

Surviving Sepsis Campaign: Guidelines on the Management of Critically Ill Adults with Coronavirus Disease 2019 (COVID-19)

Recommendation for Vasoactive Management for Hemodynamic Support in COVID-19 Patients with septic shock:

Recommendation 1 For adults with COVID-19 and shock, it is suggested using norepinephrine as the first-line vasoactive agent, over other agents (weak recommendation, low quality evidence).

Recommendation 2 If norepinephrine is not available, it is suggested using either vasopressin or epinephrine as the first-line vasoactive agent, over other vasoactive agents, for adults with COVID-19 and shock (weak recommendation, low quality evidence).

Recommendation 3 For adults with COVID-19 and shock, it is recommended against using dopamine if norepinephrine is available (strong recommendation, high quality evidence).

Recommendation 4 For adults with COVID-19 and shock, it is suggested adding vasopressin as a second-line agent, over titrating norepinephrine dose, if target mean arterial pressure (MAP) cannot be achieved by norepinephrine alone (weak recommendation, moderate quality evidence).

Recommendation 5 For adults with COVID-19 and shock, it is suggested titrating vasoactive agents to target a MAP of 60-65 mmHg, rather than higher MAP targets (weak recommendation, low quality evidence)

Recommendation 6 In shock with evidence of cardiac dysfunction and persistent hypoperfusion despite fluid resuscitation and norepinephrine, it is suggested adding dobutamine, over increasing norepinephrine dose (weak recommendation, very low quality evidence).

Recommendation 7 In refractory shock, it is suggested using low-dose corticosteroid therapy (“shock-reversal”), over no corticosteroid therapy (weak recommendation, low quality evidence).

Remark: A typical corticosteroid regimen in septic shock is intravenous hydrocortisone 200 mg per day administered either as an infusion or intermittent doses.