

The Conservative vs. Liberal Approach to fluid therapy of Septic Shock in Intensive Care (CLASSIC) Trial **CLASSIC trial synopsis**

Title	The Conservative vs. Liberal Approach to fluid therapy of Septic Shock in Intensive Care (CLASSIC) Trial
Short title	CLASSIC
Objectives	To assess the benefits and harms of fluid restriction vs. standard care on patient- important outcome measures in adult intensive care unit (ICU) patients with septic shock.
Population	All adult ICU patients who have septic shock.
Interventions	No IV fluids unless extenuating circumstances occur, including signs of severe hypoperfusion, overt fluid loss or a failing GI tract with a total fluid input of less than 1 L per day. In these circumstances, IV fluid may be given in measured amounts.
Comparator	Standard care fluid therapy.
Outcomes	Primary 90-day mortality Secondary 1. Serious adverse events in the ICU 2. Days alive without life support at day 90 3. Days alive and out of hospital at day 90 4. Mortality, health-related quality of life and cognitive function at 1-year.
Eligibility	Inclusion criteria
	 Patients in ICU or planned admitted to ICU AND Age ≥ 18 years AND Diagnosed septic shock defined according to the Sepsis-3 criteria AND Received at least 1 L of IV fluid (crystalloids, colloids or blood products) in the preceding 24-hours. Exclusion criteria Septic shock for more than 12 hours at the time of screening Life-threatening bleeding Acute burn injury >10% of the body surface area Known pregnancy Informed consent not obtainable.
Sample size	2 x 777 (15 % relative risk reduction (7% absolute) in the restrictive vs. standard care group in the primary outcome, assuming a baseline 90-day mortality of 45% (two-sided α =0.05 and β =0.2))
Trial Duration	The trial intervention will continue for a maximum of 90 days post-randomisation. 90 days and 1 year follow-up post-randomisation. Estimated recruitment period is 2 years commencing September 2018.