

Surviving Sepsis Campaign®

SURVIVING SEPSIS CAMPAIGN: GUIDELINES ON THE MANAGEMENT OF CRITICALLY ILL ADULTS WITH CORONAVIRUS DISEASE 2019 (COVID-19)

HEMODYNAMICS RECOMMENDATIONS CHART

FLUID THERAPY

RECOMMENDATION #8	STRENGTH & QUALITY OF EVIDENCE
In adults with COVID-19 and shock , we <i>suggest</i> using dynamic parameters skin temperature, capillary refilling time, and/or serum lactate measurement over static parameters in order to assess fluid responsiveness.	<ul style="list-style-type: none">• Weak• Low-Quality of Evidence
RECOMMENDATION #9	STRENGTH & QUALITY OF EVIDENCE
For the acute resuscitation of adults with COVID-19 and shock , we <i>suggest</i> using a conservative over a liberal fluid strategy.	<ul style="list-style-type: none">• Weak• Very Low-Quality of Evidence
RECOMMENDATION #10	STRENGTH & QUALITY OF EVIDENCE
For the acute resuscitation of adults with COVID-19 and shock , we <i>recommend</i> using crystalloids over colloids.	<ul style="list-style-type: none">• Strong• Moderate-Quality of Evidence

RECOMMENDATION #11	STRENGTH & QUALITY OF EVIDENCE
For the acute resuscitation of adults with COVID-19 and shock , we suggest using buffered/ balanced crystalloids over unbalanced crystalloids.	<ul style="list-style-type: none"> • Weak • Moderate-Quality of Evidence
RECOMMENDATION #12	STRENGTH & QUALITY OF EVIDENCE
For the acute resuscitation of adults with COVID-19 and shock , we recommend against using hydroxyethyl starches.	<ul style="list-style-type: none"> • Strong • Moderate-Quality of Evidence
RECOMMENDATION #13	STRENGTH & QUALITY OF EVIDENCE
For the acute resuscitation of adults with COVID-19 and shock , we suggest against using gelatins.	<ul style="list-style-type: none"> • Weak • Low-Quality of Evidence
RECOMMENDATION #14	STRENGTH & QUALITY OF EVIDENCE
For the acute resuscitation of adults with COVID-19 and shock , we suggest against using dextrans.	<ul style="list-style-type: none"> • Weak • Low-Quality of Evidence
RECOMMENDATION #15	STRENGTH & QUALITY OF EVIDENCE
For the acute resuscitation of adults with COVID-19 and shock , we suggest against the routine use of albumin for initial resuscitation.	<ul style="list-style-type: none"> • Weak • Moderate-Quality of Evidence

VASOACTIVE AGENTS

RECOMMENDATION #16	STRENGTH & QUALITY OF EVIDENCE
For adults with COVID-19 and shock , we suggest using norepinephrine as the first-line vasoactive agent, over other agents.	<ul style="list-style-type: none"> • Weak • Low-Quality of Evidence

RECOMMENDATION #17	STRENGTH & QUALITY OF EVIDENCE
<p>If norepinephrine is not available, we suggest using either vasopressin or epinephrine as the first-line vasoactive agent, over other vasoactive agents, for adults with COVID-19 and shock.</p>	<ul style="list-style-type: none"> • Weak • Low-Quality of Evidence
RECOMMENDATION #18	STRENGTH & QUALITY OF EVIDENCE
<p>For adults with COVID-19 and shock, we recommend against using dopamine if norepinephrine is available.</p>	<ul style="list-style-type: none"> • Strong • High-Quality of Evidence
RECOMMENDATION #19	STRENGTH & QUALITY OF EVIDENCE
<p>For adults with COVID-19 and shock, we suggest adding vasopressin as a second-line agent, over titrating norepinephrine dose, if target mean arterial pressure (MAP) cannot be achieved by norepinephrine alone.</p>	<ul style="list-style-type: none"> • Weak • Moderate-Quality of Evidence
RECOMMENDATION #20	STRENGTH & QUALITY OF EVIDENCE
<p>For adults with COVID-19 and shock, we suggest titrating vasoactive agents to target a MAP of 60-65 mmHg, rather than higher MAP targets.</p>	<ul style="list-style-type: none"> • Weak • Low-Quality of Evidence
RECOMMENDATION #21	STRENGTH & QUALITY OF EVIDENCE
<p>For adults with COVID-19 and shock with evidence of cardiac dysfunction and persistent hypoperfusion despite fluid resuscitation and norepinephrine, we suggest adding dobutamine, over increasing norepinephrine dose.</p>	<ul style="list-style-type: none"> • Weak • Very Low-Quality of Evidence
RECOMMENDATION #22	STRENGTH & QUALITY OF EVIDENCE
<p>For adults with COVID-19 and refractory shock, we suggest using low-dose corticosteroid therapy (“shock-reversal”), over no corticosteroid. Remark: A typical corticosteroid regimen in septic shock is intravenous hydrocortisone 200 mg per day administered either as an infusion or intermittent doses.</p>	<ul style="list-style-type: none"> • Weak • Low-Quality of Evidence