

FLUID RESUSCITATION ALGORITHM FOR ADULTS (INCLUDING MATERNITY) WITH SEPSIS



Hypotension:

- SBP <90mmHg or >40mmHg drop from baseline

OR

- MAP <65mmHg

OR

Hypoperfusion:

- Tachycardia
- Vasoconstriction
- Oliguria
- Lactate $\geq 2\text{mmol/L}$

For hypotension or hypoperfusion give a 250 - 500mls IV bolus of balanced crystalloid * **

Select the patient response from one of the boxes A, B or C below

A. Hypovolaemia

- Altered mental state
- Hypotension
- Hypoperfusion
- Tachycardia
- Cold mottled peripheries
- Prolonged capillary refill
- Oliguria

B. <30mls/Kg fluids administered

- Patient normotensive AND lactate <2mmol/L –
- Exit pathway
- Continue to monitor

C. Fluid overloaded

- Increased respiratory rate
- Decreased O₂ saturations
- JVP distention
- New onset crepitations
- New onset discomfort lying flat

30mls/Kg IV fluids administered

+/- Hypotension
OR
Repeated lactate $\geq 2\text{mmol/L}$

High mortality risk

- **Call/ Inform Critical care**
- Senior decision maker to decide on further fluids and/or inotropes / vasopressors

ALERT!

Call Critical Care – start inotropes / vasopressors in patients who are fluid intolerant

Hypotensive
OR
Repeat Lactate $\geq 2\text{mmol/L}$

Normotensive
AND
Repeat Lactate <2mmol/L

- **Call Critical Care**
- Stop all fluids
- Start inotropes / vasopressors
- NIV or intubation as indicated
- Not for diuretics

- Contact senior decision maker
- Stop all fluids
- Consider diuretics
- Consider contacting Critical Care
- Consider respiratory support measures

Monitoring of vital signs as per EWS

***A total volume of fluid resuscitation up to 30ml/kg (ideal body weight) within the first 3 hours unless fluid intolerant or the patients clinical condition requires earlier referral to critical care for consideration of inotropes / vasopressors. Caution in pre-eclampsia.**

****Strict monitoring and documentation of urine output assessment and measurement in mls on a fluid balance chart.**

SBP: Systolic blood pressure, MAP: Mean arterial pressure, JVP: Jugular venous pressure, NIV: Non-invasive ventilation
For more information on National Clinical Guideline No. 26 Sepsis Management go to: www.hse.ie/sepsis