Fluid Challenge
ALS PROCEDURE AP-09

INDICATION
- Patients exhibiting signs and symptoms consistent with shock or who are hemodynamically compromised, or have the potential to become hemodynamically compromised.

CONTRAINDICATION
- Respiratory distress secondary to pulmonary edema.
- Presence of rales during assessment of lung sounds.

PROCEDURE
- 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.
- Adults: 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.
  - Septic patients should receive a rapid infusion of up to 30 mL/kg without base contact.
- Pediatrics: IV/IO; administer according to PediaTape weight calculation and Pediatric Medication Reference Cards.

***Base hospital contact required for additional dosing***

KEY CONCEPTS
- Continuous ETCO₂ monitoring should be used.