

Personalized Hemodynamic Resuscitation Targeting Capillary Refill Time (CRT-PHR) in Early Septic Shock

An investigator-generated, multicenter, randomized clinical trial.

Personalized Hemodynamic Resuscitation Strategy

CRT-PHR including hourly assessment of pulse pressure, diastolic arterial pressure, fluid responsiveness, and bedside echocardiography, to tailor fluids, vasopressors, and inotropes.

720 Patients

ANDROMEDA-SHOCK-2 TRIAL

1467 adults (≥ 18 years of age) with early septic shock (within the first 4 hours).
57% males
Mean age 66 years

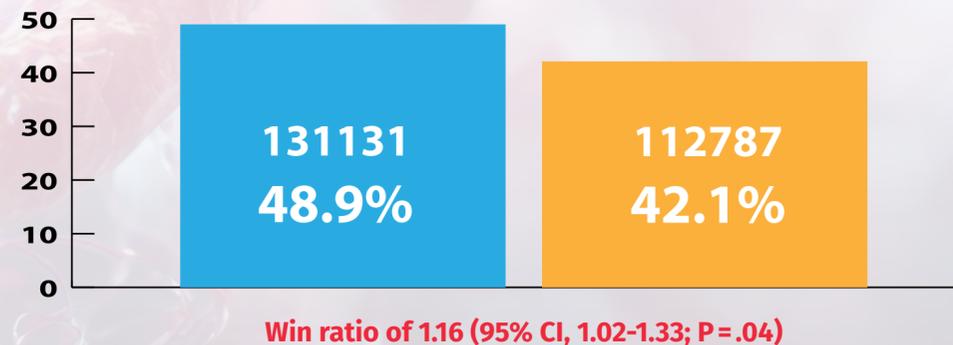
86 hospitals
19 countries

Usual Care

Managed according to local protocols and/or international guidelines. Fluid-responsiveness assessment and echocardiography were not mandated. CRT measurements were only requested at baseline and at 6 hours.

747 Patients

Hierarchical composite outcome: all-cause mortality, duration of vital support, and length of hospital stay at 28 days as an overall win ratio.



Individual wins for death were 19.1% vs 17.8%; duration of vital support, 26.4% vs 21.1%; and length of hospital stay, 3.4% vs 3.2% in the intervention vs usual care groups, respectively.

Lorem ipsum

In patients with early septic shock, a personalized hemodynamic resuscitation protocol targeting capillary refill time (CRT-PHR) was superior to usual care!