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# Choices of fluid for pediatric resuscitation: Colloids & Crystalloids



## Part II: What's colloid of choice in 2015?

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# Fluid therapy

- Suggested initial infusion is **isotonic crystalloids or colloid , with boluses of 20mL/kg** for over 5 to 10 mins upto 60mL/kg
- Titrated fluid to reversing hypotension, increasing urine output, and attaining normal capillary refill, peripheral pulses and level of consciousness
- If hepatomegaly or rales develop, inotropic support should be implemented, not fluid resuscitation.



# Current controversies in fluid therapy in septic patients

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- When to give fluid?
  - How much fluid to give?
  - Which fluid to use?
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# Early Pediatric Practices

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- Early 1980's – Slow cautious fluid bolus: 10-20ml/kg over 20-30 minutes
    - Era of limited pediatric ventilators/PICU
    - Awareness of SIADH in patients with sepsis and meningitis
  - 1988 – The AHA's Textbook of PALS: Rapid 20ml/kg fluid boluses to a total of 60ml/kg or more in the first hour of resuscitation
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## Rivers et al. Early Goal-Directed Therapy in the Treatment of Severe Sepsis and Septic Shock. NEJM 2001; 345: 1368-77

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