

The Surviving Sepsis Campaign (SSC) is a guidelines for management of sepsis and septic shock and is sponsored jointly by SCCM (Society of critical care medicine) and ESICM (European society of intensive care medicine) with methodological support by GUIDE group ( Guidelines in intensive care development and evaluation). SSC was first published in 2004 and there was subsequent updation in 2008, 2012 and 2017. The latest updation was done in 2021. The following are the new/revised recommendations.

1. For patients with sepsis induced hypoperfusion or septic shock initial resuscitation of at least 30 ml/kg crystalloids over first 3 hrs should be done. In 2021 updation this recommendation is changed to weak recommendation from strong recommendation.
2. 2021 updation recommend using balanced crystalloid in place of saline as iv fluid of choice based on SMART Trial.
3. For patients with septic shock 2021 updation recommend using peripheral line for vasopressor distal to the antecubital fossa for short duration (<6 hrs).
4. Use of IV Vitamin C in sepsis and septic shock is recommended against in 2021 updation.
5. 2021 updation recommend using IV corticosteroid in septic shock with ongoing vasopressor requirement.
6. For survivor of sepsis and septic shock 2021 updation recommend follow up of physical, cognitive and emotional problems (post sepsis syndrome).
7. 2021 updation recommends against using qSOFA as the sole screening tool and those requiring ICU should be admitted within 6 hrs.
8. 2021 updation on timing of antibiotics : This is an important updation where it says patients with probable ( high risk) sepsis or with septic shock should receive antibiotics within 1 hr. But patients with possible sepsis (intermediate risk) and not in shock should be assessed carefully and antibiotics in this group can be delayed upto 3 hrs from when sepsis was first recognized. In patients with low likelihood of infection and without shock antibiotics can be deferred under close observation.
9. Albumin is suggested in 2021 updation for patients receiving large volume of crystalloids which is same as 2016 updation.
10. 2021 updation suggests low tidal volume ventilation for all patients with sepsis induced respiratory failure.

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**Reference:**

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