

Algorithm A - Fluid Management in Compensated Shock

COMPENSATED SHOCK

Signs of Plasma leak Signs of reduced perfusion like.

- Cold clammy skin, tachycardia, restlessness, increased thirst, increased capillary refill time
- **PLUS**-pulse pressure 25-30 mm, or Urine output 25-30ml/hr - (0.5ml/kg/hr)

Fluid resuscitation with isotonic crystalloid 10 ml/kg over 1 hour (500ml in adult of 50kg or above)

Any improvement?

Send CBC, HCT, LFTs, BU, SE, Ca⁺⁺, Glucose, HCO₃, GXM¹

Yes

No

★ **Check HCT**

↑ Or normal HCT or less than 10% reduction of HCT from the baseline

↓ HCT by more than 10% of baseline

Administer another bolus N/S

10 ml/kg/hr over 60min
i-e, 500 cc in 60 minutes

Consider significant occult/overt bleed
Initiate transfusion with fresh blood²
(Whole blood / or packed cells)

- **Measure urine output.**
- **Infuse N/S @ 1.5-10 ml/kg/hr- Keeping to the minimum infusion rate, sufficient to maintain a urine output of 0.5 ml/kg/hr.**
- Upon improvement, fluid can be further adjusted to stick to the fluid quota.
- Monitor HCT 4 - 6 hourly
- **If the patient becomes unstable at any time, Go to ★**
- Consider stopping IV fluid at 48 hours of plasma leakage / defervescence or earlier according to clinical judgment

Is there any Improvement?

Less than 30 ml/kg

Total Amount of fluid given?

No

More than 30 ml/kg

Consider Inotropic support plus fluids / blood - Check ABCS

No

Any Improvement?

Administer Colloid infusion 10 - 20 ml/kg over 1 - 2 hrs respectively

ABCS: Acidosis, Bleeding, Hypocalcaemia, Sugar: ¹GXM: Ask for Grouping & Cross Match or in case of emergency get an O negative: ² fresh blood: Means blood less than 5 days old