ANY CHEETAH PATIENTS TODAY?

ARE YOU GIVING FLUID?

- Shock States/Low Blood Pressure: Sepsis, Low Vascular Tone, Low Cardiac Output, Hypovolemia, Neurogenic Shock
- Patients treated with Inotropes, Vasopressors or Vasodilators
- Surgical Patients: Perioperative Volume Management, Goal Directed Therapy, Enhanced Recovery After Surgery (ERAS)
- Emergency/Trauma Patients
- Other Critical Care Conditions: Acute Respiratory Distress (ARDS), Sub-Arachnoid Hemorrhage (SAH), Acute Kidney Injury (AKI), and Congestive Heart Failure (CHF)
- Patients undergoing Continuous Renal Replacement Therapy (CRRT) or patients undergoing hemodialysis

CLINICAL SHOCK PATIENTS with:

- <90 SBP (mmHg)
- >2 LACTATE (mmol/L)
- <90 URINE (ml/2 hr)

ONLY ~50% OF HEMODYNAMICALLY UNSTABLE PATIENTS WILL RESPOND TO FLUID BY INCREASING CARDIAC OUTPUT AND PERFUSION.

BASIC SETUP INSTRUCTIONS

- Prep skin for sensor pad placement
- Use graphic for sensor placement. “Tabs to Toes”
- Upper sensors: above heart (3” above Pacemaker)
- Correctly enter ID, Age, Weight, Height, Sex
- Confirm all sensors firmly attached (Green Indicator)
- Minimize patient motion while calibrating

ASSESS FLUID RESPONSIVENESS

- Select Protocol from menu
- Perform DYNAMIC ASSESSMENT: PLR or Fluid Bolus Challenge
- Collect 3 minutes Stable Baseline
- Bolus = 250cc < 5 minutes
- ≥10% ΔSVI is likely a Fluid Responder
- Trend ΔSVI to monitor fluid needs
- Repeat PLR/BOLUS as needed

Cheetah monitors have not been tested on congenital heart disease patients with complex intra-cardiac shunts or patients with continuous flow LVAD’s.