NS or LR 20-30 mL/Kg Boluses

Fluid resuscitation

First hour

Rapid crystalloid (NS or LR) 20 mL/kg bolus

- Monitor response to fluids, **VS Targets and Clinical Goals**
- Check for signs of CHF every 5-15 minutes
- Fluid therapy should be tailored to the individual patient
    - Consider 5-10 mL/kg boluses q 10-20 minutes in patients with:
        - Known cardiac dysfunction
        - Pulmonary edema
        - Severe anemia
        - Renal dysfunction (creatinine clearance < 60)

Rapid fluid infusion techniques

- Administer via Push-Pull Technique or Manual Syringe (< 50 kg)
- Pressure Bag or Rapid Infuser (≥ 50kg)

Initiate vasoactive infusion if poor response to fluid therapy (40-60 mL/kg)

Monitoring

- Continue rapid volume infusion as needed, titrate to goal clinical parameters
- Fluid boluses totaling > 100 mL/kg in the first 24 hrs are common in septic shock 13
- Development of pulmonary crackles, hepatomegaly, CVP > 12 (> 15 if on PPV) in absence of hemodynamic improvement with bolus suggests limited benefit of further fluid therapy.

Retrieved from: **http://www.chop.edu/clinical-pathway/icu-clinical-pathway-infants-28-days-and-children-severe-sepsisseptic-shock-fluid**

These guidelines do not establish a standard of care to be followed in every case. It is recognized that each case is different and those individuals involved in providing health care are expected to use their judgment in determining what is in the best interests of the patient based on the circumstances existing at the time. It is impossible to anticipate all possible situations that may exist and to prepare guidelines for each. Accordingly these guidelines should guide care with the understanding that departures from them may be required at times.

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