

Timing of antibiotics, volume, and vasoactive infusions in children with sepsis admitted to intensive care.

ESM_2_Joffe:

A comparison of patient severity in this Alberta Sepsis Network cohort to severity in recent studies of children in intensive care.

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Table E1. Comparison of patient severity to recent studies of children in intensive care.

Trial	PRISM	PELOD	Mortality
TRIPICU (restrictive group) ¹	9.6 (6.7)	6.3 (6.8)	14/320 (4.4%)
VIP (vasopressin group) ²	14 [10-20]	11.7 [7.3-20.5]	10/35 (30%)
Adrenal (AI group) ³	6 [3-10]	11 [1-12]	4/115 (3.5%)
Han et al. ⁴	13 [6-24]	-	26/91 (29%)
Current study	10.5 [6.0-17.0]	16.4 (9.8); 12 [11, 22].	1/79 (1.3%)

AI: adrenal insufficiency; PELOD: pediatric logistic organ dysfunction score (as mean (standard deviation) or median [interquartile range]); PRISM: pediatric risk of mortality III score (as mean (standard deviation) or median [interquartile range]); TRIPICU: Transfusion in Pediatric Intensive Care Unit randomized trial; VIP: Vasopressin in Pediatric Vasodilatory Shock randomized trial.

References:

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