Reconciliation of conclusions with prior systematic reviews

	Current	Sherwin, 2017 PMID 28916120	Sterling, 2015 PMID 26121073	Siddiqui, 2010 (Cochrane) PMID 20927754
Efficacy: Abx received ≤ 1 hour vs >1 hour	Mortality reduction from antibiotics within 1 hour is odds ratio 0.71 (0.56 to 0.91)	"Patients with severe sepsis and septic shock should receive early and appropriate antibiotics in the emergency department. Patients with septic shock who received appropriate antimicrobial therapy within 1 h of recognition had the greatest benefit in mortality"	"we found no significant mortality benefit of administering antibiotics within 3 hours of emergency department triage or within 1 hour of shock recognition in severe sepsis and septic shock."	"we are unable to make a recommendation on the early or late use of broad spectrum antibiotics in adult patients with severe sepsis in the ED pre-ICU admission"
Heterogeneity	62% (23% to 82%)	NA – meta-analysis not performed	I 2 not reported	NA – meta-analysis not performed

	Current	Pepper, 2019 PMID 31369426	Xantus, 2019 PMID: 31855885	Johnston, 2017 PMID 28062114
Efficacy: Abx received ≤ 1 hour vs >1 hour	Mortality reduction from antibiotics within 1 hour is odds ratio 0.71 (0.56 to 0.91)	"Available studies support the notion that antibiotic and fluid-focused sepsis bundles like SEP-1 improve survival but do not demonstrate the superiority of any specific antibiotic time or fluid volume or of serial lactate measurements."	"There is equivocal evidence of in-hospital or 28/30-day survival benefit associated with antibiotics administered <=1 h after presentation to the ED for patients who screened positive for sepsis"	Early antibiotic administration (<1 hour) in the ED seemed to reduce patient mortality. There was some minor negative asymmetry suggesting that the evidence may be biased toward the direction of effect.
Heterogeneity	62% (23% to 82%)	I^2 = 61%; p < 0.01	I^2= 92.6%, P < 0.001	I^2 = 9%; Q = 12.13; P = 0.35

	Current			
Efficacy: Abx received ≤ 1 hour vs >1 hour	Mortality reduction from antibiotics within 1 hour is odds ratio 0.71 (0.56 to 0.91)			
Heterogeneity	62% (23% to 82%)			