

BAXTER STARLING EDUCATION PRESENTS

FAST FLUID FACTS IN THE ERA OF COVID-19

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The World Health Organization has issued specific guidelines for Clinical management of severe acute respiratory infection when novel coronavirus (2019-nCoV) infection is suspected.

For most patients, infections with COVID-19 will be a mild self-limited disease. However, in a relatively few patients, severe life-threatening pulmonary symptoms will occur and patients may develop septic shock physiology. In these severely ill patients, better fluid management techniques may reduce complications and improve outcomes.

When resuscitating adult patients with septic shock, the guideline is to give at least 30 ml/kg of isotonic crystalloid in adults in the first 3 hours, and not use hypotonic crystalloids, starches, or gelatins for resuscitation.¹

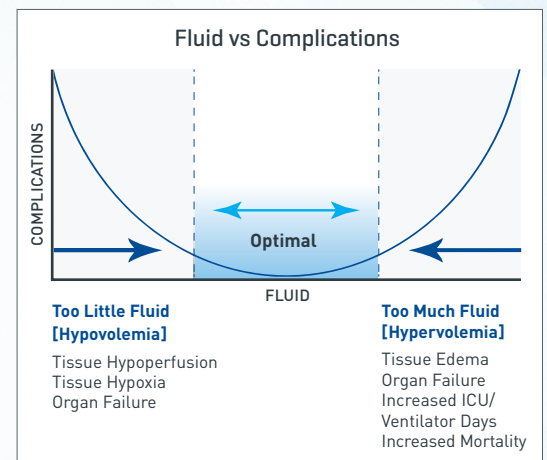
Since fluid resuscitation may lead to volume overload, including respiratory failure, if there is no response to fluid loading and signs of volume overload appear (for example, jugular venous distension, crackles on lung auscultation, pulmonary oedema on imaging), then reduce or discontinue fluid administration. This step is particularly important where mechanical ventilation is not available.¹

The guidelines suggest considering dynamic indices of volume responsiveness to guide volume administration beyond initial resuscitation based on local resources and experience. These indices include **passive leg raises**, **fluid challenges with serial stroke volume measurements**, or variations in systolic pressure, pulse pressure, inferior vena cava size, or **stroke volume** in response to changes in intrathoracic pressure during mechanical ventilation.¹

Our team is here to help! The **Starling** Fluid Management Monitoring System will allow you to monitor your patient's fluid status in a 100% non-invasive way.

In a retrospective, matched, single-center study of nearly 200 patients, researchers from the University of Kansas Health System found that implementing SV guided resuscitation was associated with improved patient outcomes, including reduction in risk for mechanical ventilation by 51%.²

The effect of fluids can be monitored at any time and treatment modified accordingly.



Rx Only. For safe and proper use of products mentioned herein, please refer to the Instructions for Use or Operators Manual.

1. Clinical management of severe acute respiratory infection when Novel coronavirus (2019-nCoV) infection is suspected: Interim Guidance, World Health Organization, 28 January 2020.
2. Latham H, et al. Stroke volume guided resuscitation in severe sepsis and septic shock improves outcomes. J Crit Care. 2017;28:42-46.