



## Place in Site Master File #9aiii

### Concomitant interventions

The use of concomitant interventions for septic shock should be based on the updated international sepsis guidelines. In particular, we suggest the following to trial sites:

- Relevant antibiotics and source control for the infection
- Noradrenalin as vasopressor
- Renal replacement therapy based on conservative criteria
  - severe hyperkalaemia (p-K > 6.0 mmol/L)
  - severe metabolic acidosis (s-bicarbonate < 10 mmol/L and pH < 7.20)
  - persistent kidney injury >72 h (oliguria/anuria or s-creatinine has not declined to 50% of the peak)
  - severe fluid overload combined with hypoxic respiratory failure (P/F-ratio < 26 kPa (200 mmHg))