“This review article explores the recent literature regarding the optimal type and amount of intravenous fluids for the trauma patient from the time of injury through their ICU stay.” Feinman et al (2014).

Reference:

Optimal type and amount of intravenous fluids for the trauma patient http://ctt.ec/2zQ3U+ @ivteam #ivteam

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Abstract:

PURPOSE OF REVIEW: This review article explores the recent literature regarding the optimal type and amount of intravenous fluids for the trauma patient from the time of injury through their ICU stay. It discusses damage control principles as well as targeted resuscitation utilizing new technology.

RECENT FINDINGS: In the prehospital arena, intravenous fluids have been associated with worse patient outcomes due to increased coagulopathy and time to definitive care. Once in the trauma bay, damage control resuscitation principles apply to the severely injured patient. Large volume crystalloid infusion increases mortality. The best patient outcomes have been found with transfusion of blood products in a ratio that closely mimics whole blood. Thrombelastography is a useful adjunct in resuscitation and can help guide the judicious use of blood products. New technology can help providers ascertain when a patient is appropriately resuscitated by determining adequate global and regional perfusion.

SUMMARY: During the resuscitation of the acutely injured patient, crystalloids should be limited in favor of blood components. Damage control principles apply until definitive hemostasis is obtained, at which point the focus should change to targeted resuscitation using traditional global endpoints of resuscitation in conjunction with determinants of regional perfusion.

Other intravenous and vascular access resources that may be of interest (External links – IVTEAM has no responsibility for content).
• Guide for intravenous chemotherapy and associated vascular access devices from Macmillan.
• CancerUK IV chemotherapy information.