

INPLASY PROTOCOL

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Impact of initial limited fluid resuscitation in sepsis patients

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Conflicts of interest:
None declared.

Review question / Objective: To 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.

INPLASY registration number: This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 07 April 2023 and was last updated on 07 April 2023 (registration number INPLASY202340018).

INTRODUCTION

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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.

Contributions of each author:

Author 1 - Yiqian Zeng.

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Author 3 - Xing Liu.