

SBAR Lactated Ringers and Sepsis

Nov. 14, 2018

S: Changes are occurring to the 'go to' fluid of choice for septic patients from more of a Normal Saline (NS) solution to a Balanced Crystalloid (BC) fluid, such as Lactated Ringers (LR).

B: Over the last two decades' evidence has slowly accumulated that there is a real difference in outcomes for some patients when given either NS or a BC. This was most recently (and convincingly) demonstrated in two large clinical trials, named the **SMART** trial (isotonic solution and major adverse renal events trial) and the **SALT-ED** trail (Saline against lactate in the ED) at Vanderbilt University Medical Center.

A: In the ICU-based SMART study the rate of death, new dialysis or renal dysfunction was lower in the BC than the NS group by about 1%. The main difference was in death and new dialysis. 1 out of every 94 patients would be spared these events, which over the year would be 100 deaths prevented by this change alone, at the authors hospital. The larger the volume (ie septic shock patients) the more significant the results.

The SALT-ED trail, looking at patients in the ED also found a 1% absolute reduction in the risk of death, new dialysis or renal dysfunction.

R: LR will now be one of two options on the ICU order set for bolus administration, in particular for the septic patient.

▼ IV Fluid BOLUS

NaCl 0.9% intravenous BOLUS 1000 mL at 2000 mL/hr as needed. (Specify MAP Target)
1,000 mL, Intravenous, AS NEEDED

Fluid Bolus Panel

NaCl 0.9 % BOLUS of 30 mL/kg at 2,000 mL/hour IV once
30 mL/kg, Intravenous, ONCE

lactated ringers BOLUS of 30 mL/kg at 2,000 mL/hour IV once
30 mL/kg, Intravenous, ONCE

KEY NOTE: LR cannot be given to those with elevated ICP pressure (TBI patients).

LR is incompatible with Ceftriaxone & Lorazepam.