

# Cheetah Medical™ Education presents — FAST FLUID FACTS



## A CASE STUDY

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- 65 yr. old male admitted to MICU with Sepsis related to UTI, and hypovolemia
- Patient is hypotensive and tachycardic
- Patient is in acute renal failure and has adrenal insufficiency
- Cheetah monitor used to assess fluid volume status
- 250 ml bolus test showed <10% change in SVI
- Patient was placed on Norepinephrine and titrated up to 0.2 mcg/kg/min due to hypotension
- PLR was performed one hour later, and revealed patient was now fluid responsive
- Patient received 1 L NS bolus, follow up PLR remained fluid responsive, additional 1 L NS was given
- A third PLR was performed, and patient was no longer fluid responsive
- **Within 2 hours of last fluid bolus patient was weaned off of Norepinephrine and avoided central line placement**

### KEY TAKEAWAY:

**Inotropic effects of Norepinephrine may have aided patient's fluid responsiveness  
Always re-assess your patient's fluid status after an intervention**

Reassessing a patient's fluid responsiveness helps the clinician to see the ever-changing physiologic status of their patient. In fact, "In a recent prospective randomized control study most patients (71%) demonstrated dynamic physiology with changing PLR status >1 time over 72 hours."<sup>1</sup>

**In other words, dynamic assessments are dynamic!**

#### References:

1. Douglas I et al. Cardiac preload expansion and cardiac output as related to patient outcome. (A615). Presented at SICEM 2018; Brussels, Belgium.

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