Fluid resuscitation algorithm for adults with sepsis

RECOGNISE SEPSIS • ENHANCE SURVIVAL

NATIONAL CLINICAL EFFECTIVENESS COMMITTEE

Hypotension:
SBP < 90mmHg or > 40mmHg
drop from baseline
or
MAP < 65mmHg

OR

Hypoperfusion:
Tachycardia
Vasoconstriction
Oligouria
Lactate ≥ 2mmol/L

Give bolus 500mls isotonic crystalloid over 15 minutes and reassess

Give patients who present with hypotension a minimum of 30mls/kg in the 1st hour, unless fluid intolerant

Hypovolaemia:
• Altered mental state
• Hypotension
• Hypoperfused
  - tachycardia
  - cold mottled peripheries
  - prolonged capillary refill
• Oligouria
• Raised lactate
15-minute reviews and continous monitoring

Fluid overloaded
• Increasing respiratory rate
• Decreasing O_2 saturations
• JVP distension
• New onset crepitations
• New onset discomfort lying flat

30mls/kg IVT administered

Normotensive
+
Repeat Lactate
< 2mmol/L

Hypotensive
or
Repeat Lactate
≥ 2mmol/L

Hypotensive
or
Repeat Lactate
≥ 4mmol/L

Normotensive
+
Repeat Lactate
< 4mmol/L

• Stop all IVT
• Consider diuretic
• NIV or intubation as indicated
• Continuous monitoring

• Stop all IVT
• Vasopressors
• NIV or intubation as indicated
• **Not** for diuretic
• Continuous monitoring
• **Call Critical Care**

• **High mortality risk**
• Continue fluid resuscitation as above
• Consider Vasopressors
• Continuous monitoring
• **Call Critical Care**

• Continue fluid resuscitation as above until Lactate < 2mmol/L as tolerated, then stop
• 1/2-hourly observations
• Reassess and treat if hypoperfusion / hypotension reoccurs

Exercise professional judgement – if patient co-morbidity indicates use 250ml boluses and reassess more frequently.

SBP: Systolic blood pressure, **MAP**: Mean arterial pressure, **JVP**: Jugular venous pressure, **IVT**: Intravenous therapy, **NIV**: Noninvasive ventilation
For more information on National Clinical Guideline No 6. Sepsis Management go to: www.hse.ie/sepsis