# Fluid management in obstetric shock

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# Objectives of this session

* How to identify a patient in shock and determine if she requires fluid resuscitation
* Types of I/V fluids & which fluid is used when
* How to determine that the fluid resuscitation is adequate

# TAKE HOME MESSAGE

- Dynamic tests (e.g ECHO) are preferred over static tests (CVP) to determine fluid responsiveness
- IV fluids should be administered in discrete boluses through a wide bore short cannula.
- Initial fluid replacement should be with an isotonic crystalloid solution (Grade 1A)
- Lactated Ringer or Normal saline are fluids of choice for resuscitation in shock and are almost comparable
- D5 W should never be used as a resuscitative fluid

- Large volume resuscitation using isotonic saline may be associated with the development of hyperchloremic metabolic acidosis.
- Lactated Ringer should not be infused at the same time as blood
- Replace 1 L in first 15 mins and 2$^{nd}$ L over next 45 mins in hemorrhagic shock pending availability of blood
- For patients with severe hemorrhagic hypovolemia, red blood cell transfusions are an appropriate choice for initial volume resuscitation
- For septic shock infuse a minimum of 30 ml/kg BW of crystalloids in discrete boluses
- Monitor the signs for adequate fluid resuscitation


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