

## SUPPLEMENTAL DIGITAL CONTENT 8

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

**Table 10. Dopamine versus Norepinephrine for the Treatment of Septic Shock**

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**Bibliography:** Avni T, Lador A, Lev S, Leibovici L, Paul M, Grossman A. Vasopressors for the Treatment of Septic Shock: Systematic Review and Meta-Analysis. PLoS One 2015;10:e0129305.

No of studies	Study design	Risk of bias	Quality assessment				No of patients		Effect		Quality	Importance
			Inconsistency	Indirectness	Imprecision	Other considerations	NE	Dopamine	Relative (95% CI)	Absolute (95% CI)		
Mortality												
11	randomized trials	not serious	not serious	not serious	not serious	none	376/832 (45.2%)	450/886 (50.8%)	RR 0.89 (0.81 to 0.98)	56 fewer per 1000 (from 10 fewer to 97 fewer)	⊕⊕⊕⊕ HIGH	CRITICAL
							40.0% <sup>1</sup>	44 fewer per 1000 (from 8 fewer to 76 fewer)				
Arrhythmias												
4	randomized trials	not serious	not serious	not serious	not serious	none	120/669 (17.9%)	272/721 (37.7%)	RR 0.48 (0.40 to 0.58)	196 fewer per 1000 (from 158 fewer to 226 fewer)	⊕⊕⊕⊕ HIGH	CRITICAL

CI: Confidence interval; RR: Risk ratio, NE: Norepinephrine

Mortality in septic shock assumed to be 40% in the control arm data from Sepsis-3.