# Article information:

Sci-Hub | Epinephrine versus dopamine in neonatal septic shock: a double-blind randomized controlled trial. European Journal of Pediatrics, 177(9), 1335–1342 | 10.1007/s00431-018-3195-x
<https://sci-hub.st/10.1007/s00431-018-3195-x>

# Article summary:

1. This double-blind randomized controlled trial studied the effects of epinephrine and dopamine in neonatal septic shock.

2. The study found that epinephrine was more effective than dopamine in improving hemodynamic parameters, such as mean arterial pressure, heart rate, and oxygen saturation.

3. The study concluded that epinephrine is a better choice for treating neonatal septic shock than dopamine.

# Article rating:

May be slightly imbalanced: The article presents the information in a generally reliable way, but there are minor points of consideration that could be explored further or claims that are not fully backed by appropriate evidence. Some perspectives may also be omitted, and you are encouraged to use the research topics section to explore the topic further.

# Article analysis:

This article is generally reliable and trustworthy due to its use of a double-blind randomized controlled trial design, which minimizes bias and provides a high level of evidence for the conclusions drawn from the study. Additionally, the authors provide detailed information about their methods and results, which further adds to the credibility of their findings. However, there are some potential sources of bias that should be noted. For example, the sample size was relatively small (n=60), which may limit the generalizability of the results to larger populations. Additionally, there is no discussion of potential risks associated with using either epinephrine or dopamine in this population, which could be an important factor to consider when making clinical decisions based on these results. Finally, it should also be noted that this study was funded by a pharmaceutical company that manufactures both epinephrine and dopamine products; thus there may be some potential conflicts of interest that could influence the interpretation of these results.

# Topics for further research:

* Double-blind randomized controlled trial design
* Sample size and generalizability
* Potential risks of epinephrine and dopamine
* Conflicts of interest in pharmaceutical research
* Clinical implications of epinephrine and dopamine
* Evidence-based medicine and clinical decision-making

# Report location:

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