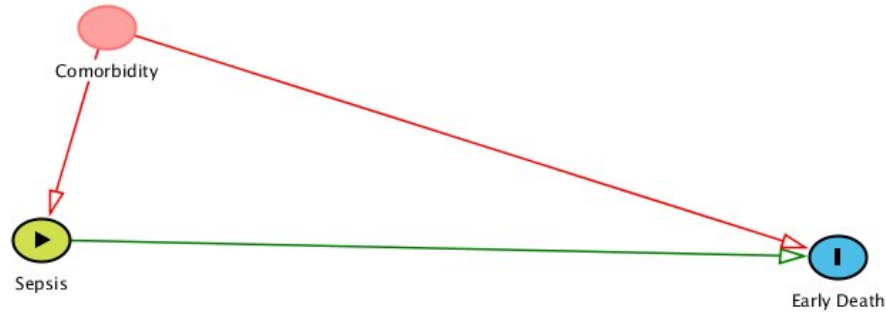
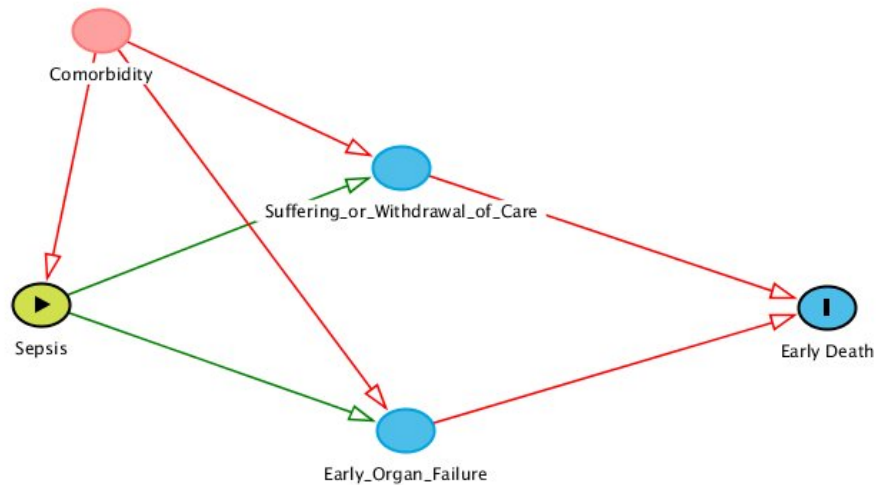


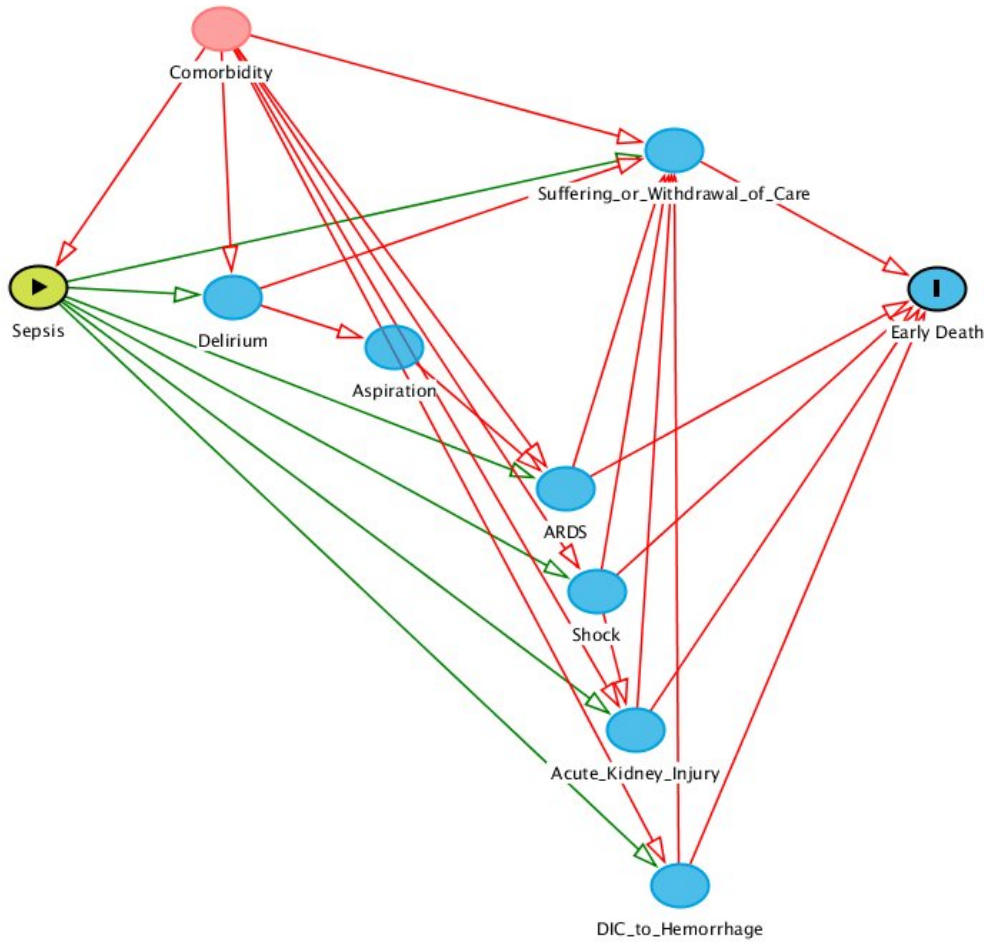
Do early antibiotics change the rate of early death from patients hospitalized with sepsis?



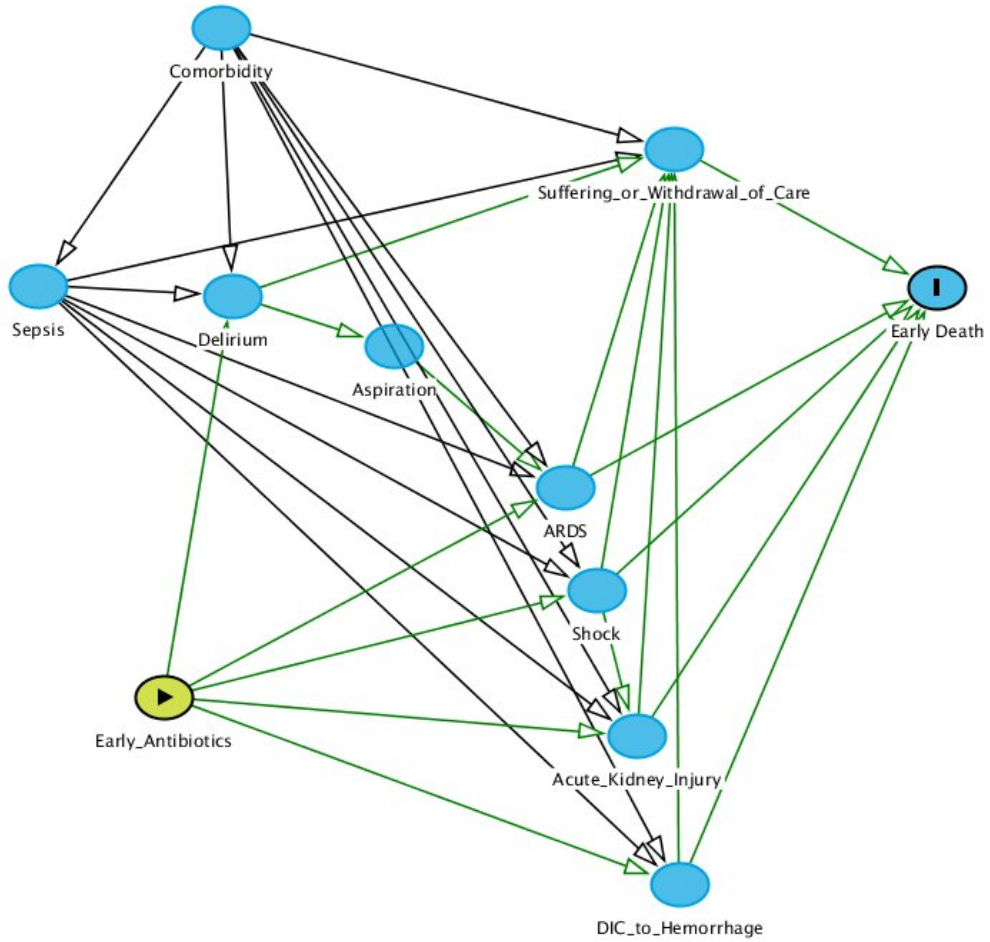
I thought I would start by building out a model of (1) how sepsis can lead to early death? and then ask (2) what of that is modifiable by treatment? There are two ways you can die after sepsis: unsupportable organ failure; or withdrawal of life-sustaining care



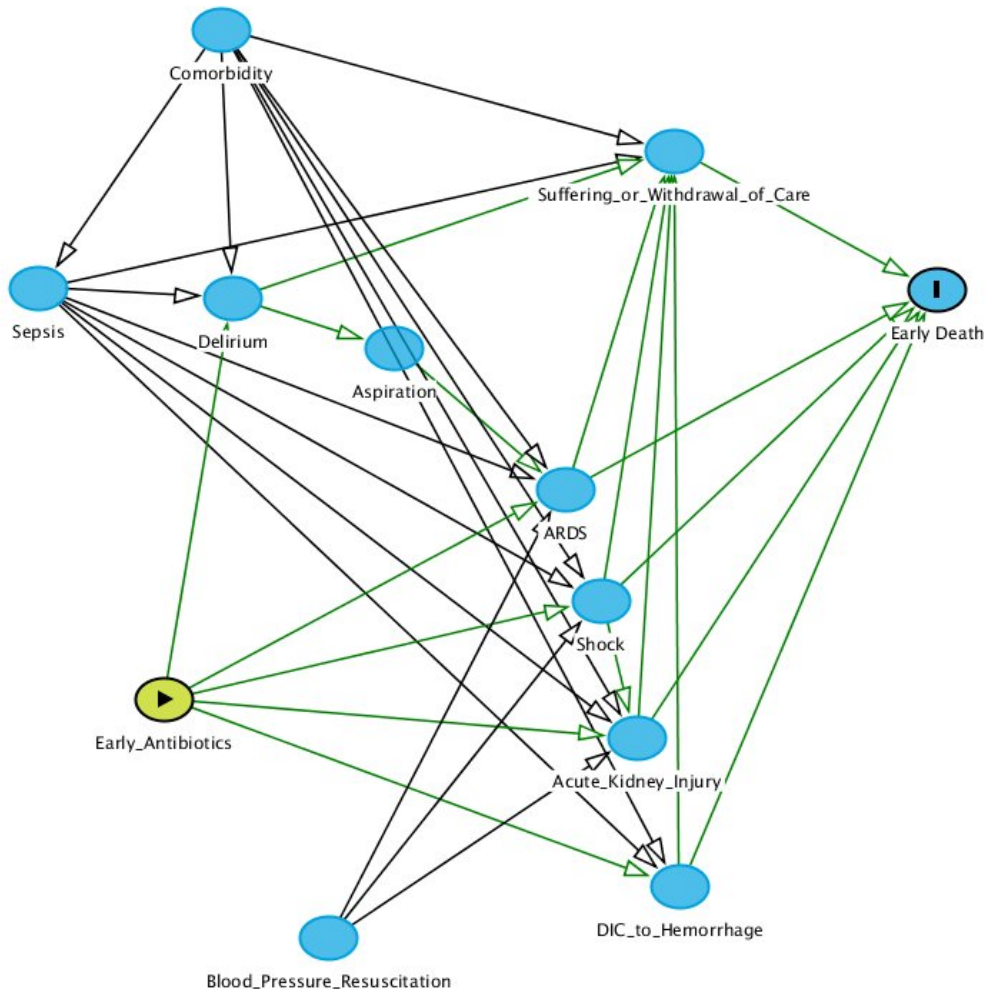
There are, I think, 4 core organ failures that can directly kill you in sepsis: 1) ARDS 2) Shock 3) Acute kidney injury 4) DIC -> hemorrhage But delirium is common, and I think it causes life-threatening early problems most commonly by aspiration



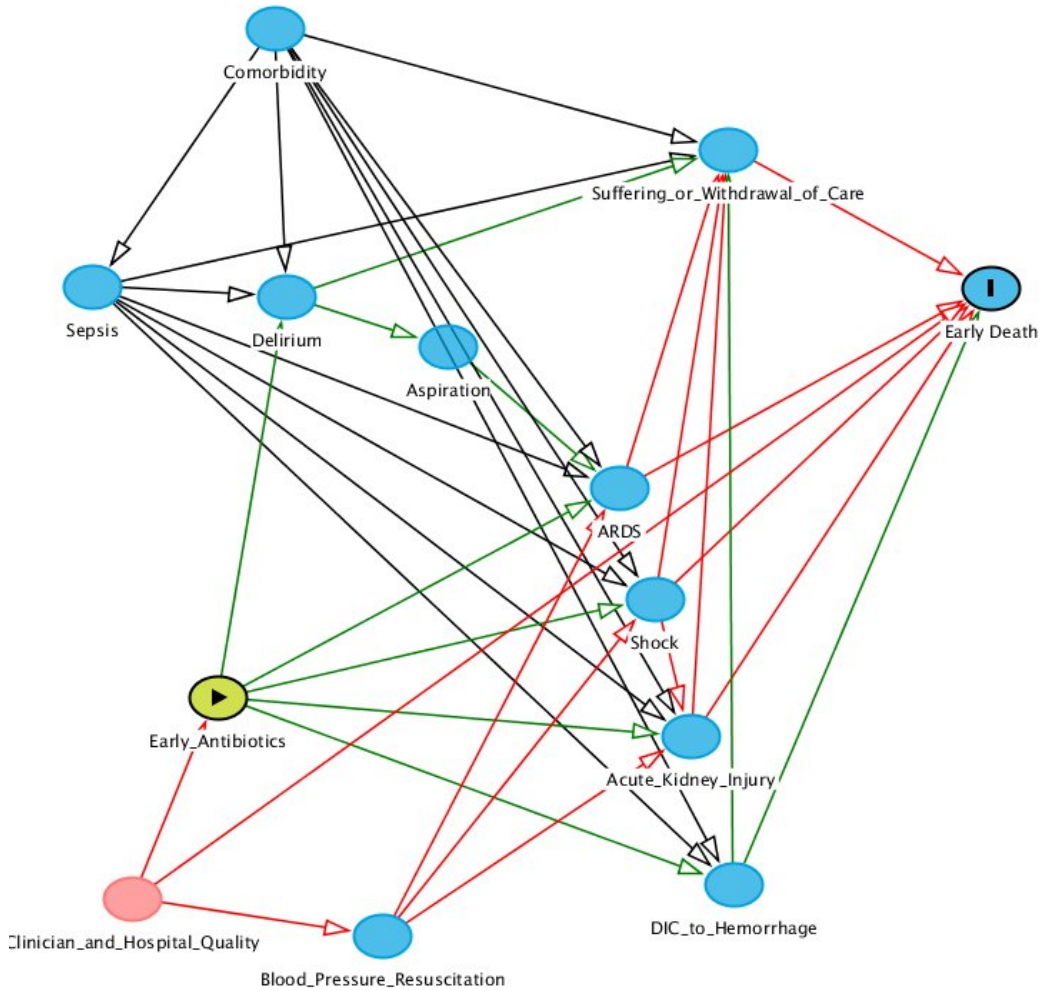
Early appropriate antibiotics potentially reduce the rates of these intervening organ failures. I know add them, and refocus the graph on them as the core exposure



Early appropriate blood pressure control & resuscitation, whatever that may be (another question!), can also influence some of these organ failures



But because other processes of care -- and I'm not sure what they are -- could also matter, the model is suddenly much less well specified



And I think this means not currently tractable Unexpectedly, I think Morgan & Winship would argue there is an urgent need for detailed qualitative data to articulate specific measurable hypotheses (and clinician folk beliefs, which is the same thing) about alternative mechanisms

Drawn via [_dagitty.net](https://dagitty.net)'s really quite easy to use web interface, HT [@davidleederer](https://twitter.com/davidleederer)