Algorithm A - Fluid Management in Compensated Shock

COMPENSATED SHOCK

Signs of Plasma leak Signs of reduced perfusion like.

- Cold clammy skin, tachycardia, restlessness, increased thirst, increased capillary refill time

PLUS-pulse pressure 25-30 mm, or Urine output 25-30ml/hr - (0.5ml/kg/hr)

Fluid resuscitation with isotonic crystalloid 10 ml/kg over 1 hour(500ml in adult of 50kg or above)

Any improvement?

Send CBC, HCT, LFTs, BU, SE, Ca^{++}, Glucose, HCO_3, GXM[1]

Yes

- Measure urine output.
- Infuse N/S @ 1.5-10 ml/kg/hr- Keeping to the minimum infusion rate, sufficient to maintain a urine output of 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

No

★ **Check HCT**

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

Administer another bolus N/S

10 ml/kg/hr over 60min

i-e, 500 cc in 60 minutes

Is there any Improvement?

Yes → (to ★ Check HCT)

No

Total Amount of fluid given?

Less than 30 ml/kg → (to ★ Check HCT)

More than 30 ml/kg

Administer Colloid infusion 10 - 20 ml/kg over 1 - 2 hrs respectively

Any Improv-ement?

Yes → (to ★ Check HCT)

No

Consider Ionotropic support plus fluids / blood - Check ABCS

↓ HCT by more than 10% of baseline

Consider significant occult/overt bleed Initiate transfusion with fresh blood[2] (Whole blood / or packed cells)

ABCS: Acidosis, Bleeding, Hypocalcaemia, Sugar: [1]GXM: Ask for Grouping & Cross Match or in case of emergency get an O negative: [2] fresh blood: Means blood less than 5 days old