NORMAL SALINE


- Normal Saline is a sterile, nonpyrogenic solution for fluid and electrolyte replacement.

INDICATIONS:

- Hypotension
- Crush Syndrome
- Cardiac Arrest
- Therapeutic Hypothermia
- Suspected Sepsis
- Allergic Reaction
- AMS
- Burns
- Shock

CONTRAINDICATIONS:

- Severe hypertension.
- Pulmonary edema.

POTENTIAL SIDE EFFECTS:

- Pulmonary edema.
- Febrile response.
- Hypervolemia.

ADULT DOSE/ROUTE:

- IV/IO of Normal Saline TKO.
- If SBP < 90 or signs of poor perfusion, fluid bolus 500 mL if lungs are clear. Reassess and repeat if indicated.
- Burns: If partial thickness or total thickness burns > 10% BSA, fluid bolus 500 mL if lungs are clear. Reassess and repeat if indicated.
- Crush Syndrome: Bolus of 2 L followed by 500 mL/hr.
- Cardiac Arrest in Pregnancy: If SBP < 90 or signs of poor perfusion, fluid bolus 500 mL. Reassess and repeat if indicated.
- Post Cardiac Arrest or Return of Spontaneous Circulation (ROSC): If SBP < 90 or signs of poor perfusion, fluid bolus 1000 mL if lungs are clear. Reassess and repeat if indicated.
- Therapeutic Hypothermia: Infuse 30 mL/Kg of Normal Saline chilled to 3°C (66 Kg = 2 L using 300 mmHg pressure infusion sleeve(s) or BP cuff.
- Suspected Sepsis: For signs of hypoperfusion and HR > 100 or BP < 90, fluid bolus 1000 mL if lungs are clear. Reassess and repeat if indicated.

PEDIATRIC DOSE/ROUTE:

- IV/IO of Normal Saline TKO.
- Pediatric hypovolemic shock: IV/IO bolus of 20 mL/Kg. Repeat up to 60 mL/Kg if indicated.
- Neonatal hypovolemic shock: 10 mL/Kg. Repeat up to 30 mL/Kg.
- Known or Suspected Hypoglycemia: IV/IO bolus of 10 mL/Kg.
- AMS of Unknown Cause: IV/IO bolus of 10 mL/Kg.

NOTES:

- Use cautiously in patients with congestive heart failure, severe renal insufficiency, and in clinical states in which there exists edema with sodium retention (e.g., patients with diminished renal function.)
- Discontinue bolus if pulmonary edema develops.

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