FRONTLINE FIVE EM

Diagnostic Disagreement in Septic Shock

Journal Club Guide

A step-by-step critical appraisal worksheet for emergency medicine and critical care

Rao SA, et al. Critical Care. Published October 29, 2026. doi:10.1186/s13054-026-06384-0

Study design	Multicenter retrospective cohort with inverse-probability weighting
Population	2,233 adults meeting Sepsis-3 septic-shock criteria across eight hospitals, 2018-2023
Comparison	Documentation-derived disagreement about shock etiology versus diagnostic agreement
Reported result	Disagreement occurred in 9.5%. The overall mortality association was not significant. In culture-positive patients, adjusted OR was 1.99 (95% CI 0.99-4.00; P=.056); interaction P=.036.

STEP 1 - Frame the question

Write the PICO or descriptive research question in one sentence.

STEP 2 - Test the design

Was this design appropriate for the question? Identify the strongest protection against bias and the biggest remaining threat.

STEP 3 - Examine the population

Who was included and excluded? How closely do these patients and settings resemble your ED or ICU?

STEP 4 - Interrogate the outcomes

Was the primary outcome patient-centered? Separate the prespecified primary result from secondary, subgroup, or surrogate findings.

STEP 5 - Interpret effect and uncertainty

Record the absolute risks, relative effect, confidence interval, and whether the study excluded a clinically important benefit or harm.

STEP 6 - Identify limitations

List selection bias, confounding, measurement limitations, missing data, power, and external-validity concerns.

STEP 7 - Decide what changes

What should change today, what should only prompt discussion, and what requires confirmation?

FINAL APPRAISAL

Bottom line in one sentence; evidence certainty (high/moderate/low); and whether you would teach, read, or change practice.