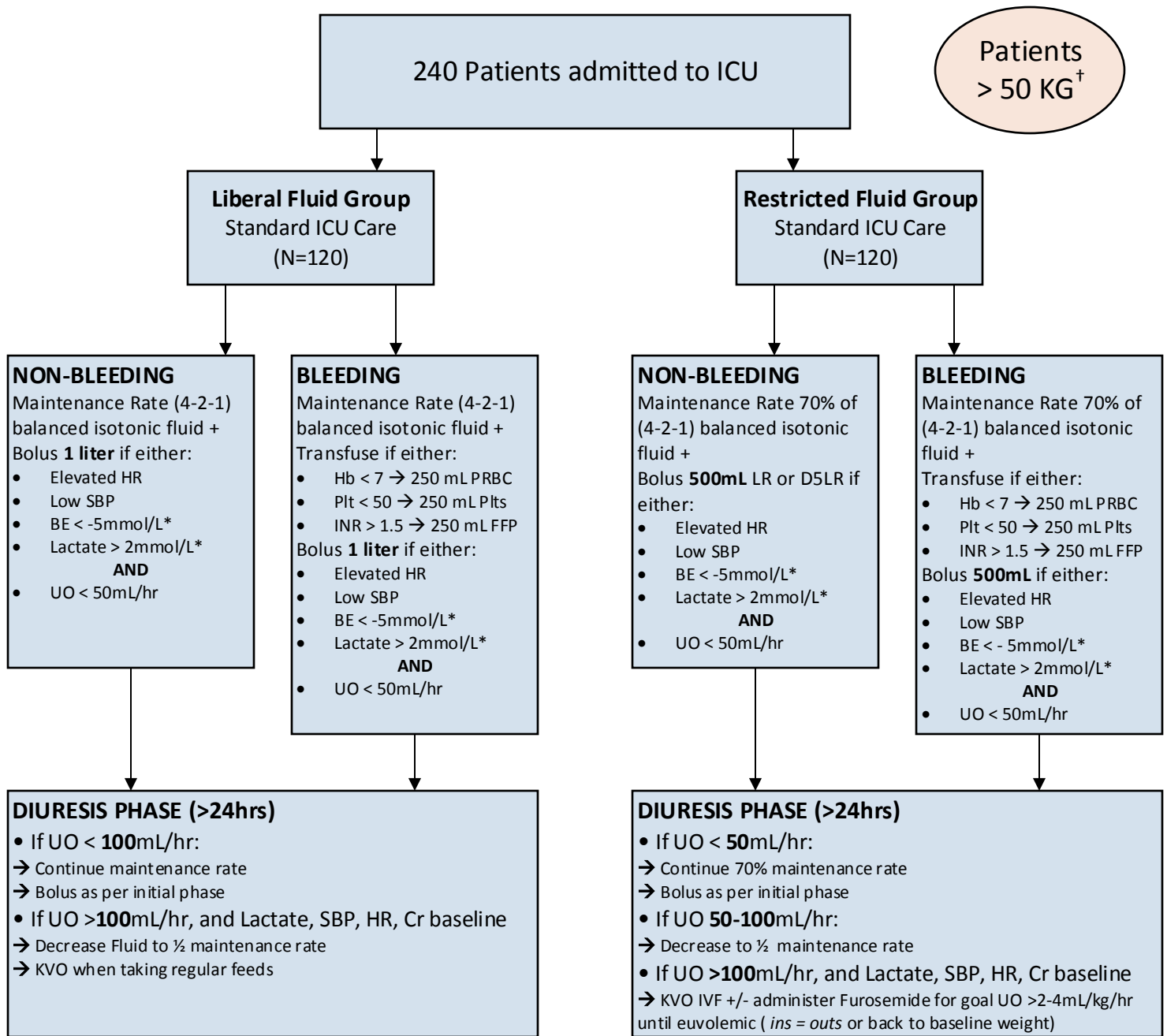


# Pediatric Surgery and Trauma Fluid Management Algorithm



Patients  
> 50 KG<sup>†</sup>

•Patients are admitted to the PICU either post-operatively or from the ED. Their initial vitals will be within limits not requiring vasopressor support. Vitals will be checked per PICU protocol (every hour).

•Daily weights to assess for euvolemia

•See HR and SBP reference charts

•Decrease in SBP or increase in HR will be confirmed on second measurement prior to intervention

•Follow 4-2-1 rule for patients ≤ 110 kg. For patients > 110 kg do not increase above 150mL/hr.<sup>†</sup>

•Use balanced isotonic fluids: LR, D5LR, or PlasmaLyte

**DIURESIS PHASE**

•If practitioner determines that patient is adequately resuscitated, then may switch to “Diuresis Phase” of protocol – this can be initiated ONLY AFTER 24hrs have elapsed since trauma or surgery. *Please record time of switch to diuresis.*

•If patient is not yet in diuresis phase then continue to manage per initial fluid management strategy

**OFF PROTOCOL**

•Please record time off protocol and reason (euvolemia, start vasopressor, at practitioner discretion, parent request, transfer/discharge PICU)

**\*Check labs at physician’s discretion**  
**Check <1hr after each intervention**

<sup>†</sup> >110kg (4-2-1) is replaced with 150mL/hr for liberal or 105mL/hr for restricted maintenance