**Reconciliation of conclusions with prior systematic reviews**

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|  | Current | Sherwin, 2017  PMID <28916120> | Sterling, 2015  PMID [26121073](https://www.ncbi.nlm.nih.gov/pubmed?cmd=Search&tool=SUMSearch2plugins&otool=kumclib&term=26121073) | Siddiqui, 2010 (Cochrane) PMID [20927754](https://www.ncbi.nlm.nih.gov/pubmed?cmd=Search&tool=SUMSearch2plugins&otool=kumclib&term=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 |

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|  | Current | Pepper, 2019  PMID [31369426](https://www.ncbi.nlm.nih.gov/pubmed/29459977) | Xantus, 2019  PMID: [31855885](https://www.ncbi.nlm.nih.gov/pubmed/31855885) | Johnston, 2017  PMID [28062114](https://www.ncbi.nlm.nih.gov/pubmed?cmd=Search&tool=SUMSearch2plugins&otool=kumclib&term=Effect+of+Immediate+Administration+of+Antibiotics+in+Patients+With+Sepsis+in+Tertiary+Care%3A+A+Systematic+Review+and+Meta-analysis) |
| 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%) | I2 = 61%; p < 0.01 | I2= 92.6%, P < 0.001 | I2 = 9%; Q = 12.13; P = 0.35 |

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| Heterogeneity | 62% (23% to 82%) |  |  |  |