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Clinical practice guidelines

Authors: Paul Shein, MD; Robert Inghate, MD, MS; Section Editor: Neil D. Vignani, MD; Deputy Editor: Whitney Davis, MD

Clinical practice guidelines are recommendations for clinicians about the care of patients with specific conditions.

They should be based on the best available evidence and practice experience.

The Institute of Medicine defines clinical practice guidelines as "statements that include recommendations, intended to optimize patient care, that are informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options" [1].

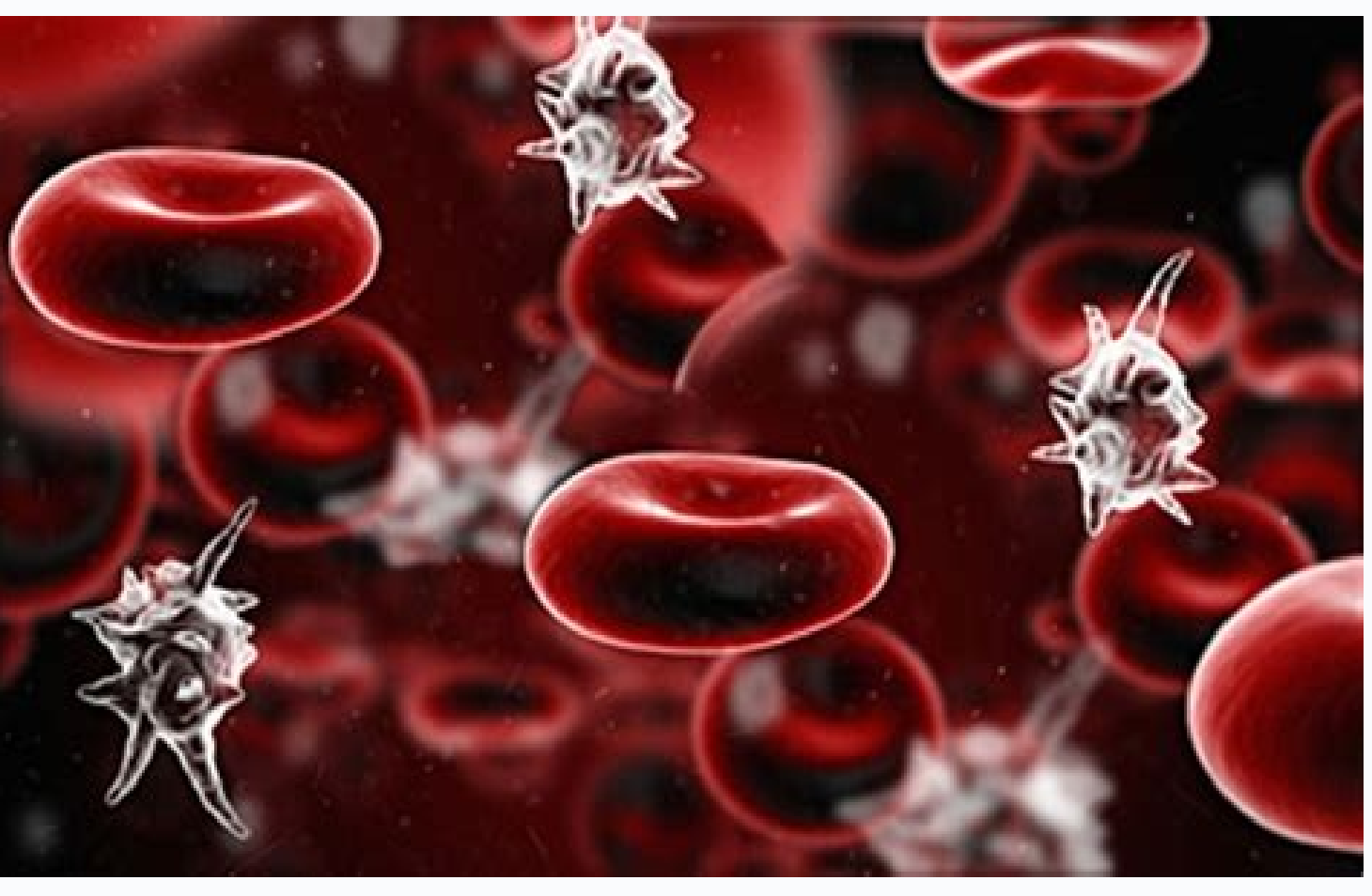
Based on this definition, guidelines have two parts:

- The foundation is a systematic review of the research evidence bearing on a clinical question, focused on the strength of the evidence on which clinical decision-making for that condition is based.
- A set of recommendations, making both the evidence and value judgments regarding benefits and harms of alternative care options, addresses how patients with that condition should be managed, regardless of their social

- Measure lactate level. Remeasure if initial lactate is >2 mmol/L.
 - Obtain blood cultures prior to administration of antibiotics.
 - Administer broad-spectrum antibiotics.
 - Begin rapid administration of 30ml/kg crystalloid for hypotension or lactate \geq 4 mmol/L.
 - Apply vasopressors if patient is hypotensive during or after fluid resuscitation to maintain MAP \geq 65 mm Hg.
- "Time zero" or "time of presentation" is defined as the time of triage in the Emergency Department or, if presenting from another care venue, from the earliest chart annotation consistent with all elements of sepsis (formerly severe sepsis) or septic shock ascertained through chart review.*
- Fig. 1 Hour-1 Surviving Sepsis Campaign Bundle of Care**

Table 1 Bundle elements with strength of recommendations and under-pinning quality of evidence [12, 13]

Bundle element	Grade of recommendation and level of evidence
Measure lactate level. Re-measure if initial lactate is >2 mmol/L.	Weak recommendation, low quality of evidence
Obtain blood cultures prior to administration of antibiotics	Best practice statement
Administer broad-spectrum antibiotics	Strong recommendation, moderate quality of evidence
Rapidly administer 30 ml/kg crystalloid for hypotension or lactate \geq 4 mmol/L.	Strong recommendation, low quality of evidence
Apply vasopressors if patient is hypotensive during or after fluid resuscitation to maintain MAP \geq 65 mm Hg	Strong recommendation, moderate quality of evidence



別冊・医学のあゆみ

Surviving Sepsis Campaign Guidelines

—重症敗血症の理解のために—

編集 橋本成人 (千葉大学大学院医学研究科救急医療学)

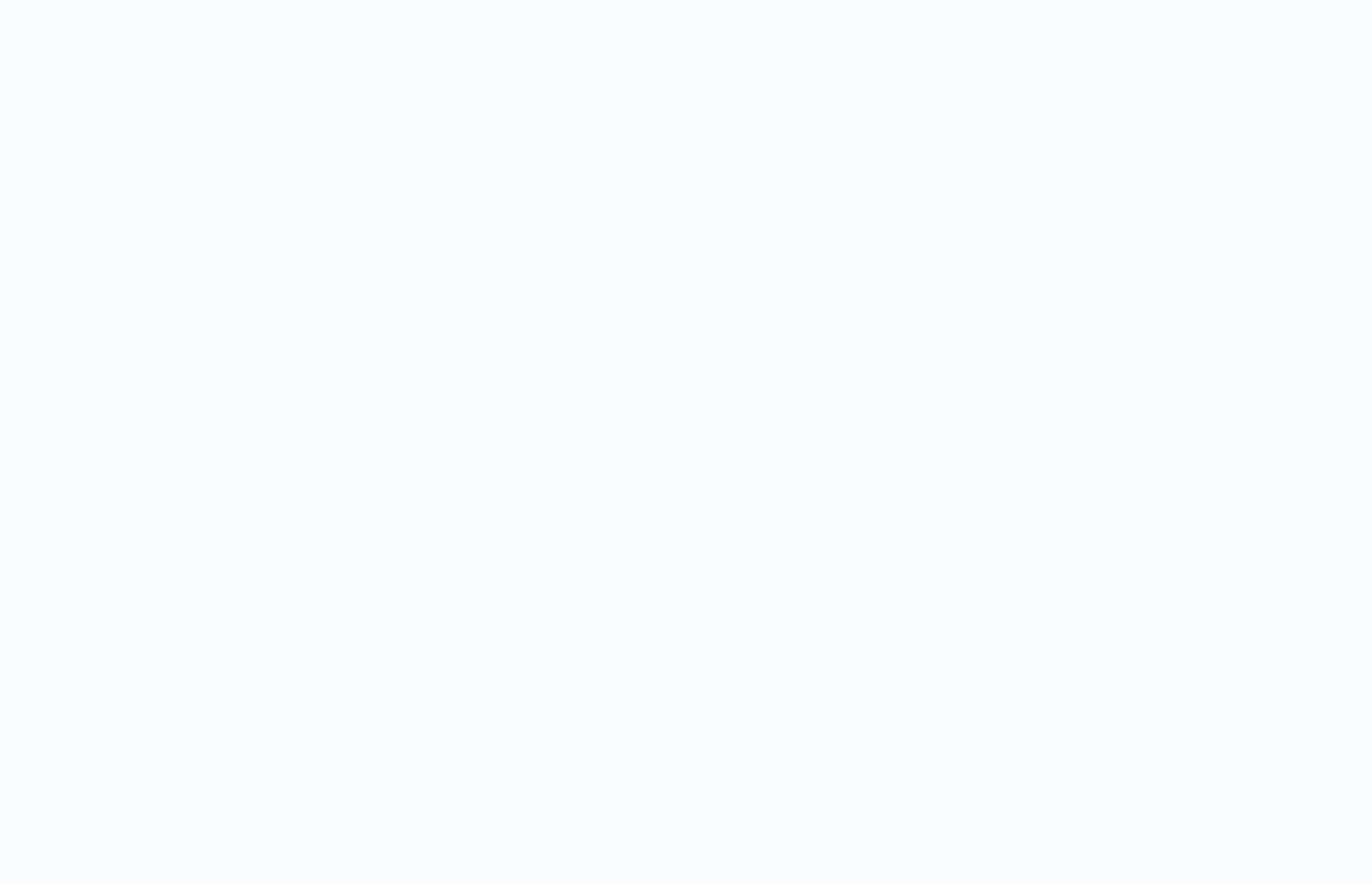
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