



Prescribing intravenous fluids is a complex process involving a decision on the type, composition, dose, rate and possible toxicity of the particular solution” Matějovič et al (2019).

Abstract:

Intravenous fluid therapy is the most frequent therapeutic intervention in acutely hospitalized patients. They are administered in order to resuscitate the circulation in hypovolemia-associated shock states, to compensate for an impending or existing fluid extracellular deficit, or as a maintenance infusion if the patient is incapable of taking fluid by other means. Any fluid should be prescribed with the same caution as with any other drug. Errors in fluid therapy adversely affect patient – centered outcome. This may be the result of an incorrectly selected amount or inappropriate fluid composition for a given clinical situation. Prescribing intravenous fluids is a complex process involving a decision on the type, composition, dose, rate and possible toxicity of the particular solution. Balanced crystalloid solutions are the first choice for most acute conditions. The need for fluids dynamically changes over time in acutely ill patients. Uncontrolled cumulative positive balance is associated with substantial morbidity and mortality.

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### Reference:

Matějovič, M., Horák, J., Harazim, M., Karvuni, T., Raděj, J. and Novák, I. (2019) Intravenous fluid therapy in acutely ill patients for non-intensivists. *Vnitřní Lékařství*. 65(3), p.187-192.

