

| Study (Date)  | Drug(s)  | Population (# pts)   | Intervention             | Outcome   |
|---|--|--|--------------------------|---|
| BLING I<br>Continuous Infusion of Beta-Lactam Antibiotics in Severe Sepsis: A Multicenter Double-Blind, Randomized Controlled Trial (2013)<br><i>Clin. Infect. Dis.</i> 2013; 56(2): 236 – 244.   | Piperacillin-tazobactam<br>Meropenem<br>Ticarcillin-clavulanate  | ICU – Severe Sepsis<br>N = 60                              | CI vs IB                 | <ul style="list-style-type: none"> <li>100% fT&gt; MIC 82% in CI vs 29% in IB (P = .001).</li> <li>clinical cure in CI (70% vs 43%; P = .037),</li> <li>No difference in ICU-free days or survival</li> </ul>   |
| DALI: Defining Antibiotic Levels in Intensive Care Unit Patients: Are Current $\beta$ -Lactam Antibiotic Doses Sufficient for Critically Ill Patients? (2014)<br><i>Clin. Infect. Dis.</i> 2014; 58(8): 1072–1083.  | Amoxicillin-clavulanate<br>ampicillin, cefazolin,<br>cefepime, ceftriaxone,<br>doripenem, meropenem,<br>and piperacillin-tazobactam  | ICU<br>N = 384   | PK/PD target achievement | <ul style="list-style-type: none"> <li>16% did not achieve 50% f T&gt;MIC &amp; were 32% less likely to have a positive clinical outcome</li> <li>Positive clinical outcome was associated with increasing 50% f T&gt;MIC and 100% f T&gt;MIC ratios</li> <li>significant interaction with sickness severity</li> </ul>   |
| BLING II (2015)<br>A Multicenter Randomized Trial of Continuous versus Intermittent $\beta$ -Lactam Infusion in Severe Sepsis.<br><i>Am J Respir Crit Care Med.</i> 2015;192(11):1298-305.  | Piperacillin-tazobactam<br>Ticarcillin-clavulanate<br>Meropenem  | ICU<br>N = 432   | CI vs IB                 | No difference in ICU-free days, 90 d survival, clinical cure, organ failure-free days, or duration of bacteremia  |
| Beta-Lactam Infusion in Severe Sepsis (BLISS): a prospective, two-centre, open-labelled randomised controlled trial of continuous versus intermittent beta-lactam infusion in critically ill patients with severe sepsis (2016)<br><i>Intensive Care Med.</i> 2016; 42: 1535–1545.  | Cefepime<br>Meropenem<br>Piperacillin-tazobactam   | Critically ill with severe sepsis<br>Not on RRT<br>N = 140 | CI vs IB                 | <p>CI - higher clinical cure rates &amp; higher median ventilator-free days)</p> <p>No difference in 14 or 30 d mortality</p>   |
| Is Prolonged Infusion of Piperacillin/Tazobactam and Meropenem in Critically Ill Patients Associated With Improved Pharmacokinetic/Pharmacodynamic and Patient Outcomes? An Observation From the Defining Antibiotic Levels in Intensive Care Unit Patients (DALI) Cohort (2016)<br><i>J Antimicrob Chemother.</i> 2016;71(1): 196–207. | Piperacillin-tazobactam<br>Meropenem   | ICU - post hoc analysis<br>N = 211                         | CI vs IB                 | <ul style="list-style-type: none"> <li>89% of patients achieved 50% fT&gt;MIC (conservative target)</li> <li>Respiratory infection &amp; CI – better 30 d survival</li> <li>Higher SOFA score (<math>\geq 9</math>) – CI better clinical cure and survival</li> </ul>   |
| BLING III - Protocol<br>A Protocol for a Phase 3 Multicentre Randomised Controlled Trial of Continuous Versus Intermittent $\beta$ -Lactam Antibiotic Infusion in Critically Ill Patients With Sepsis: BLING III (2019)<br><i>Crit Care Resusc.</i> 2019;21(1):63–68.   | Piperacillin-tazobactam<br>Meropenem   | ICU with severe sepsis<br>N = 7000                         | CI vs IB                 | <ul style="list-style-type: none"> <li>primary outcome is all cause mortality within 90 d</li> <li>secondary outcomes are clinical cure at Day 14; new acquisition, colonization or infection with a multiresistant organism or Clostridium difficile diarrhoea up to 14 days after randomisation, all-cause ICU mortality and all-cause hospital mortality.</li> <li>tertiary outcomes are ICU length of stay, hospital length of stay and duration of mechanical ventilation and duration of renal replacement therapy up to 90 d.</li> </ul> |
| TARGET – protocol<br>Therapeutic drug monitoring-based dose optimisation of piperacillin/tazobactam to improve outcome in patients with sepsis (TARGET): a prospective, multi-centre, randomised controlled trial (2019)<br><i>Trials.</i> 2019;20(1): 330.   | Piperacillin-tazobactam  | Adult severe sepsis/septic shock                           | IB with TDM vs CI no TDM | <p>Protocol – RCT in progress</p> <ul style="list-style-type: none"> <li>primary efficacy endpoint is the change in mean total Sequential Organ Failure Assessment (SOFA) score from day 1 after randomization until day 10 or discharge from the intensive care unit or death</li> <li>secondary outcomes include mortality, clinical cure, microbiological cure, overall antibiotic use, individual components of the primary outcome, adverse events and analysis of PK and (PD) indices</li> </ul>  |
| DOLPHIN – Protocol<br>The effect of therapeutic drug monitoring of beta-lactam and fluoroquinolones on clinical outcome in critically ill patients: the DOLPHIN trial protocol of a multi-centre randomised controlled trial (2020)<br><i>BMC Infect Dis.</i> 2020;20(1):57.  | cefotaxime, ceftazidime,<br>ceftriaxone,<br>cefuroxime, amoxicillin,<br>amoxicillin - clavulanic acid,<br>flucloxacillin,<br>piperacillin - tazobactam,<br>meropenem, and<br>ciprofloxacin | ICU<br>N = 450   |                          | <p>Protocol – RCT in progress</p> <ul style="list-style-type: none"> <li>primary outcome will be ICU length of stay</li> <li>other outcomes amongst all survival, disease severity, safety, quality of life after ICU discharge, and cost effectiveness</li> </ul>  |

Abbreviations:

ICU – intensive care unit

CI – continuous infusion

IB – intermittent bolus