mortality was 27% (70 patients) and 113 (44%) were admitted to the ICU. Mean SOFA score was 2±1.8 and mean Charlson comorbidity index was 4±3.2. Sixty-eight (26%) patients were admitted during weekend. There was no difference in time to antibiotic administration between patients admitted during weekend (31±42 minutes) and patients admitted during weekdays (31±41 minutes). Also, mortality was similar for both groups of patients [OR (95%CI)=0.83(0.47-1.59)].

Conclusion:
In this cohort of patients with a suspicion of sepsis in the ED, admission during weekend was not associated to worse outcomes.