

ISICEM: Protocol-based tx doesn't up survival in sepsis

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(HealthDay)—For patients presenting to the emergency department with sepsis and severe shock, treatment according to a protocol of early goal-directed therapy (EGDT) does not improve survival, according to a study published online March 18 in the *New England Journal of Medicine*. This research was published to coincide with the International Symposium on Intensive Care and Emergency Medicine, held from March 18 to 21 in Brussels.

Donald M. Yealy, M.D., from the University of Pittsburgh, and colleagues from the Protocolized Care for Early Septic Shock study randomized 1,341 patients with [septic shock](#) in 31 U.S. [emergency](#) departments to one of three groups for six hours of resuscitation. Participants were randomly allocated to receive protocol-based EGDT (439 patients); protocol-based standard therapy (446 patients); or usual care (456 patients).

The researchers found that, by 60 days, mortality was 21.0 percent in the protocol-based EGDT group; 18.2 percent in the protocol-based standard-therapy group; and 18.9 percent in the usual-care group (relative risk with protocol-based versus usual care, 1.04; P = 0.83; relative risk with protocol-based EGDT versus protocol-based standard therapy, 1.15; P = 0.31). No significant

differences were observed in 90-day mortality, one-year mortality, or the need for organ support.

"In a multicenter trial conducted in the tertiary care setting, protocol-based resuscitation of [patients](#) in whom septic shock was diagnosed in the [emergency department](#) did not improve outcomes," the authors write.

Two authors disclosed financial ties to the pharmaceutical and medical device industries.

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