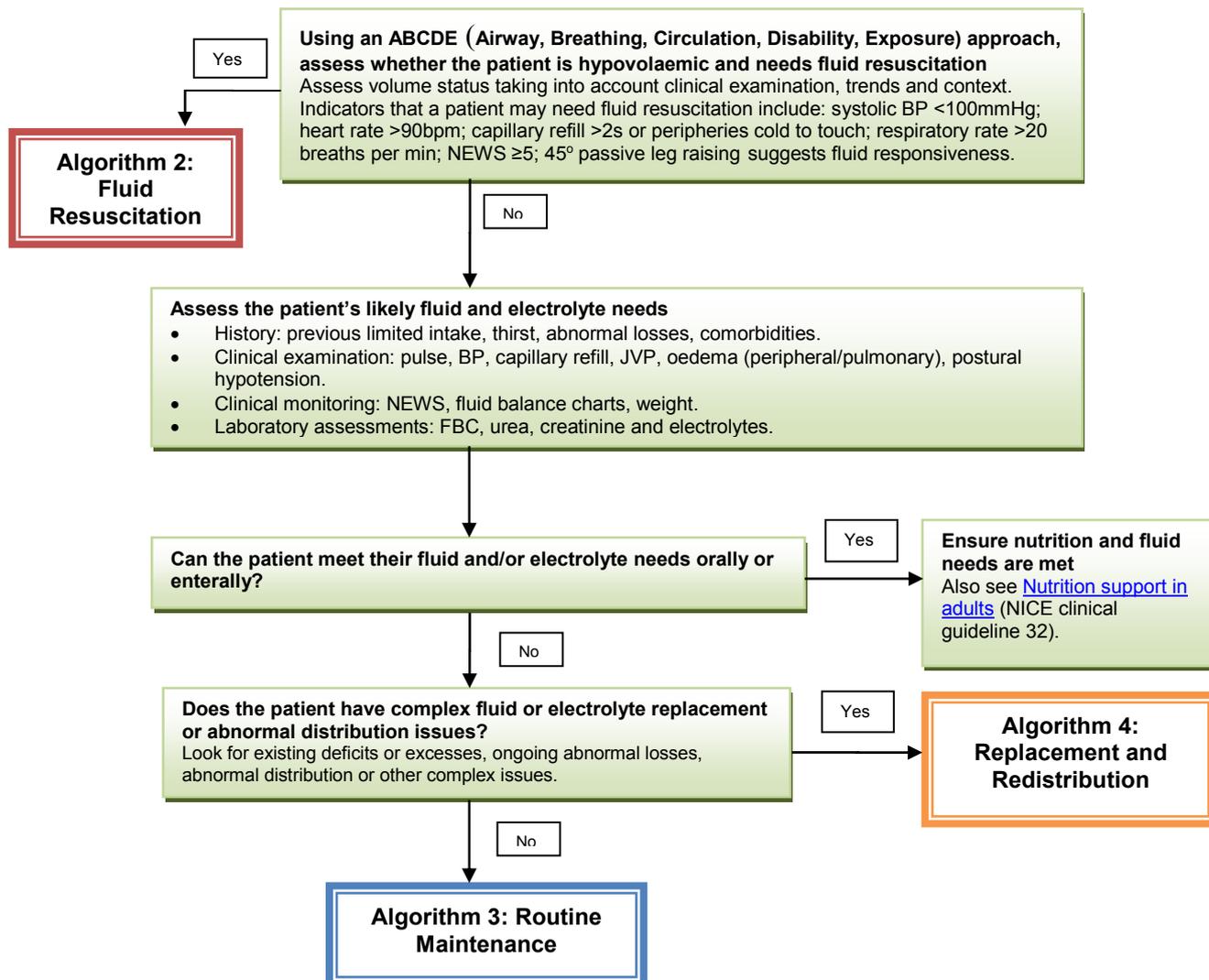


*Weight-based potassium prescriptions should be rounded to the nearest common fluids available (for example, a 67 kg person should have fluids containing 20 mmol and 40 mmol of potassium in a 24-hour period). Potassium should not be added to intravenous fluid bags as this is dangerous.

Algorithm 1: Assessment



Using an ABCDE (Airway, Breathing, Circulation, Disability, Exposure) approach, assess whether the patient is hypovolaemic and needs fluid resuscitation

Assess volume status taking into account clinical examination, trends and context. Indicators that a patient may need fluid resuscitation include: systolic BP <100mmHg; heart rate >90bpm; capillary refill >2s or peripheries cold to touch; respiratory rate >20 breaths per min; NEWS \geq 5; 45° passive leg raising suggests fluid responsiveness.

Yes

Algorithm 2: Fluid Resuscitation

Initiate treatment

- Identify cause of deficit and respond.
- Give a fluid bolus of 500 ml of crystalloid (containing sodium in the range of 130–154 mmol/l) over less than 15 minutes.

Reassess the patient using the ABCDE approach
Does the patient still need fluid resuscitation? Seek expert help if unsure

Yes

No

Does the patient have signs of shock?

Yes

No

Assess the patient's likely fluid and electrolyte needs (Refer algorithm 1 box 3)

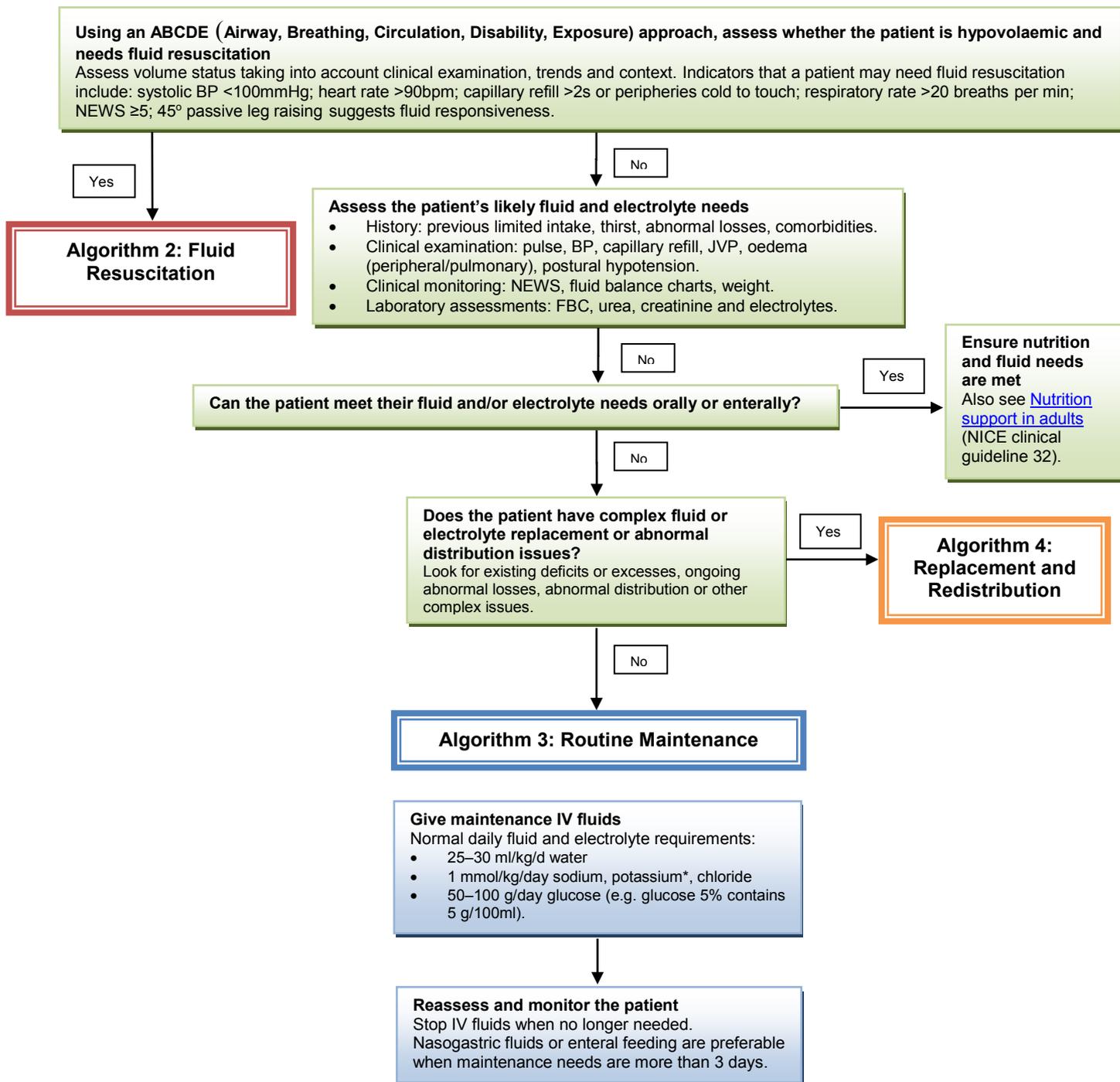
>2000 ml given?

Yes

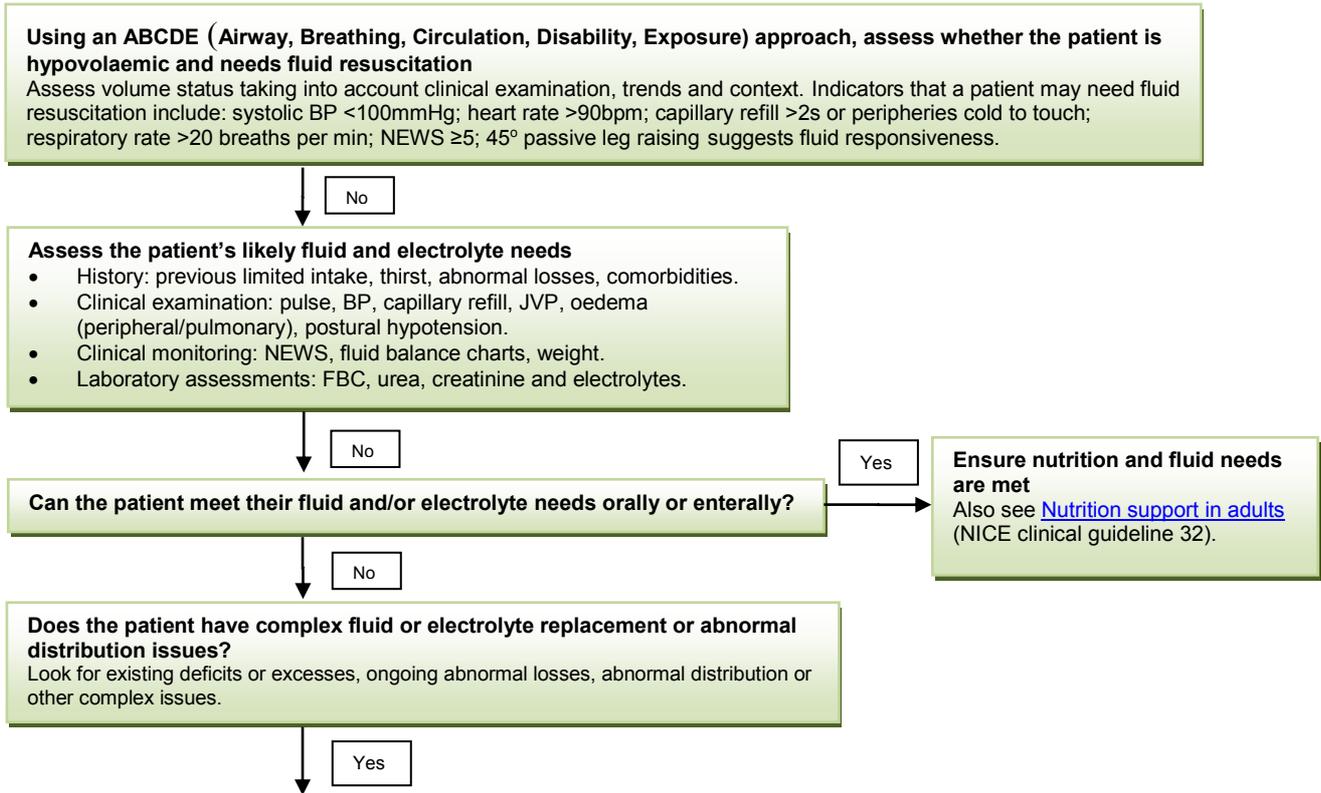
Seek expert help

No

Give a further fluid bolus of 250–500 ml of crystalloid



* Weight-based potassium prescriptions should be rounded to the nearest common fluids available (for example, a 67 kg person should have fluids containing 20 mmol and 40 mmol of potassium in a 24-hour period). Potassium should not be added to intravenous fluid bags as this is dangerous.



Algorithm 4: Replacement and Redistribution

