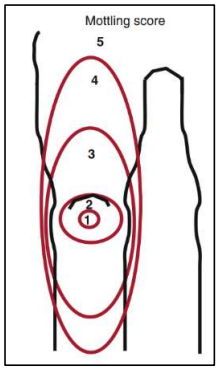
SepTiC Study – Fluid Intervention Flow Chart

Box 1. Objective signs of hypovolaemia

Can **consider** 250mL bolus of isotonic crystalloid **only** if one of the following criteria are met:
- Skin mottling beyond area of the kneecap
- BP not maintained despite up-titration of vasoactive drugs
- Serum lactate ≥ 3 mmol/L
- UO < 0.25 mL/kg/h (on Day 1 only)

A mottling score of 2 would be an objective sign of hypovolaemia. This is characterised as a moderate mottling area that does not exceed the superior edge of the kneecap as seen in the image below.



Box 2. Troubleshooting

Metabolic alkalosis (HCO3 > 30)
- Continue diuretics per protocol
- Add acetazotamide 500mg IV 6 hrly

Hypernatraemia (Na+ > 150):
- Continue diuretics per protocol
- Add NG water or 5% dextrose according to local policy
- Consider increasing thiazide dose

PATIENT RANDOMISED TO CONSERVATIVE FLUID MANAGEMENT

Day 1

- No routine maintenance IV fluid
- IV drugs to be given in smallest acceptable volumes
- Avoid IV fluid boluses unless objective signs of hypovolaemia (Box 1)

Days 2-5

ANY SIGNS OF FLUID OVERLOAD?
- Cumulative fluid balance >3000mL
- Pulmonary oedema
- Peripheral oedema ≥ 2 sites

NO

YES

CARDIOVASCULAR STABILITY?
- Noradrenaline <0.2 mcg/kg/min and not increasing
- No signs of hypovolaemia (Box 1)

NO

YES

DERESUSCITATION: aim for ≥ 1000 mL/day negative fluid balance

- Indapamide 5 mg enterally once daily
- Furosemide 0.25 mg/kg IV bolus (10-40 mg)
- Furosemide infusion commenced at 5 mg/h and titrated between 2-20 mg/hr

REASSESS DAILY (UNTIL Day 5)

After Day 5 or ICU discharge stop protocol