INTRODUCTION

**Review question / Objective:** Evaluate the impact of different fluid resuscitation strategies in sepsis.

**Condition being studied:** Intravenous fluid resuscitation is a common therapy used in the initial treatment of patients with septic shock and sepsis-induced hypotension. Although the administration of large volumes of fluid (a liberal fluid strategy) is a common practice during the initial resuscitative phase of septic shock management, this practice is based on low-quality evidence. Critical care doctors continue to debate the benefits of conservative versus liberal fluid therapy for clinical outcomes in patients with sepsis and septic shock.

**METHODS**

**Participant or population:** patient with sepsis.
**Intervention:** Limited fluid resuscitation.

**Comparator:** Standard fluid resuscitation.

**Study designs to be included:** RCTs.

**Eligibility criteria:** Adults greater than 18 years old. Sepsis diagnosis conformed to the sepsis 1.0, 2.0 and 3.0 criterion.

**Information sources:** Electronic database and trial registers.

**Main outcome(s):** Mortality.

**Quality assessment / Risk of bias analysis:** Through the Cochrane risk-of-bias tool.

**Strategy of data synthesis:** Review Manager, version 5.4, was used for statistical analysis. Pooled risk ratios (RR) and 95% confidence intervals (95% CI) were calculated. Significant RR heterogeneity was tested by calculating the I-squared (I²) statistic.

**Subgroup analysis:** If high heterogeneity (I² > 50%) exists, we will conduct subgroup analysis.

**Sensitivity analysis:** If the results showed high heterogeneity (I² test >50%), sensitivity analysis was performed to obtain stable research results.

**Language restriction:** Only studies in English were included in the analysis.

**Country(ies) involved:** China.

**Keywords:** fluid; sepsis; resuscitation.

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