

CADTH RAPID RESPONSE REPORT: SUMMARY OF ABSTRACTS

Inotropes and Vasopressors for Septic or Cardiogenic Shock in Rural Settings: Guidelines

Service Line: Rapid Response Service
Version: 1.0
Publication Date: February 19, 2020
Report Length: 5 Pages

Authors: Christopher Freige, Charlene Argáez

Cite As: Inotropes and vasopressors for septic or cardiogenic shock in rural settings: guidelines. Ottawa: CADTH; 2020 Feb. (CADTH rapid response report: summary of abstracts).

Disclaimer: The information in this document is intended to help Canadian health care decision-makers, health care professionals, health systems leaders, and policy-makers make well-informed decisions and thereby improve the quality of health care services. While patients and others may access this document, the document is made available for informational purposes only and no representations or warranties are made with respect to its fitness for any particular purpose. The information in this document should not be used as a substitute for professional medical advice or as a substitute for the application of clinical judgment in respect of the care of a particular patient or other professional judgment in any decision-making process. The Canadian Agency for Drugs and Technologies in Health (CADTH) does not endorse any information, drugs, therapies, treatments, products, processes, or services.

While care has been taken to ensure that the information prepared by CADTH in this document is accurate, complete, and up-to-date as at the applicable date the material was first published by CADTH, CADTH does not make any guarantees to that effect. CADTH does not guarantee and is not responsible for the quality, currency, propriety, accuracy, or reasonableness of any statements, information, or conclusions contained in any third-party materials used in preparing this document. The views and opinions of third parties published in this document do not necessarily state or reflect those of CADTH.

CADTH is not responsible for any errors, omissions, injury, loss, or damage arising from or relating to the use (or misuse) of any information, statements, or conclusions contained in or implied by the contents of this document or any of the source materials.

This document may contain links to third-party websites. CADTH does not have control over the content of such sites. Use of third-party sites is governed by the third-party website owners' own terms and conditions set out for such sites. CADTH does not make any guarantee with respect to any information contained on such third-party sites and CADTH is not responsible for any injury, loss, or damage suffered as a result of using such third-party sites. CADTH has no responsibility for the collection, use, and disclosure of personal information by third-party sites.

Subject to the aforementioned limitations, the views expressed herein do not necessarily reflect the views of Health Canada, Canada's provincial or territorial governments, other CADTH funders, or any third-party supplier of information.

This document is prepared and intended for use in the context of the Canadian health care system. The use of this document outside of Canada is done so at the user's own risk.

This disclaimer and any questions or matters of any nature arising from or relating to the content or use (or misuse) of this document will be governed by and interpreted in accordance with the laws of the Province of Ontario and the laws of Canada applicable therein, and all proceedings shall be subject to the exclusive jurisdiction of the courts of the Province of Ontario, Canada.

The copyright and other intellectual property rights in this document are owned by CADTH and its licensors. These rights are protected by the Canadian *Copyright Act* and other national and international laws and agreements. Users are permitted to make copies of this document for non-commercial purposes only, provided it is not modified when reproduced and appropriate credit is given to CADTH and its licensors.

About CADTH: CADTH is an independent, not-for-profit organization responsible for providing Canada's health care decision-makers with objective evidence to help make informed decisions about the optimal use of drugs, medical devices, diagnostics, and procedures in our health care system.

Funding: CADTH receives funding from Canada's federal, provincial, and territorial governments, with the exception of Quebec.

Questions or requests for information about this report can be directed to requests@cadth.ca

Research Question

What are the evidence-based guidelines regarding the use of inotropes for septic or cardiogenic shock in rural or remote settings?

Key Findings

No evidence-based guidelines were identified regarding the use of inotropes for septic or cardiogenic shock in rural or remote settings.

Methods

A limited literature search was conducted by an information specialist on key resources including PubMed, the Cochrane Library, the University of York Centre for Reviews and Dissemination (CRD) databases, the websites of Canadian and major international health technology agencies, as well as a focused Internet search. The search strategy was comprised of both controlled vocabulary, such as the National Library of Medicine's MeSH (Medical Subject Headings), and keywords. The main search concepts were vasopressors or inotropes and septic or cardiogenic shock. Filters were applied to limit the retrieval to health technology assessments, systematic reviews, and meta analyses, and guidelines. The search was also limited to English language documents published between January 1, 2015 and February 12, 2020. Internet links were provided, where available.

Selection Criteria

One reviewer screened citations and selected studies based on the inclusion criteria presented in Table 1.

Table 1: Selection Criteria

Population	Patients with septic or cardiogenic shock or hemodynamic instability requiring inotropes in rural or remote settings (i.e., low resource settings)
Interventions	Inotropes or vasopressors (e.g., dopamine, norepinephrine, epinephrine, etc.), particularly for temporary stabilization or emergency measure while awaiting transfer to a higher level of care
Comparator	Not applicable
Outcomes	Recommendations regarding the use of inotropes or vasopressors for septic shock or hemodynamic instability in rural settings or low resource areas.
Study Designs	Health technology assessments, systematic reviews, evidence-based guidelines

Results

Rapid Response reports are organized so that the higher quality evidence is presented first. Therefore, health technology assessment reports and systematic reviews that studied evidence-based guidelines were included in the search strategy and are presented first. These are followed by evidence-based guidelines.

No evidence-based guidelines were identified regarding the use of inotropes for septic or cardiogenic shock in rural or remote settings.

References of potential interest are provided in the appendix.

Overall Summary of Findings

No relevant literature was identified regarding the use of inotropes for septic or cardiogenic shock in rural or remote settings. Therefore, no summary can be provided.

References Summarized

Health Technology Assessments

No literature identified.

Systematic Reviews and Meta-analyses

No literature identified.

Guidelines and Recommendations

No literature identified.

Appendix — Further Information

Previous CADTH Reports

1. Topfer L, Spry C. Detection and diagnosis of sepsis in rural and remote areas of Canada: an environmental scan. Ottawa (ON): CADTH; 2019 Jan: <https://www.cadth.ca/detection-and-diagnosis-sepsis-rural-and-remote-areas-canada-environmental-scan> Accessed 2020 Feb 18.
2. Pejic W, Picheca L. Recognition and diagnosis of sepsis in rural or remote areas: clinical and cost-effectiveness and guidelines [CADTH rapid response report: reference list]. Ottawa (ON): CADTH; 2018 Jan: <https://www.cadth.ca/sites/default/files/pdf/htis/2018/RA0945%20Sepsis%20in%20Rural%20and%20Remote%20Areas%20Final.pdf> Accessed 2020 Feb 18.

Clinical Practice Guidelines

3. Dünser MW, Festic E, Dondorp A, et al. Recommendations for sepsis management in resource-limited settings. *Intensive Care Med.* 2012;38(4):557-574. [PubMed: PM22349419](#)

Additional References

4. Cheah S, Whitty J. adrenaline (epinephrine) infusion: PHC remote guideline. Darwin NT (Australia): Northern Territory Government, Department of Health, Government of Australia; 2018 Sep: <https://digitallibrary.health.nt.gov.au/prodjspli/bitstream/10137/6937/36/Adrenaline%20%28Epinephrine%29%20Infusion%20PHC%20Remote%20Guideline.pdf> Accessed 2020 Feb 18.