January 21, 2023

Sepsis-induced hypotensive patients after 1-3 liters of fluid resuscitation

60 Centers

THE CLOVERS TRIAL

Does restrictive fluid strategy used during the first 24 hours of resuscitation lead to lower 90-day mortality compared to liberal fluid strategy?

MULTICENTER - UNBLINDED - RANDOMIZED

Vasopressor-predominant Approach

Restrictive Strategy

Vasopressors was used as the primary treatment for sepsis-induced hypotension with no fluid maintenance or boluses except rescue fluids for prespecified indications.

Median fluid over 6-hours (IQR): 500 (130-1097) mL.
Medan fluid over 24-hours (IQR): 1267 (555-2279) mL.
Vasopressor administration during first 24 hours: 59.0%.

Time to first vasopressor (hr): 1.8±3.4.
Duration of vasopressor use during first 24-hr period (hr): 9.6±10.0.

782 PATIENTS

Fluid-predominant Approach

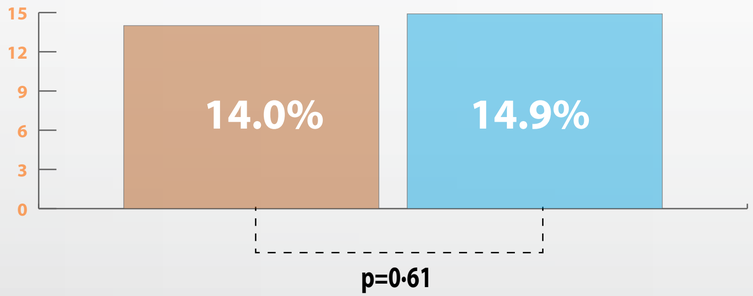
Liberal Strategy

Recommended an initial 2000-ml intravenous infusion of isotonic crystalloid, followed by fluid boluses administered on the basis of clinical triggers (e.g., tachycardia) with “rescue vasopressors” permitted for prespecified indications.

Median fluid over 6-hours (IQR): 2300 (2000 to 3000) mL.
Medan fluid over 24-hours (IQR): 3400 (2500 to 4495) mL.
Vasopressor administration during first 24 hours: 37.2%.
Time to first vasopressor (hr): 3.2±4.7.
Duration of vasopressor use during first 24-hr period (hr): 5.4±8.6.

781 PATIENTS

90-day Mortality



Compared to a liberal fluid strategy, using earlier vasopressor use in a restrictive fluid strategy did not result in any significant difference in mortality rate prior to discharge by day 90.

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