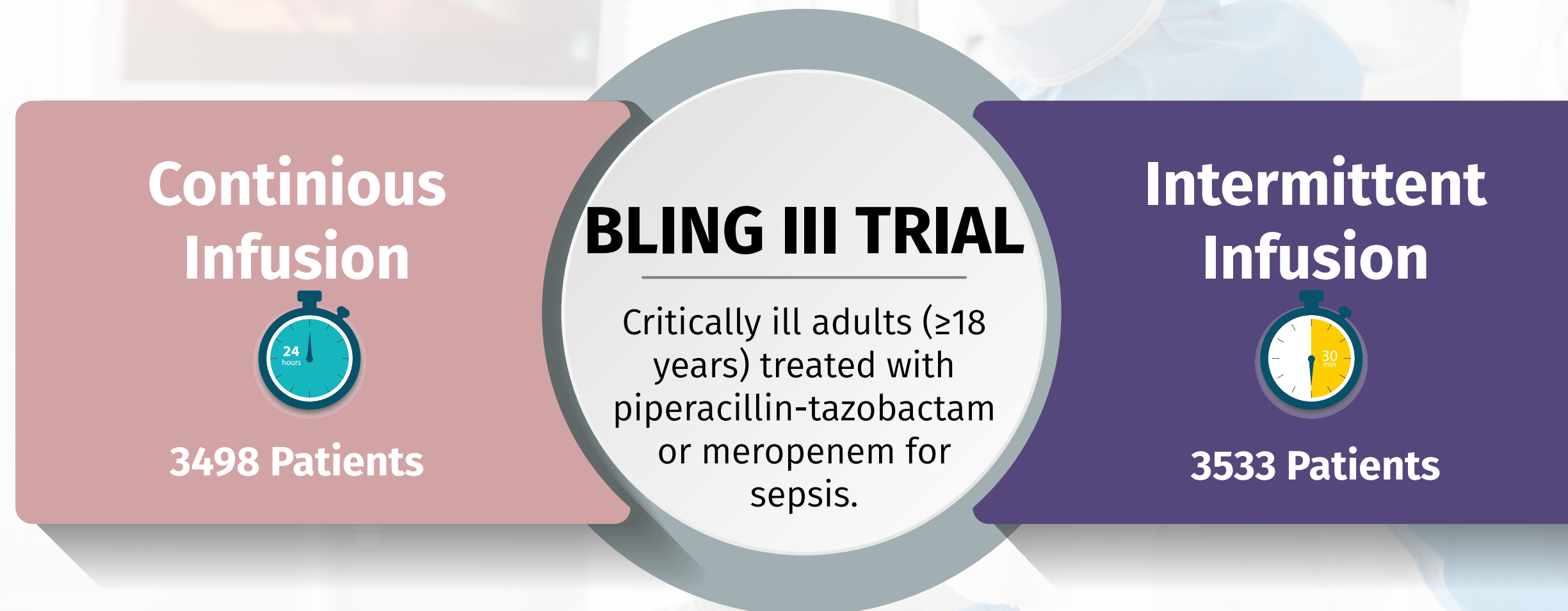


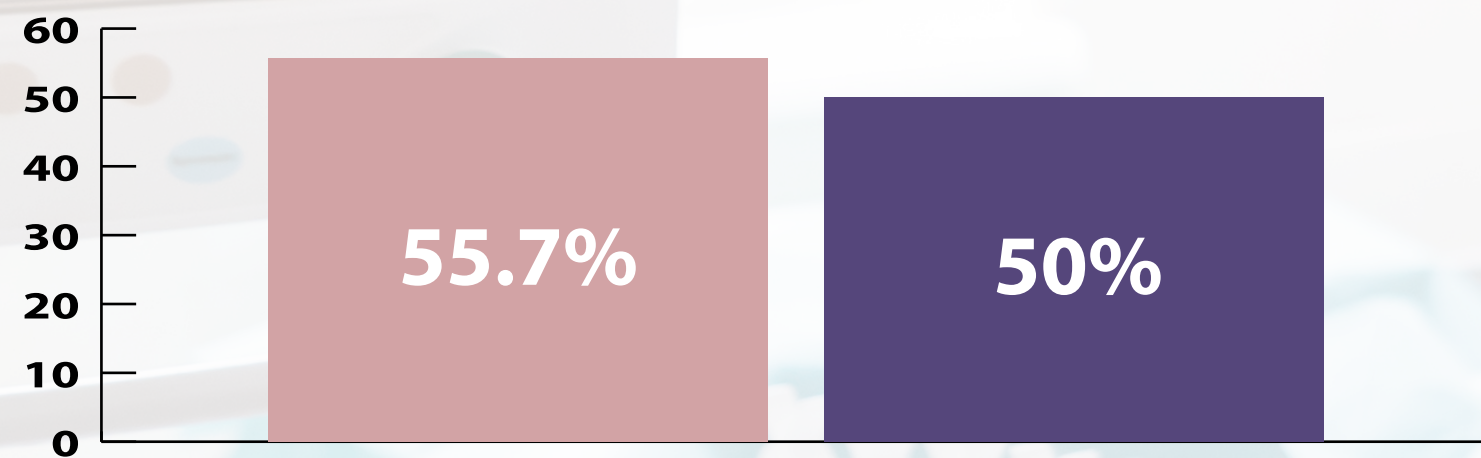
Continuous vs Intermittent β -Lactam Antibiotic Infusions in Critically Ill Patients With Sepsis

Lorem ipsum

An international, open-label, randomized clinical trial conducted in 104 intensive care units (ICUs) in Australia, Belgium, France, Malaysia, New Zealand, Sweden, and the United Kingdoms

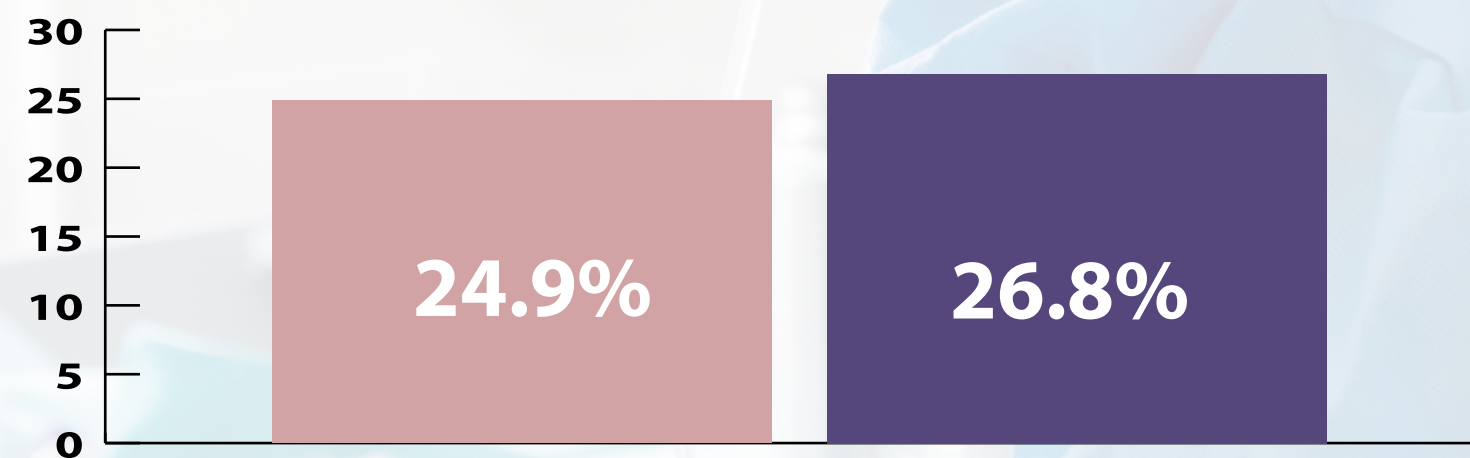


Clinical Cure at Day 14



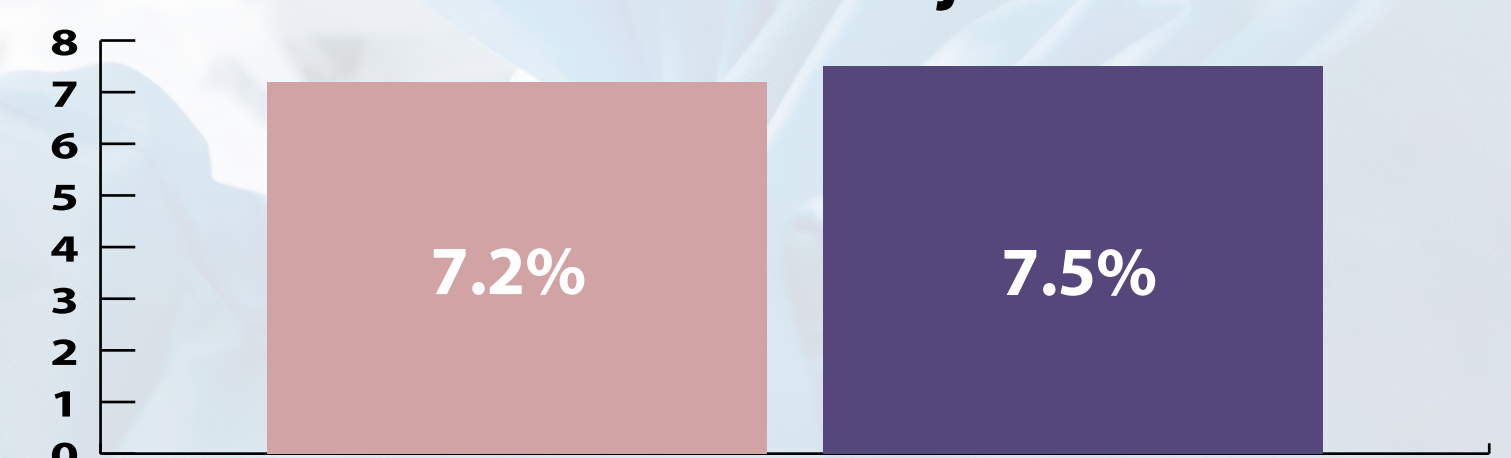
OR 1.26 (95% CI, 1.15 to 1.38; P<0.01)

All-cause Mortality at Day 90



AD 1.9% [95% CI, -4.9% to 1.1%]
OR 0.91 [95% CI, 0.81 to 1.01]
(P = .08)

New Acquisition, Colonization, or Infection with a Multiresistant Organism or Clostridioides Difficile Infection at day 14



OR 0.96 (95% CI: 0.80 to 1.15; P<0.65)

In critically ill patients with sepsis, continuous vs intermittent β -lactam antibiotic infusions did not significantly reduce 90-day mortality in the primary analysis. However, clinical cure rate at day 14 was higher with continuous infusion, and there was no increase in multiresistant organisms or clostridium difficile infection.