

CQ3-2 (UnGRADE)

P: Patients with sepsis/septic shock (unknown focus)

I: Whole-body contrast CT examination

C: No CT examination

O: Mortality (28-days, hospital), length of ICU stay, contrast-induced nephropathy, risk of transfer

	JUDGEMENT						
PROBLEM	No	Probably no	Probably yes	Yes		Varies	Don't know
DESIRABLE EFFECTS	Trivial	Small	Moderate	Large		Varies	Don't know
UNDESIRABLE EFFECTS	Large	Moderate	Small	Trivial		Varies	Don't know
CERTAINTY OF EVIDENCE	Very low	Low	Moderate	High			No included studies
VALUES	Important uncertainty or variability	Possibly important uncertainty or variability	Probably no important uncertainty or variability	No important uncertainty or variability			
BALANCE OF EFFECTS	Favors the comparison	Probably favors the comparison	Does not favor either the intervention or the comparison	Probably favors the intervention	Favors the intervention	Varies	Don't know
ACCEPTABILITY	No	Probably no	Probably yes	Yes		Varies	Don't know
FEASIBILITY	No	Probably no	Probably yes	Yes		Varies	Don't know

CQ3-3 (UnGRADE)

P: Patients with sepsis (intra-abdominal infection)

I: Source control

C: No intervention

O: Mortality (28-days, hospital), length of ICU stay, length of hospital stay, complication due to intervention

	JUDGEMENT						
PROBLEM	No	Probably no	Probably yes	Yes		Varies	Don't know
DESIRABLE EFFECTS	Trivial	Small	Moderate	Large		Varies	Don't know
UNDESIRABLE EFFECTS	Large	Moderate	Small	Trivial		Varies	Don't know
CERTAINTY OF EVIDENCE	Very low	Low	Moderate	High			No included studies
VALUES	Important uncertainty or variability	Possibly important uncertainty or variability	Probably no important uncertainty or variability	No important uncertainty or variability			
BALANCE OF EFFECTS	Favors the comparison	Probably favors the comparison	Does not favor either the intervention or the comparison	Probably favors the intervention	Favors the intervention	Varies	Don't know
ACCEPTABILITY	No	Probably no	Probably yes	Yes		Varies	Don't know
FEASIBILITY	No	Probably no	Probably yes	Yes		Varies	Don't know


CQ3-4-1 (GRADE)

P: Patients with severe infected pancreatic necrosis

I: Early source control (within 48-72 hours)

C: Late source control (After 12 days)

O: Mortality

Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Treatment	Placebo	Relative (95% CI)	Absolute (95% CI)		
Mortality												
1	randomised trials	serious	not serious	not serious	serious	none	14/25 (56.0%)	3/11 (27.3%)	RR 2.05 (0.74 to 5.73)	286 more per 1,000 (from 71 fewer to 1000 more)	 Low	CRITICAL

	JUDGEMENT						
PROBLEM	No	Probably no	Probably yes	Yes		Varies	Don't know
DESIRABLE EFFECTS	Trivial	Small	Moderate	Large		Varies	Don't know
UNDESIRABLE EFFECTS	Large	Moderate	Small	Trivial		Varies	Don't know
CERTAINTY OF EVIDENCE	Very low	Low	Moderate	High			No included studies
VALUES	Important uncertainty or variability	Possibly important uncertainty or variability	Probably no important uncertainty or variability	No important uncertainty or variability			
BALANCE OF EFFECTS	Favors the comparison	Probably favors the comparison	Does not favor either the intervention or the comparison	Probably favors the intervention	Favors the intervention	Varies	Don't know
ACCEPTABILITY	No	Probably no	Probably yes	Yes		Varies	Don't know
FEASIBILITY	No	Probably no	Probably yes	Yes		Varies	Don't know

CQ3-4-2 (GRADE)

P: Septic patients due to infected pancreatic necrosis

I: Minimum invasive source control

C: Invasive source control

O: Mortality (6 month, 3 year, 10 year), length of ICU stay, length of hospital stay, complication due to intervention

Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Treatment	Placebo	Relative (95% CI)	Absolute (95% CI)		
Mortality (6M)												
2	randomised trials	serious	not serious	not serious	very serious	none	17/94 (18.1%)	13/92 (14.1%)	RD 0.04 (-0.06 to 0.15)	40 more per 1,000 (from 48 fewer to 211 more)	⊕○○○ very Low	CRITICAL
Mortality (3Y)												
1	randomised trials	serious	not serious	not serious	very serious	none	8/43 (18.6%)	7/45 (15.6%)	RD 0.03 (-0.16 to 0.19)	31 more per 1,000 (from 82 fewer to 313 more)	⊕○○○ very Low	CRITICAL
Mortality (10Y)												
1	randomised trials	serious	not serious	not serious	very serious	none	13/43 (30.2%)	9/45 (20.0%)	RD 0.10 (-0.08 to 0.28)	102 more per 1,000 (from 56 fewer to 434 more)	⊕○○○ very Low	CRITICAL
Complication (6M)												
2	randomised trials	serious	serious	not serious	serious	none	22/94 (23.4%)	39/92 (42.4%)	RD -0.19 (-0.45 to 0.06)	187 fewer per 1,000 (from 305 fewer to 55 more)	⊕○○○ very Low	CRITICAL
Length of ICU stay												
2	randomised trials	serious	serious	not serious	not serious	none	94	92	-	MD 19.74 day more (from 20.84 fewer to 60.31 more)	⊕⊕○○ Low	CRITICAL
Length of hospital stay												
2	randomised trials	serious	serious	not serious	not serious	none	94	92	-	MD 7.76 day fewer (from 27.86 fewer to 12.34 more)	⊕⊕○○ Low	Important

	JUDGEMENT						
PROBLEM	No	Probably no	Probably yes	Yes		Varies	Don't know
DESIRABLE EFFECTS	Trivial	Small	Moderate	Large		Varies	Don't know
UNDESIRABLE EFFECTS	Large	Moderate	Small	Trivial		Varies	Don't know
CERTAINTY OF EVIDENCE	Very low	Low	Moderate	High			No included studies
VALUES	Important uncertainty or variability	Possibly important uncertainty or variability	Probably no important uncertainty or variability	No important uncertainty or variability			
BALANCE OF EFFECTS	Favors the comparison	Probably favors the comparison	Does not favor either the intervention or the comparison	Probably favors the intervention	Favors the intervention	Varies	Don't know
ACCEPTABILITY	No	Probably no	Probably yes	Yes		Varies	Don't know
FEASIBILITY	No	Probably no	Probably yes	Yes		Varies	Don't know

CQ3-5 (UnGRADE)

P: Septic patients due to acute obstructive pyelonephritis

I: Source control

C: No intervention

O: Mortality (28-days, hospital), length of ICU stay, length of hospital stay, complication due to intervention

	JUDGEMENT						
PROBLEM	No	Probably no	Probably yes	Yes		Varies	Don't know
DESIRABLE EFFECTS	Trivial	Small	Moderate	Large		Varies	Don't know
UNDESIRABLE EFFECTS	Large	Moderate	Small	Trivial		Varies	Don't know
CERTAINTY OF EVIDENCE	Very low	Low	Moderate	High			No included studies
VALUES	Important uncertainty or variability	Possibly important uncertainty or variability	Probably no important uncertainty or variability	No important uncertainty or variability			
BALANCE OF EFFECTS	Favors the comparison	Probably favors the comparison	Does not favor either the intervention or the comparison	Probably favors the intervention	Favors the intervention	Varies	Don't know
ACCEPTABILITY	No	Probably no	Probably yes	Yes		Varies	Don't know
FEASIBILITY	No	Probably no	Probably yes	Yes		Varies	Don't know

CQ3-6 (UnGRADE)

P: Septic patients due to necrotizing soft tissue infection

I: Debridement

C: No intervention

O: Mortality (28-days, hospital), length of ICU stay, length of hospital stay, complication due to intervention

	JUDGEMENT						
PROBLEM	No	Probably no	Probably yes	Yes		Varies	Don't know
DESIRABLE EFFECTS	Trivial	Small	Moderate	Large		Varies	Don't know
UNDESIRABLE EFFECTS	Large	Moderate	Small	Trivial		Varies	Don't know
CERTAINTY OF EVIDENCE	Very low	Low	Moderate	High			No included studies
VALUES	Important uncertainty or variability	Possibly important uncertainty or variability	Probably no important uncertainty or variability	No important uncertainty or variability			
BALANCE OF EFFECTS	Favors the comparison	Probably favors the comparison	Does not favor either the intervention or the comparison	Probably favors the intervention	Favors the intervention	Varies	Don't know
ACCEPTABILITY	No	Probably no	Probably yes	Yes		Varies	Don't know
FEASIBILITY	No	Probably no	Probably yes	Yes		Varies	Don't know

CQ3-7 (UnGRADE)

P: Septic patients due to catheter related blood stream infection

I: Catheter removal

C: No intervention

O: Mortality (28-days, hospital), length of ICU stay, length of hospital stay, complication due to intervention

	JUDGEMENT						
PROBLEM	No	Probably no	Probably yes	Yes		Varies	Don't know
DESIRABLE EFFECTS	Trivial	Small	Moderate	Large		Varies	Don't know
UNDESIRABLE EFFECTS	Large	Moderate	Small	Trivial		Varies	Don't know
CERTAINTY OF EVIDENCE	Very low	Low	Moderate	High			No included studies
VALUES	Important uncertainty or variability	Possibly important uncertainty or variability	Probably no important uncertainty or variability	No important uncertainty or variability			
BALANCE OF EFFECTS	Favors the comparison	Probably favors the comparison	Does not favor either the intervention or the comparison	Probably favors the intervention	Favors the intervention	Varies	Don't know
ACCEPTABILITY	No	Probably no	Probably yes	Yes		Varies	Don't know
FEASIBILITY	No	Probably no	Probably yes	Yes		Varies	Don't know

CQ3-8 (UnGRADE)

P: Septic patients with empyema/ bronchopleural fistula/ pleurisy/ parapneumonic effusion

I: Source control

C: No intervention

O: Mortality (28-days, hospital), length of ICU stay, length of hospital stay, complication due to intervention

	JUDGEMENT						
PROBLEM	No	Probably no	Probably yes	Yes		Varies	Don't know
DESIRABLE EFFECTS	Trivial	Small	Moderate	Large		Varies	Don't know
UNDESIRABLE EFFECTS	Large	Moderate	Small	Trivial		Varies	Don't know
CERTAINTY OF EVIDENCE	Very low	Low	Moderate	High			No included studies
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BALANCE OF EFFECTS	Favors the comparison	Probably favors the comparison	Does not favor either the intervention or the comparison	Probably favors the intervention	Favors the intervention	Varies	Don't know
ACCEPTABILITY	No	Probably no	Probably yes	Yes		Varies	Don't know
FEASIBILITY	No	Probably no	Probably yes	Yes		Varies	Don't know