

Target MAP >65mmHg

Noradrenaline

If noradrenaline >25mcg/min then consider adding a second agent to achieve MAP

- Adrenaline
- Vasopressin

A higher target may be needed if underlying hypertension or raised ICP

Fluids

Do not routinely prescribe maintenance fluids if tolerating NG feeds.

Aim for neutral or negative fluid balance every 24 hours.

Diuretics as required

Haemodynamic Assessment

Formal TTE on day 3-4

Clinical signs - tachycardia, hypotension

Cardiac output monitor (if available)

Stroke volume variation >10%

Pulse pressure variation >10%

Passive leg raise

Sit patient at 30-45°

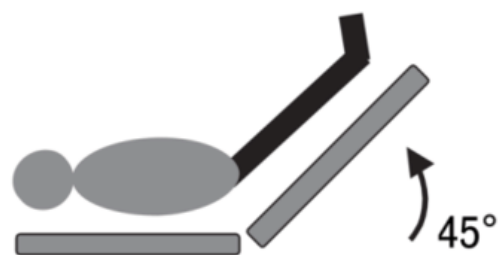
Tilt whole bed head down until legs at 30° to body

Monitor for increase in CO, decrease in SPV/SV

If signs of fluid responsiveness then consider bolus of 250mls crystalloid (CSL or NaCl) and observe for clinical effect



Semirecumbent position



Passive leg raising