

SEPSIS MANAGEMENT Supporting information

This guideline has been prepared with reference to the following:

Evans L, Rhodes A, Alhazzani W et al. Surviving sepsis campaign: international guidelines for management of sepsis and septic shock 2021. *Intensive Care Med.* 2021;47:1181-1247

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8486643/>

NICE. Sepsis: recognition, diagnosis and early management. 2017. NICE. London

<https://www.nice.org.uk/guidance/ng51>

Corticosteroids may be of use in low doses?

A 2015 systematic review (Annane et al) concluded that “Moderate-quality evidence suggests that a long course of low-dose corticosteroids reduced 28-day mortality without inducing major complications and led to an increase in metabolic disorders.” After reviewing the results of 22 RCTS it was found that “treatment with a long course of low-dose corticosteroids significantly reduced 28-day mortality (RR 0.87, 95% CI 0.78 to 0.97; P value = 0.01).

Annane D, Bellissant E, Bollaert PE et al. Corticosteroids for treating sepsis. *Cochrane Database Syst Rev.* 2015. CD002243

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD002243.pub3/full>

Evidence Level: I

1. For how long should antibiotics be given by the intravenous route when treating patients for sepsis?
2. For how much longer should oral antibiotics be continued after the oral route has been introduced?

No evidence for the optimum duration of antibiotic therapy was identified.

**Last amended April 2023
Last reviewed November 2023**