Clinical Practice Guidelines for Internal Medicine
Corticosteroid therapy for sepsis: A clinical practice guideline

Objectives:
1. Learn to interpret clinical practice guidelines and how to apply them to the care of patients.
2. Understand the integral components of what constitutes a trustworthy clinical practice guideline.
3. Practice evaluating a clinical practice guideline to ensure these integral components were considered and properly/transparently reported.

Assignment:
Please consider the attached manuscript reporting the results of a clinical practice guideline from the BMJ Rapid Recommendation series when completing the attached worksheet. The focus of the guideline was on the role for corticosteroids in critically ill patients with sepsis. The guideline panel made a conditional recommendation for corticosteroids.

Clinical Scenario:
A 62 year old male presents to hospital with fever and confusion. He has a 10 year history of type II diabetes, managed with metformin and gliclazide, and was otherwise previously well. Two days prior to presentation he developed symptoms of dysuria and frequency. The following day he also developed right sided back pain, high fever and profound malaise; and he went to his bed. On the morning of presentation his wife found him drowsy, confused and febrile. She called 911.

On presentation to hospital the patient was mildly obese, disoriented and drowsy. His heart rate was 120, sinus rhythm, respiratory rate 18 breaths per minute, blood pressure 80/60, oxygen saturation 88% on room air. His chest exam revealed crackles at both bases but jugular venous pressure was low and there was no pitting edema. Percussion tenderness was present over the right kidney posteriorly. Physical exam was otherwise unremarkable, aside from diminished gag reflex. His Hb was 120 g/L, WBC count 19.5g/L with a left shift, lactate 8.1 mmol/L, creatinine 186 mmol/L, and a arterial blood gas sample revealed pH 7.15, PaCO2 35 mmHg, and bicarbonate 19 mmol/L. The patient is intubated, administered 3 litres of Ringers’ Lactate over 2 hours, started on piperacillin/tazobactam antibiotics, provided a norepinephrine infusion at 0.1mcg/kg/min and transferred to the intensive care unit. The question arises whether the patient should receive intravenous corticosteroids.

Associated with this scenario is the attached BMJ clinical practice guideline. Please read the guideline and complete the attached worksheet.
Enclosed Materials:


3. Worksheet for the evaluation of an article on Practice Guidelines.