

Top recruiting sites in February:

1. Bristol Royal Infirmary
2. Kings Mill Hospital
3. Scunthorpe General Hospital
4. Southmead Hospital

Well done Bristol Royal Infirmary for recruiting 7 patients this month!



This month we reached the **600 participant milestone!** This achievement would not have been possible without the continued dedication and hard work of all participating sites.

We are also pleased to welcome Cleveland Clinic and Stoke Mandeville Hospital to SepTiC, their sites opened to the study this month and we wish them luck with recruitment!

LIVE WEBINAR



Upcoming SepTiC Webinar

In our upcoming SepTiC Webinar we will be joined by the CI, Prof Anthony Gordon. Join us on **March 3rd at 11am** on Zoom Meeting ID: 938 1776 7036 Passcode: 1LmN^L

Further SepTiC Q&As have been scheduled in for the following:

- **15th April 2pm-3pm**
- **18th May 11am-12pm**

These sessions will be held run by the SepTiC Study team and will be a great opportunity to ask questions.

Recruiting sites last month:

Site	February 2026 Total = 38
Bristol Royal Infirmary	7
Kings Mill Hospital	3
Scunthorpe General Hospital	3
Southmead Hospital	3
St Mary's Hospital	2
Royal Victoria Belfast	2
Salford Royal Hospital	2
Southend University Hospital	2
John Radcliffe Hospital	2
Calderdale Royal Hospital	2
St Georges Hospital	2
QA Portsmouth Hospital	1
Hammersmith Hospital	1
Sunderland Royal Hospital	1
Belfast City Hospital	1
Hull Royal Infirmary	1
Warrington Hospital	1
Huddersfield Royal Infirmary	1
Charing Cross Hospital	1

AM011 - Updated PIS-ICFs

AM011 includes an updated version of the following documents:

- SepTiC_PIS_Full_V4.0__20251215
- SepTiC_PIS_Sum_V3.0_20251215
- SepTiC_Retro_Full_V3.0_20251215
- SepTiC_Retro_Sum_V3.0_20251215



The updated PIS-ICFs allow for patients to tick the consent statements if they do not have the strength to write their initials.

Please can all sites send through the localised versions of these to **septic@imperial.ac.uk** for review. Once these have been approved, an implementation confirmation email will be sent to the site.

Fluid Intervention FAQs:

What needs to be reported as a protocol deviation in the fluid domain? Does every fluid bolus that is given in the conservative arm in patients who don't meet the criteria for the fluid intervention need to be reported?

We are not centrally monitoring deviations for fluids. Sites should monitor themselves and (re)educate local clinicians as needed. We are monitoring the difference between two groups on average. The study team will be monitoring adherence by looking at diuretic use if fluid balance is positive on days 2- 5, while noradrenaline is <0.2 .

What if the treating clinician does not wish to follow the conservative / resuscitation fluid flowchart, ie give diuretics?

The flowchart summarises the protocol so should be followed to allow a proper evaluation of this intervention. If the treating clinician does not wish to follow the plan, please record the decision and the reason why in the patient notes and on a protocol deviation form (on OpenClinica) so this is clear for monitoring purposes.

If the patient is assessed and deemed unable to continue with the deresuscitation intervention what should the team do?

All diuretics should be stopped, this refers to the indapamide and furosemide. The the patient should be reassessed the following day.

SepTiC Socials:

1) Youtube: Reminder that all of our webinar recordings are available on our YouTube channel along with helpful training videos on randomisation and sample collection

2) Website: Our website contains all out updated FAQ's, Training documents and Amendments

3) LinkedIn: Follow us on our LinkedIn page for more regular updates on the study: [LinkedIn-SepTiC Trial](#)