Deferring Arterial Catheterization in Critically Ill Patients with Shock

October 29, 2025

An open-label, investigator-initiated, pragmatic, multicenter, parallel-group, noninferiority, randomized, controlled trial.

Invasive-strategy Group

Early insertion (<4 hours after randomization) of an arterial catheter.

502 Patients

EVERDAC TRIAL

Adults (≥18 years of age) with shock and had been admitted to an intensive care unit within the past 24 hours.

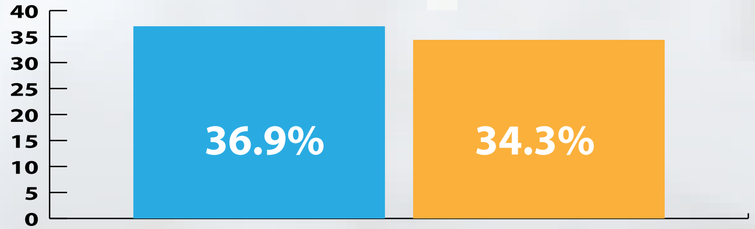
ICUs at nine hospitals in France

Noninvasive-strategy Group

Monitoring with an automated brachial blood pressure cuff.

504 Patients

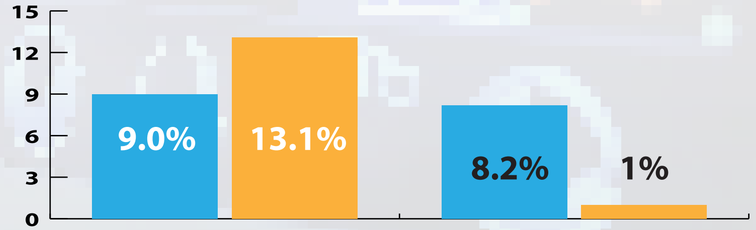
28-day Mortality



−3.2 percentage points; 95% confidence interval, −8.9 to 2.5; P=0.006 for noninferiority

Pain or Discomfort

Hemorrhage or Hematoma



p=0.05

p<0.001

Among patients with shock, results for death from any cause at day 28 indicated that management without early arterial catheter insertion was noninferior to early catheter insertion.