

QUESTION Does a resuscitation strategy targeting normalization of capillary refill time, compared with targeting serum lactate levels, reduce mortality in patients with septic shock?

CONCLUSION This randomized clinical trial of adults with septic shock found that use of a peripheral perfusion-targeted resuscitation strategy, compared with targeting serum lactate, did not significantly reduce mortality.

POPULATION



198 Men 226 Women

Adults in the ICU with septic shock

Mean age: 63 years

LOCATIONS

28 ICUs in 5 countries in South America



INTERVENTION

424 Patients randomized

212

Peripheral perfusion group

Resuscitation protocol of normalizing capillary refill time (measured in seconds)

212

Lactate group

Resuscitation protocol of normalizing or decreasing lactate levels (>20% per 2 hours)

PRIMARY OUTCOME

All-cause mortality at 28 days

FINDINGS

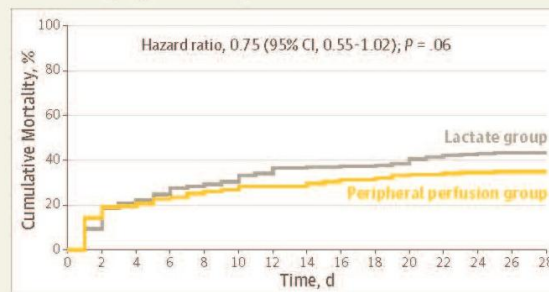
All-cause mortality at 28 days

Peripheral perfusion group

34.9% (74 patients died)

Lactate group

43.4% (92 patients died)



No significant risk difference between groups:

-8.5% (95% CI, -18.2% to 1.2%),

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Effect of a Resuscitation Strategy Targeting Peripheral Perfusion Status vs Serum Lactate Levels on 28-day Mortality Among Patients With Septic Shock

The ANDROMEDA-SHOCK Randomized Clinical Trial

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