NORMAL SALINE

(Revised: November 2020)



AP

| TYPE: | Isotonic crystalloid solution of 0.9% sodium chloride. Contains | | | | |
|---------------|---|---|----|--|--|
| | | | | | |
| PRESENTATION: | 500 or 1000ml of 0.9% sodium chloride solution | | | | |
| | | | | | |
| ACTION: | Short acting plasma volume expander | | | | |
| | 2. Also expands interstitial fluid volume | | | | |
| | | | | | |
| USES: | ICP | initial replacement of fluid, in volume depleted or dehydrated patients. (Volume depletion may be due to loss of blood, plasma or fluid and electrolytes) | АР | | |
| | ICP | Maintenance of hydration during prolonged patient contact time | АР | | |

ADVERSE EFFECTS: Fluid overload

ICP

3. To keep vein open, as IV route for drugs

DOSES:

| ADUI | LT: | | | | |
|------|---|--|--|--|--|
| ICP | In general, aim to maintain sBP ≥90mmHg: rate and volume infused is dependent on patient condition. Give 250-500mL boluses, reassess after each bolus. | | | | |
| | Haemorrhagic hypovolaemia: aggressive warm fluids. | | | | |
| | Max. dose: 20ml/kg | | | | |
| | Traumatic brain injury: aim for sBP ≥100mmHg. No limit on amount - dependent on condition of patient. | | | | |
| | TKVO: 10 drops per minute (30ml/hg with a standard drip set) | | | | |
| PAED | PAEDIATRIC: | | | | |
| ICP | Refer to paediatric reference charts for BP goals: rate and volume infused is dependent on patient condition. Give weight appropriate boluses, reassess after each bolus. | | | | |
| | Paediatric cardiac arrest: 20ml/kg | | | | |
| | Haemorrhagic hypovolaemia: aggressive warm fluids | | | | |
| | Max. dose: 20ml/kg | | | | |
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