Resources to Support Conversations

RE: Sepsis Fluid Resuscitation

Liu VX, Morehouse JW, Marelich GP, Soule J, Russell T, Skeath M, Adams C, Escobar GJ, Whippy A. Multicenter Implementation of a Treatment Bundle for Sepsis Patients with Intermediate Lactate Values. Am J Respir Crit Care Med 2015.

Ouellette, D. R., & Shah, S. Z. (2014). Comparison of outcomes from sepsis between patients with and without pre-existing left ventricular dysfunction: a case-control analysis. *Critical Care*, *18*(2), R79. http://doi.org/10.1186/cc13840

Otero RM, Nguyen H, Huang DT, et al. Early Goal-Directed Therapy In Severe Sepsis And Septic Shock Revisited*: Concepts, Controversies, And Contemporary Findings. *Chest.* 2006;130(5):1579-1595.

Article shown below: http://ccforum.biomedcentral.com/articles/10.1186/cc13840

Article shown below:

Critical Care

Comparison of outcomes from sepsis between patients with and without pre-existing left ventricular dysfunction: a case-control analysis

The aim of this study was to determine if there are differences between patients with pre-existing left ventricular dysfunction and those with normal antecedent left ventricular function during a sepsis episode in terms of in-hospital mortality and mortality risk factors when treated in accordance with a sepsis treatment algorithm. We performed a retrospective case-control analysis of patients selected from a quality improvement database of 1,717 patients hospitalized with sepsis between 1 January 2005 and 30 June 2010. In this study, 197 patients with pre-existing left ventricular systolic dysfunction and sepsis were compared to 197 case-matched patients with normal prior cardiac function and sepsis. In-hospital mortality rates (P = 0.117) and intubation rates at 24 hours (P = 0.687) were not significantly different between cases and controls. There was no correlation between the amount of intravenous fluid administered over the first

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24 hours and the PaO2/FiO2 ratio at 24 hours in either cases or