

THE **STARLING** NON-INVASIVE MONITORING SYSTEM CAN HELP MANAGE FLUIDS DURING THE **COVID-19** CRISIS

World Health Organization

INTERIM GUIDANCE 13 March 2020

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Clinical management of severe acute respiratory infection when novel coronavirus (2019-nCoV) infection is suspected.

The WHO Guidelines are comprehensive and provide holistic guidance on fluid management. The Baxter **Starling** can assist with fluid resuscitation and support dynamic fluid assessments, which are directly mentioned in the guidelines.

Consider dynamic indices of volume responsiveness to guide volume administration beyond initial resuscitation based on local resources and experience.¹

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.

Use conservative fluid management in patients with Severe Acute Respiratory Infections (SARI) when there is no evidence of shock.

Patients with SARI should be treated cautiously with intravenous fluids, because aggressive fluid resuscitation may worsen oxygenation, especially in settings where there is limited availability of mechanical ventilation.¹

Use a conservative fluid management strategy for ARDS patients without tissue hypoperfusion. This is a strong guideline recommendation;¹ the main effect is to shorten the duration of ventilation.

In resuscitation from septic shock in adults, give at least 30 ml/kg of isotonic crystalloid in adults in the first 3 hours.

Do not use hypotonic crystalloids, starches, or gelatins for resuscitation.

Fluid resuscitation may lead to volume overload, including respiratory failure.

FOR MORE INFORMATION, PLEASE REACH OUT TO YOUR LOCAL BAXTER **STARLING** TEAM

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

1. World Health Organization 2020. Clinical management of severe acute respiratory infection (SARI) when COVID-19 disease is suspected: Interim guidance V 1.2. 13 March 2020.

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