



Fluid Challenge

ALS PROCEDURE AP-09

INDICATION	<ul style="list-style-type: none"> Patients exhibiting signs and symptoms consistent with shock or who are hemodynamically compromised, or have the potential to become hemodynamically compromised.
CONTRAINDICATION	<ul style="list-style-type: none"> Respiratory distress secondary to pulmonary edema. Presence of rales during assessment of lung sounds.
PROCEDURE	<ul style="list-style-type: none"> Establish IV/IO access. Large bore access is preferred. Evaluate need for fluid challenge per appropriate field treatment guideline. Assess vital signs and lung sounds prior to administration and every 250 mL increments of fluid challenge. <i>Adults:</i> IV/IO; Administer 500 mL of normal saline. May repeat once. The goal is to achieve and maintain a systolic blood pressure of 90 mmHg. <ul style="list-style-type: none"> Septic patients should receive a rapid infusion of up to 30 mL/kg without base contact. <i>Pediatrics:</i> IV/IO; administer according to PediaTape weight calculation and Pediatric Medication Reference Cards. <p style="text-align: center;">***Base hospital contact required for additional dosing***</p>
KEY CONCEPTS	<ul style="list-style-type: none"> Continuous ETCO₂ monitoring should be used. TBI patients who experience one episode of a systolic blood pressure < 90 mmHg can have a 150% increase in mortality.