

# Severe CAP in ED: Does Early Steroid Intervention Tilt Outcome?

## CAPE COD Trial 2023

📍 Double blinded RCT in 31 ICUs, France - Level 1B Evidence (OCEBM)

👤 N=795

Adults with Severe CAP

- On mechanical ventilation
- High Flow Nasal Cannula
- $\text{FiO}_2 > 50\%$  or PF ratio  $< 300$
- Pneumonia Severity Index  $> 130$

👉 Exclusion

- Septic shock
- Partially treated Pneumonia
- Myelosuppression

👉 Intervention

IV Hydrocortisone 200mg/day for 4-7 days followed by taper VS Placebo



### Limitations of Study

⚠️ Patients with suspected/confirmed viral, inhalation pneumonia, PTB were excluded

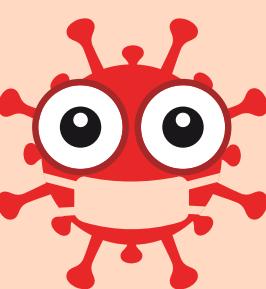
⚠️ Hyperglycemia exacerbation, prone increment usage of Insulin



Prominent generalisability gap, Potential steroid response may differ



Underpowered to detect harm in DM & immunocompromised



\*Bottom Line for EM\*

For adults with severe CAP requiring significant oxygen, early IV Hydrocortisone in the ED reduces 28-days mortality & need for intubation/vasopressor



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Reference:

<https://www.nejm.org/doi/full/10.1056/NEJMoa2215145>

<https://www.cebm.ox.ac.uk/resources/ebm-tools/levels-of-evidence>