

Guidelines for the diagnosis and management of critical illness related corticosteroid insufficiency (CIRCI) in critically ill adult and pediatric patients (Part I): Society of Critical Care Medicine (SCCM) and the European Society of Intensive Care Medicine (ESICM): 2017

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Table 1. Putative Signs and Symptoms of CIRCI

| | |
|----------------|--|
| Clinical | |
| General | Fever, asthenia |
| Neurological | Confusion Delirium Coma |
| Cardiovascular | Hypotension refractory to fluid resuscitation Decreased sensitivity to catecholamines High cardiac index |
| Digestive | Nausea Vomiting Intolerance to enteral nutrition |
| Respiratory | Persistent hypoxia |
| Laboratory | Hypoglycemia Hyponatremia Hyperkalemia Metabolic acidosis Hypereosinophilia |
| Imaging | Hemorrhage or necrosis in hypothalamus, pituitary gland or adrenal gland |

Table 2. Factors Determining Strong vs. Conditional Recommendation

| What Should be Considered | Recommended Process |
|---|--|
| High or moderate evidence <i>(Is there high or moderate quality evidence?)</i> | The higher the quality of evidence, the more likely a strong recommendation |
| Certainty about the balance of benefits vs. harms and burdens <i>(Is there certainty?)</i> | The larger the difference between the desirable and undesirable consequences and the certainty around that difference, the more likely a strong recommendation. The smaller the net benefit and the lower the certainty for that benefit, the more likely a weak recommendation. |
| Certainty in or similar values <i>(Is there certainty or similarity?)</i> | The more certainty or similarity in values and preferences, the more likely a strong recommendation. |
| Resource implications <i>(Are resources worth expected benefits?)</i> | The lower the cost of an intervention compared to the alternative and other costs related to the decision—i.e., fewer resources consumed—the more likely a strong recommendation. |

Table 3. Implications of the strength of recommendation

| | Strong Recommendation | Conditional Recommendation |
|--------------------------|--|---|
| For patients | Most individuals in this situation would want the recommended course of action and only a small proportion would not. | The majority of individuals in this situation would want the suggested course of action, but many would not. |
| For clinicians | Most individuals should receive the recommended course of action. Adherence to this recommendation according to the guideline could be used as a quality criterion or performance indicator. Formal decision aids are not likely to be needed to help individuals make decisions consistent with their values and preferences. | Different choices are likely to be appropriate for different patients, and therapy should be tailored to the individual patient's circumstances. Those circumstances may include the patient or family's values and preferences. |
| For policy makers | The recommendation can be adapted as policy in most situations including for the use as performance indicators. | Policy making will require substantial debates and involvement of many stakeholders. Policies are also more likely to vary between regions. Performance indicators would have to focus on the fact that adequate deliberation about the management options has taken place. |