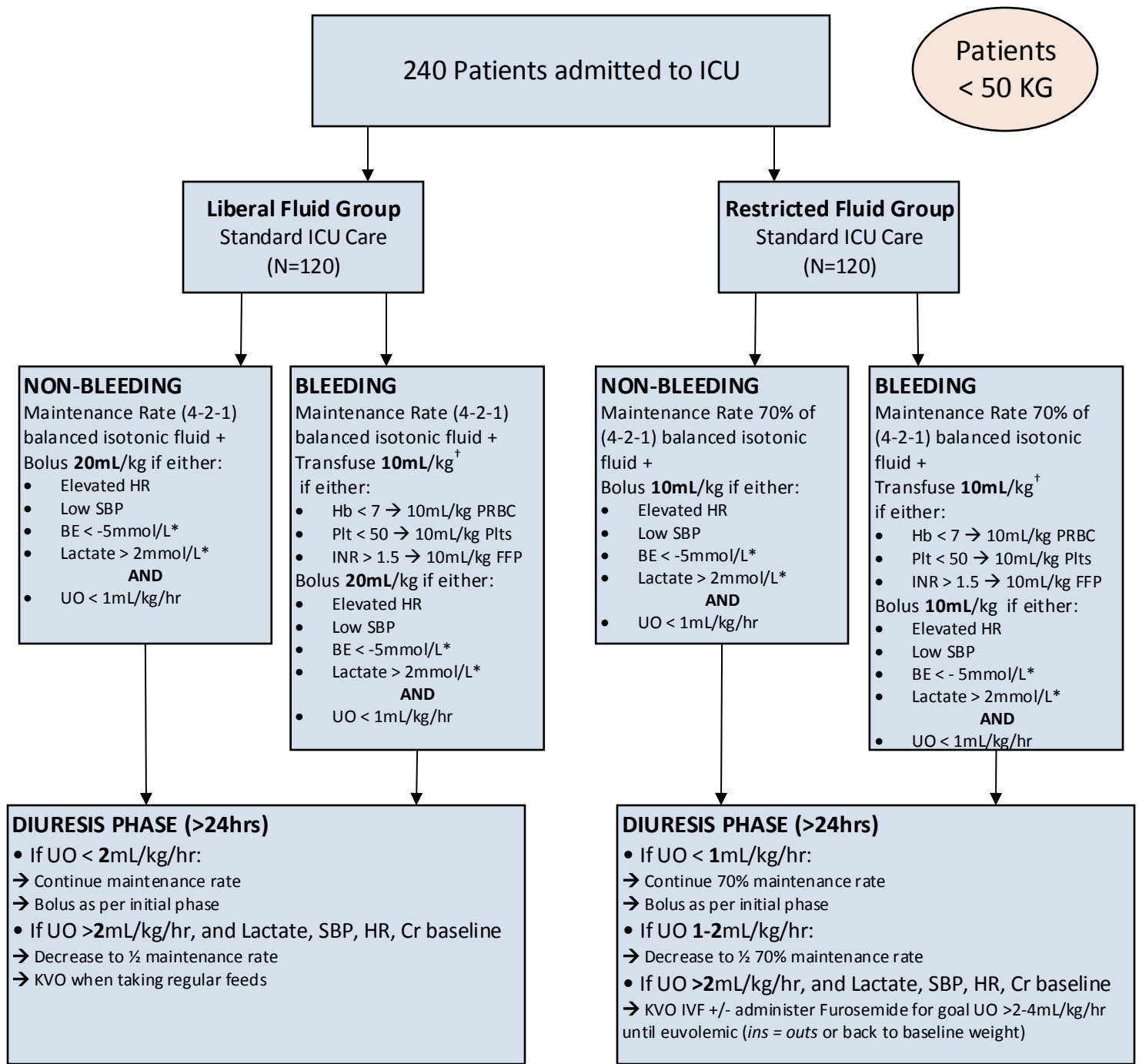


Pediatric Surgery and Trauma Fluid Management Algorithm



Patients < 50 KG

•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 euvoolemia

•See HR and SBP reference charts

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

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

DIURESIS PHASE

•If practitioner determines that patient has been 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 (euvoolemia, start vasopressor, at practitioner discretion, parent request, transfer/discharge from PICU)

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

† Transfuse up to 250mL of PRBC, Plts, or FFP. Do not exceed 250mL per transfusion for patients > 25kg.