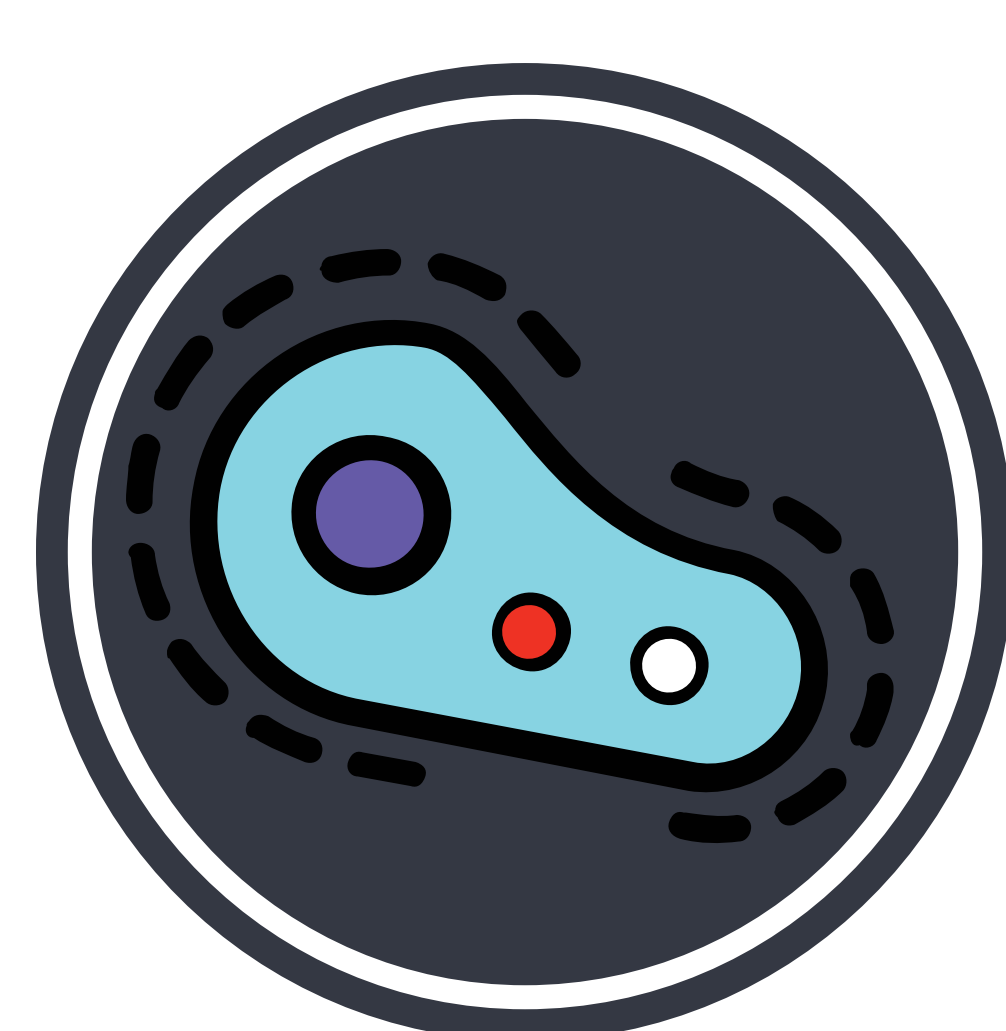


# Protocol-Based Care for Early Septic Shock

The ProCESS Investigators  
canadiem MVP INFOGRAPHIC SERIES

## The Issue



Approximately 750 000 cases of severe sepsis and septic shock occur in the United States annually



Early Goal Directed Therapy by Rivers et al. has been demonstrated to decrease mortality



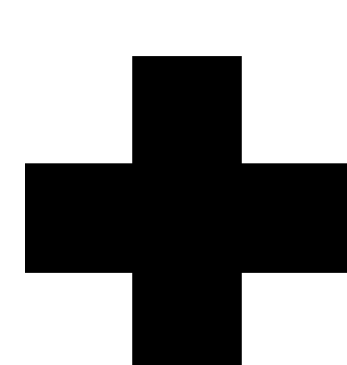
However EGDT is an old protocol, since then sepsis care has changed significantly

How does EGDT compare to Protocol-Based Standard Therapy and Usual Care?

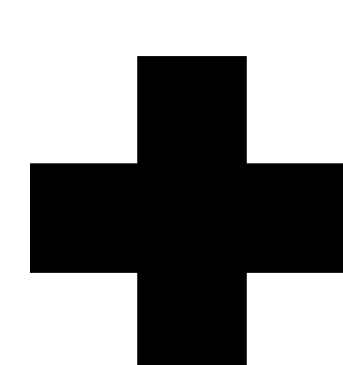
## Inclusion Criteria



Suspicion of sepsis



2 or more SIRS Criteria



18 or older



Refractive Hypotension

OR



Serum Lactate >4mmol/L

## Methods

1341 Patients Qualified

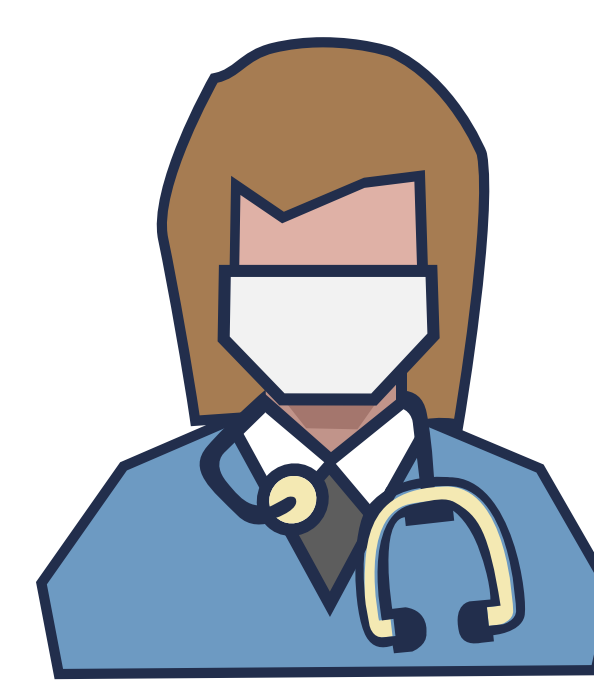
Random Assignment - Patients in all groups were at same baseline



445 Patients  
EGDT - Close monitoring using central venous catheter



448 Patients  
Protocol-Based Standard Care - modified EGDT protocol\*



458 Patients  
Usual Care - Hospital protocol

## Results

	EGDT	Protocol-Based Standard Care	Usual Care
60 Day Mortality	21.0%	18.2%	18.9%
90 Day Mortality	31.9%	30.8%	33.7%
Heart Failure	61.3%	63.7%	56.1%
Respiratory Failure	38.0%	36.5%	32.4%
Kidney Failure	3.1%	6.0%	2.8%
Stay In Hospital	11.1±10 Days	12.3±12.1 Days	11.3±10.9 Days

No significant differences ( $p < 0.05$ ) in all categories except for kidney failure

## Bottom Line



Early Goal Directed Therapy, Protocol-Based Standard Care, and Usual Care had no difference in in-hospital death by 60 or 90 day mortality.

REFERENCES:  
ProCESS Investigators. (2014). A randomized trial of protocol-based care for early septic shock. *New England Journal of Medicine*, 370(18), 1683-1693.  
\*See appendix of paper for further details

This infographic was created by Anson Dinh and edited by Alvin Chin

