SEPSIS MANAGEMENT
Supporting information

This guideline has been prepared with reference to the following:

NICE. Sepsis: recognition, diagnosis and early management. 2024. NICE. London

https://www.nice.org.uk/guidance/ng51

Evans L, Rhodes A, Alhazzani W et al. Surviving sepsis campaign: international guidelines for management of sepsis and septic shock 2021. Intensive Care Med. 2021;47:1181-1247

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8486643/

Corticosteroids may be of use in low doses?
A 2015 systematic review (Annane et al) concluded that "Moderate-quality evidence suggests that a long course of low-dose corticosteroids reduced 28-day mortality without inducing major complications and led to an increase in metabolic disorders." After reviewing the results of 22 RCTS it was found that "treatment with a long course of low-dose corticosteroids significantly reduced 28-day mortality (RR 0.87, 95% CI 0.78 to 0.97; P value = 0.01).

Annane D, Bellissant E, Bollaert PE et al. Corticosteroids for treating sepsis. Cochrane Database Syst Rev. 2015. CD002243
http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD002243.pub3/full

Evidence Level: I

1. **For how long should antibiotics be given by the intravenous route when treating patients for sepsis?**
2. **For how much longer should oral antibiotics be continued after the oral route has been introduced?**

No evidence for the optimum duration of antibiotic therapy was identified.

Last amended July 2024
Last reviewed January 2026