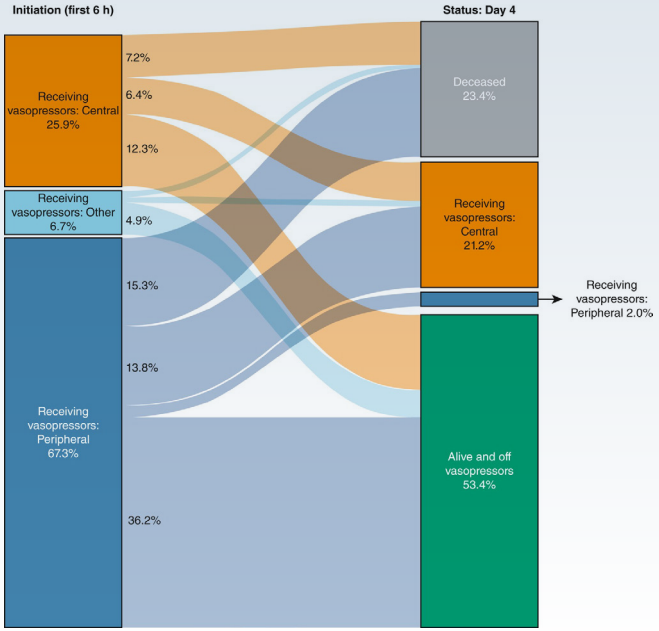
How Are Peripheral Vasopressors Initiated in Routine Practice, and What Impact Does Initiation Route Have on Patient Outcomes?

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.

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