

“We surveyed senior emergency physicians to see if their fluid resuscitation practices conformed to published clinical guidelines” Long et al (2015).

Reference:

Long, E., Babl, F., Dalziel, S., Dalton, S., Etheridge, C. and Duke, T. (2015) Fluid resuscitation for paediatric sepsis: A survey of senior emergency physicians in Australia and New Zealand. *Emergency Medicine Australasia*. April 28th .

Intravenous fluid resuscitation for paediatric sepsis [@ivteam #ivteam](http://ctt.ec/dlIdaO+)

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Abstract:

OBJECTIVE: It is unclear whether emerging evidence for harm from aggressive fluid resuscitation for paediatric sepsis has altered clinical practice. We surveyed senior emergency physicians to see if their fluid resuscitation practices conformed to published clinical guidelines.

METHODS: This is a cross-sectional, Internet-based survey of senior emergency medical staff in any of 12 Paediatric Research in Emergency Departments International Collaborative (PREDICT) Network centres in Australia and New Zealand.

RESULTS: There were 110 of 120 (92%) senior medical staff who responded. Ninety-eight per cent of respondents used 0.9% saline as their primary resuscitation fluid. Sixty-two per cent of respondents used 20 mL/kg fluid bolus for every bolus, 30% used 20 mL/kg for the first bolus and 10 mL/kg subsequently. Response to fluid bolus administration was based on clinical parameters in 92% of respondents (heart rate, BP, skin perfusion/mottling and central capillary refill), conscious state in 80% and venous lactate in 75%. Harm from fluid bolus administration was routinely monitored for by 81% of respondents. In those assessing for harm, clinical parameters were reported to be most commonly used (respiratory rate and effort in 60%, SpO₂ in 55%, presence of crackles on lung auscultation in 50% and hepatomegaly in 42%). Invasive or ultrasound-based monitoring was used infrequently.

CONCLUSIONS: Paediatric sepsis is reported to be managed by senior emergency physicians largely according to published guidelines. At this time, evidence for potential harm from fluid bolus resuscitation has not altered practice.



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