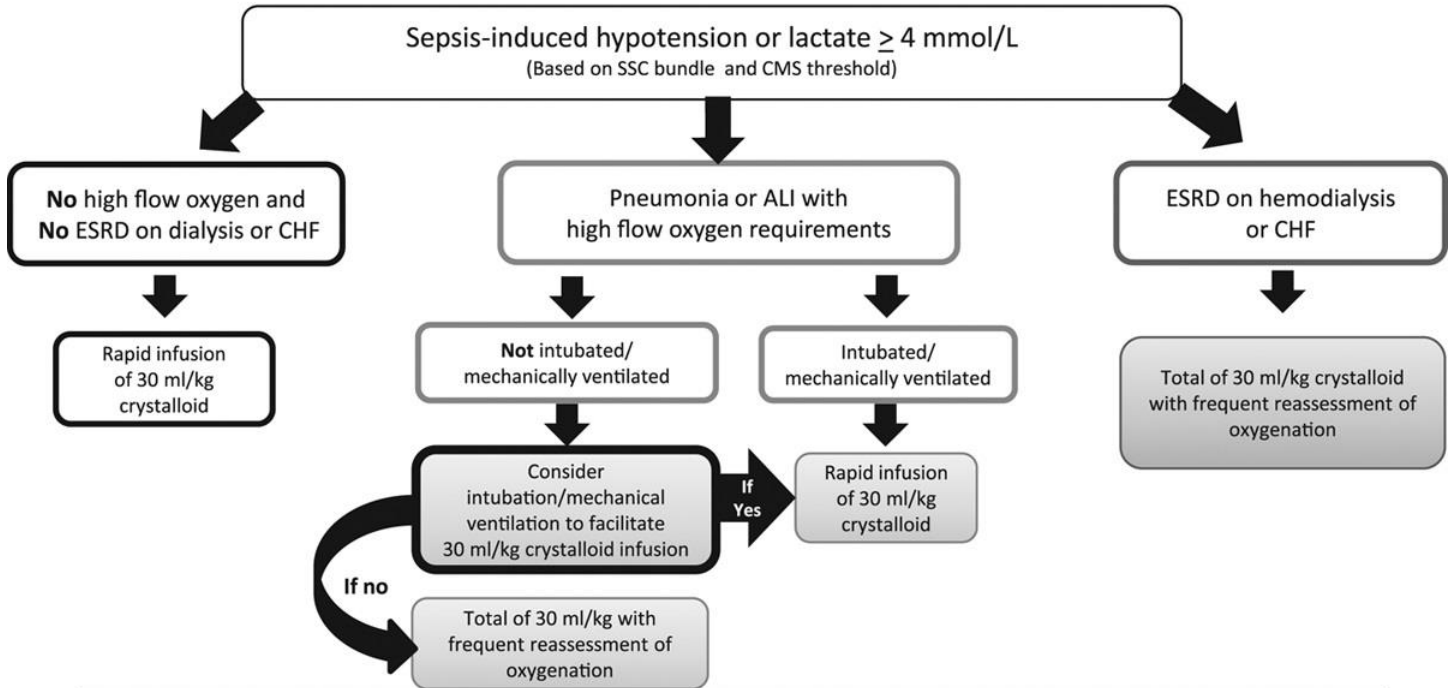


FLUID MANAGEMENT in SEPSIS

Application of Fluid Resuscitation in Adult Septic Shock



Considerations post 30ml/kg crystalloid infusion

- Continue to balance fluid resuscitation and vasopressor dose with attention to maintain tissue perfusion and minimize interstitial edema
- Implement some combination of the list below to aid in further resuscitation choices that may include additional fluid or inotrope therapy
 - blood pressure/heart rate response
 - urine output
 - cardiothoracic ultrasound
 - CVP, ScvO₂
 - pulse pressure variation
 - lactate clearance/normalization
 - dynamic measurement such as response of flow to fluid bolus or passive leg raising
- Consider albumin fluid resuscitation, when large volumes of crystalloid are required to maintain intravascular volume.

ALI=acute lung injury; CHF=congestive heart failure; CMS= US Centers for Medicare and Medicaid Services; CVP=central venous pressure; ESRD=end stage renal disease; kg=kilograms; ml=milliliters; oxyhgb=oxyhemoglobin; ScvO₂=superior vena cava oxygen saturation