

No fewer deaths seen with restricted IV fluid for septic shock

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For adults in the intensive care unit (ICU) with septic shock, intravenous

fluid restriction does not result in fewer deaths at 90 days than standard intravenous fluid therapy, according to a study published online June 17 in the *New England Journal of Medicine* to coincide with the annual Critical Care Reviews Meeting, held from June 15 to 17 in Belfast.

Tine S. Meyhoff, M.D., from Copenhagen University Hospital-Rigshospitalet in Denmark, and colleagues conducted an international, randomized trial involving 1,554 patients with [septic shock](#) in the ICU who were randomly assigned to receive either restricted intravenous fluid or standard intravenous fluid therapy (770 and 784 patients, respectively).

Participants in the restrictive fluid group received a median of 1,798 mL of intravenous fluid compared with a median of 3,811 mL in the standard fluid group. The researchers found that death occurred in 42.3 and 42.1 percent of participants in the restrictive-fluid group and standard-fluid group, respectively, at 90 days. In the ICU, serious adverse events occurred at least once in 29.4 and 30.8 percent of patients in the restrictive-fluid and standard-fluid groups, respectively. At 90 days after randomization, the two groups had similar numbers of days alive without [life support](#) and days alive and out of the hospital.

"We observed no significant differences in 90-day mortality or [serious adverse events](#) among the patients who received restricted fluid therapy and those who received standard therapy," the authors write.

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More information: Tine S. Meyhoff et al, Restriction of Intravenous Fluid in ICU Patients with Septic Shock, *New England Journal of Medicine* (2022). [DOI: 10.1056/NEJMoa2202707](https://doi.org/10.1056/NEJMoa2202707)

Lauralyn A. McIntyre et al, Intravenous Fluids in Septic Shock—More

or Less?, *New England Journal of Medicine* (2022). [DOI: 10.1056/NEJMe2206160](https://doi.org/10.1056/NEJMe2206160)

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