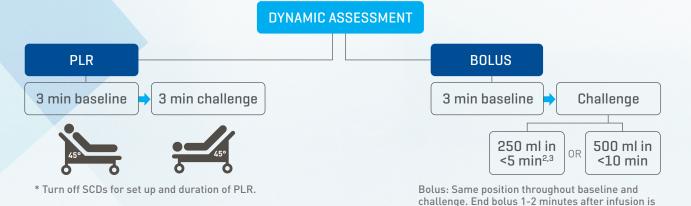
# TO INITIATE MONITORING, YOU NEED: **STARLING** MONITOR AND SENSORS

Power On > New Patient > Enter Patient ID/Age/Wt/Ht/Gender > Start Session > Automatically Calibrates

# DOES MY PATIENT HAVE A LOW BLOOD PRESSURE/MAP OR PERFUSION PROBLEM (I.E., LOW UOP/HIGH LACTATE)? DO I NEED TO GIVE FLUID?

(only ~50% of hemodynamically unstable patients are fluid responsive!')



Results<sup>3</sup>: ≥10% ΔSVI patient is likely fluid responsive <10% ΔSVI (including negative numbers) patient is not likely fluid responsive

complete (3-5 minutes with syringe technique).2

"Would you like to start immediately from the challenge stage?" means "Can I use the last 3 minutes of SVI data as my baseline?" (i.e, no nursing interventions)

**"Baseline shows unstable results"** means the last 3 SVI readings have changed more than 10%. Consider repeating baseline.



### CALIBRATION VS. BASELINE:

**Calibration** = signal optimization occurs during initial pt. set-up.

**Baseline** = initial SVI readings of a dynamic assessment





# **SENSORS:**

- "Box in" the heart
- Red dashes indicate right/ left and upper/lower
- White tabs point to toes
- Can be on front or back in any combination

# **NEED TO RECALIBRATE:**

(Session Controls > Recalibrate)

- If any or all sensors are moved or replaced
- Once a shift

### Patient

- Shock States/Low Blood Pressure: Sepsis, Low Vascular Tone, Low Cardiac Output, Hypovolemia, Neurogenic Shock<sup>4</sup>
- Patients treated with Inotropes, Vasopressors or Vasodilators<sup>4</sup>
- Surgical Patients: Perioperative Volume Management, Goal Directed Therapy, Enhanced Recovery After Surgery (ERAS)<sup>5</sup>
- Emergency/Trauma Patients<sup>6</sup>
- Other Critical Care Conditions: Acute Respiratory Distress (ARDS), Sub-Arachnoid Hemorrhage (SAH), Acute Kidney Injury (AKI), and Congestive Heart Failure (CHF)10
- Patients undergoing Continuous Renal Replacement Therapy (CRRT) or patients undergoing hemodialysis<sup>11</sup>

# ONLY ~50% of hemodynamically unstable patients will respond to fluid by increasing cardiac output and perfusion.1

Parameters	Normal Adult Range <sup>13</sup>	Cardiogenic Shock	Septic Shock	Hypovolemic Shock
BP (MAP)	> 65	+	+	+
Heart Rate (HR)	60-100	1	1	1
Cardiac Index (CI)	2.5-4.0 L/min/m <sup>2</sup>	+	early late	early late
Total Peripheral Resistance Index (TPRI)	1970-2390 dynes • sec/cm <sup>5</sup> /m <sup>2</sup>	1	+	1
Common Stroke Volume Response (ΔSVI) to Dynamic Assessment		ΔSVI <10%	ΔSVI ≥10%	ΔSVI ≥10%

### ΔSVI ≥10% Predictive of 15% increase in CO with 500cc<sup>14</sup>

## Dynamic Assessments Directly Challenge the Heart with Volume to Measure its Response:

Passive Leg Raise (PLR) Maneuver — Translocation of 250-300cc of blood from lower extremities into the heart<sup>3</sup> • Fluid Bolus Challenge (FB) — Rapid Infusion of 250cc of fluid over 3-5 minutes<sup>3</sup>

Parameters	Equation	Normal adult range	
Stroke Volume (SV)	CO/HR x 1000	60 – 100 mL/beat	
Stroke Volume Index (SVI)	SV/BSA	33 – 47 mL/beat/m <sup>2</sup>	
Δ Stroke Volume Index (ΔSVI)	Change in SV after Dynamic Assessment	≥10% Likely to be Fluid Responsive³ <10% Unlikely to be Fluid Responsive³	
Cardiac Output (CO)	HR x SV/1000	4.0 – 8.0 L/min	
Cardiac Index (CI)	CO/BSA	2.5 – 4.0 L/min/m <sup>2</sup>	
Mean Arterial Pressure (MAP)	(SBP + (2 x DBP))/3	70 – 105 mmHg	
Total Peripheral Resistance (TPR)	80 x (MAP)/CO	800 - 1200 dynes • sec/cm <sup>5</sup>	
Total Peripheral Resistance Index (TPRI)	80 x (MAP)/CI	1970 - 2390 dynes • sec/cm <sup>5</sup> /m <sup>2</sup>	

### ΔSVI ≥10% Predictive of 15% increase in CO with 500cc<sup>14</sup>

# Dynamic Assessments Directly Challenge the Heart with Volume to Measure its Response:

Passive Leg Raise (PLR) Maneuver — Translocation of 250-300cc of blood from lower extremities into the heart3 • Fluid Bolus Challenge (FB) — Rapid Infusion of 250cc of fluid over 3-5 minutes3

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