SUPPLEMENTAL DIGITAL CONTENT 7

This table also appears in the Supplemental Digital Content 2 in the complete set of evidence tools.

Table 1. Crystalloid with supplemental Albumin compared to Crystalloids alone for resuscitating patients with sepsis or septic shock

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Question: Crystalloid with supplemental Albumin compared to Crystalloids alone for resuscitating patients with sepsis or septic shock
Setting: ICU
Bibliography: Caironi P, Tognoni G, Masson S, Fumagalli R, Pesenti A, Romero M et al. Albumin replacement in patients with severe sepsis or septic shock. N Engl J Med. 2014;370(15):1412-21. doi:10.1056/NEJMoa1305727.

Quality assessment							№ of patients		Effect		Quality	Importance
№ of studies	**Study design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Crystalloid with supplemental Albumin**	**Crystalloids alone**	**Relative (95% CI)**	**Absolute (95% CI)**		
28 days Mortality in all patients												
1	randomized trials	not serious	not serious	serious [1]	not serious [2]	none	285/895 (31.8%)	288/900 (32.0%)	**RR 1.00** (0.87 to 1.14)	**0 fewer per 1,000** (from 42 fewer to 45 more)	⊕⊕⊕◯ MODERATE	CRITICAL
90 days Mortality (all patients)												
1	randomized trials	not serious	not serious	serious [1]	not serious	none	365/888 (41.1%)	389/893 (43.6%)	**RR 0.94** (0.85 to 1.05)	**26 fewer per 1,000** (from 22 more to 65 fewer)	⊕⊕⊕◯ MODERATE	CRITICAL

90 days Mortality (subgroup with septic shock)												
1	randomized trials	not serious [3]	not serious	serious [1]	serious [4]	none	243/557 (43.6%)	281/564 (49.8%)	**RR 0.87** (0.77 to 0.99)	**65 fewer per 1,000** (from 5 fewer to 115 fewer)	⨁⨁◯◯ LOW	CRITICAL
Renal Replacement Therapy												
1	randomized trials	not serious	not serious	serious [1]	serious [5]	none	222/903 (24.6%)	194/907 (21.4%)	**RR 1.15** (0.97 to 1.36)	**32 more per 1,000** (from 6 fewer to 77 more)	⨁⨁◯◯ LOW	CRITICAL

CI: Confidence interval; RR: Risk ratio

1. We downgraded the quality of evidence for indirectness by one level, the administration of albumin in the intervention group was after the first 6 hours, as early goal directed therapy was implemented for all patients, therefore, we considered this as indirectness in the intervention
2. Although the confidence interval includes 13% relative risk reduction, and 14% relative risk increase in mortality, we decided not to downgrade for imprecision because the CI was narrow and point estimate was 1
3. Although this was a post hoc subgroup analysis, we decided not to downgrade the quality of evidence for risk of bias because randomization was stratified by presence of shock
4. We downgraded for imprecision by one level, the upper limit of the CI was 0.99 which include negligible benefit
5. We downgraded the quality of evidence by one level for imprecision, the CI contains significant benefit and harm