

Algorithm : B – Fluid Management in Decompensated Shock

DECOMPENSATED SHOCK

Signs of Plasma leak (pleural / peritoneal fluid)
 Pulse pressure \leq 20 mm, Urine output \leq 25ml/hr
 Or **profound shock – pulseless, BP less**

Fluid resuscitation with isotonic crystalloid 20 ml/kg as fast as you can (1000ml in adult of 50kg or above)

Any improvement?

CBC, HCT, LFTs, BU, SE, Ca⁺⁺, Glucose, HCO₃, GXM¹ Any way

Yes

No

Bolus of N/S 10 ml/kg rapidly

- IV crystalloid @ 1.5-10 ml/kg/hr for the 1st hour: **Try to stick to the minimum infusion rate, sufficient to maintain a pulse pressure of \geq 25mm of Hg.**
- Measure urine output
- Subsequently follow the patient up to maintain the urine output of about 0.5 ml/kg/hr.
- Upon improvement, fluid can be further adjusted to stick to the fluid quota.
- Monitor HCT 4 - 6 hourly
- **If the patient becomes unstable at any time, Go to ★**
- Consider stopping IV fluid at 48 hours of plasma leakage / defervescence or earlier according to clinical judgment

Yes

Improvement

No

★ Check HCT

↑ Or normal HCT or less than 10% reduction of HCT from the baseline

↓ HCT by more than 10% of baseline

Administer Colloid infusion

10 ml/kg over 60 min, i-e (500 cc) in 60 min

Consider significant occult/overt bleed
 Initiate transfusion with fresh blood² (Whole blood / or packed cells)

Yes

Any Improvement?

Less than 30 ml/kg

No

Calculate the amount of total colloids given

Consider Inotropic support **plus** fluids / blood - Check ABCS

More than 30 ml/kg

ABCS: Acidosis, Bleeding, Hypocalcaemia, Sugar:

¹GXM: Ask for Grouping & Cross Match or in case of emergency get an O negative:

² fresh blood: Means blood less than 5 days old