Peripheral vasopressor initiation was common and showed practical benefits without apparent patient harm, although the wide practice variation suggests that additional standardization may be needed.

**STUDY DESIGN**
• Retrospective cohort study of patients receiving vasopressors for early sepsis-induced hypotension across Michigan hospitals
• Included 594 patients, 400 of whom (67.3%) received peripheral initiation of vasopressors

**RESULTS**
Peripheral initiation:
• Faster administration (median, 2.5 hours vs 2.7 hours; \( P = .002 \))
• Less first-line norepinephrine use (84.3% vs 96.8%; \( P = .001 \))
• No tissue injury noted
• Only 33.8% required central venous line

When comparing peripheral vs central initiation, no differences in:
• In-hospital mortality
• 30-day and 90-day mortality
• Mechanical ventilation during admission
• New dialysis during admission
• Hospital length of stay >7 days

Peripheral vasopressor initiation was common and showed practical benefits without apparent patient harm, although the wide practice variation suggests that additional standardization may be needed.