sepsis adapt

Biomarker-guided antibiotic duration for sepsis

Eligibility Inclusion Criteria

Inclusion criteria *(must meet all)*

1. Hospitalised adult patients at least 18 years of age;
2. Up to 24 hours of initiation of empiric intravenous antibiotic treatments for a suspicion of sepsis (i.e. "**suspected sepsis**" – see trial definition below);
3. Likely to remain hospitalised and receiving intravenous antibiotic treatment for at least the next 72 hours *(to be confirmed by clinician);*
4. Requirement for critical care.

Suspected sepsis definition: Within the context of this study, '**suspected sepsis**' is defined as 'acute organ dysfunction associated with suspected infection' (1). We do not mandate a definition for 'acute organ dysfunction' and patient information underpinning local clinical decisions will be captured as part of the Case Report Form (CRF) which will include the Sequential Organ Failure Assessment (SOFA) score.

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Exclusion Criteria

1. More than 24 hours since receiving first empiric intravenous antibiotic treatments for a suspicion of sepsis;
2. Prolonged (greater than 21 days) antimicrobial therapy mandated (e.g. for endocarditis, cerebral/hepatic abscess, tuberculosis, osteomyelitis);
3. Severely immunocompromised (e.g. neutropenia, less than 500 neutrophils/microliter);
4. All treatment for suspected sepsis likely to be stopped within 24 hours of its initiation because of futility;
5. Consent declined;
6. Previously enrolled in this trial;
7. Given or anticipated to receive an IL-6 receptor inhibitor drug (e.g. tocilizumab/sarilumab) during acute hospital admission.

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