Early versus late initiation of corticosteroids in septic shock
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Background: Septic shock is a critical illness associated with life-threatening organ dysfunction. Corticosteroid treatment and its use with vasopressor therapy in septic shock has been studied extensively while most studies have shown a benefit in faster resolution of shock as well as shorter duration of mechanical ventilation and shorter intensive care unit (ICU) length of stay. The 2016 Surviving Sepsis Guidelines recommend intravenous hydrocortisone if adequate fluid resuscitation and vasopressor therapy are unable to restore hemodynamic stability. Although corticosteroids are included in their recommendations, the optimal timing of when they should be initiated has not been well established.

Objective: The objective of this study is to compare the use of corticosteroids within 12 hours of septic shock versus over 12 hours and its effect on clinical outcomes.

Methods: This is a retrospective, observational, chart review of adult patients admitted to the ICU at Memorial Hermann Memorial City Hospital. Patients will be included if at least 18 years of age between January 2018 through December 2019 with a diagnosis of septic shock, initiated on vasopressors for at least 12 hours, and received at least 2 consecutive doses of either hydrocortisone or hydrocortisone plus fludrocortisone. Patients will be excluded if corticosteroids are used for indications other than septic shock, pregnant, or diagnosis of another type of shock. The primary outcome is time to resolution of shock. Secondary outcomes include vasopressor and mechanical ventilation free days, ICU and hospital length of stay, and recurrence of septic shock.

Result(s): In progress

Conclusion(s): In progress

Disclosure: The authors of this presentation have nothing to disclose.