

Cardiovascular support



ASSESSMENT

- History
 - e.g. of significant fluid loss
- Examination
 - HR/BP
 - Skin turgor, mucous membranes, thirst, peripheries, oedema
 - Occult bleeding
 - Accuracy of observations – transducer position, correlation with NIBP
- Tests to consider
 - Straight leg raise
 - Echo
 - Fluid challenge
 - LiDCO

MANAGEMENT

- Be aware of special patient groups e.g. post cardiac surgery and neuro ICU
 - Targets and management may differ
- Aim for euvolaemia
- Do not continue to give fluids if no response to fluid challenge
- Patient specific MAP target
 - 65mmHg in most is acceptable if maintains UO and stability of acidosis/lactate
- Noradrenaline is default vasopressor choice
- When noradrenaline dose >0.5microg/kg/min
 - Reassess
 - Consider vasopressin
 - Consider steroids – 50mg hydrocortisone QDS
- Consider dobutamine in heart failure (requires senior ICM input)
- If no response to escalating vasopressor doses then seek senior review

DERESUSCITATION

- When patient is stabilised aim for negative fluid balance, use diuretics as required