

Guidelines on Use of Corticosteroids in Sepsis, Acute Respiratory Distress Syndrome, and Community Acquired Pneumonia

SYMBOL KEY:

Strength of Recommendation	Certainty of Evidence
Strong Recommendation For: ↑↑	Very Low: ⊕○○○
Conditional Recommendation For: ↑?	Low: ⊕⊕○○
Conditional Recommendation Against: ↓?	Moderate: ⊕⊕⊕○
Strong Recommendation Against: ↓↓	High: ⊕⊕⊕⊕

This infographic visualizes results of a focused update to guidelines previously issued in 2008 and 2017 by the Society of Critical Care Medicine and the European Society of Intensive Care Medicine.



Scan or click the QR code to access the 2024 Focused Update Guidelines Executive Summary.

POPULATION: Acutely Ill Adult Patients Requiring Hospitalization
(Specific recommendations for pediatric patients are not made.)

Septic Shock 	Conditional Recommendation For ↑? Low Certainty of Evidence ⊕⊕○○	1A. We suggest administering corticosteroids to adult patients with septic shock.
	Strong Recommendation Against ↓↓ Moderate Certainty of Evidence ⊕⊕⊕○	1B. We recommend against administration of high dose/short duration corticosteroids (>400 mg/day hydrocortisone equivalent for less than 3 days) for adult patients with septic shock.
Acute Respiratory Distress Syndrome (ARDS) 	Conditional Recommendation For ↑? Moderate Certainty of Evidence ⊕⊕⊕○	2A. We suggest administering corticosteroids to adult hospitalized patients with ARDS.
Community Acquired Pneumonia (CAP) 	Strong Recommendation For ↑↑ Moderate Certainty of Evidence ⊕⊕⊕○	3A. We recommend administering corticosteroids to adult patients hospitalized with severe bacterial CAP.*
	No Recommendation Made For explanation, see Full 2024 Focused Update Guidelines linked below.	3B. We make no recommendation for administering corticosteroids for adult patients hospitalized with less severe bacterial CAP.*



*Scan or click the QR code for the Full 2024 Focused Update Guidelines to learn more about:

- Severe CAP definitions
- Common corticosteroid regimens
- Recommendation rationales, evidence summaries, and special considerations

Table 1. Classification of Strengths of Recommendations and Their Implications

Implications for:	Strong Recommendation	Conditional Recommendation
Patients	Most individuals in this situation would want the recommended course of action and only a small proportion would not.	The majority of individuals in this situation would want the suggested course of action, but many would not.
Clinicians	Most individuals should receive the recommended course of action. Adherence to this recommendation according to the guideline could be used as a quality criterion or performance indicator. Formal decision aids are not likely to be needed to help individuals make decisions consistent with their values and preferences.	Different choices are likely to be appropriate for different patients, and therapy should be tailored to the individual patient's circumstances. Those circumstances may include the patient or family's values and preferences.
Policy makers	The recommendation can be adapted as policy in most situations including for the use as performance indicators.	Policy making will require substantial debates and involvement of many stakeholders. Policies are also more likely to vary between regions. Performance indicators would have to focus on the fact that adequate deliberation about the management options has taken place.

(Adapted from GRADE Handbook¹)

¹Schünemann H, Brozek J, Oxman G, eds. *GRADE Handbook*. Updated October 2013. Accessed December 13, 2023. <https://gdt.gradepro.org/app/handbook/handbook.html>

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