



Trial medication

IV fluid restriction group

NO IV fluids unless:

- 1) In case of **severe hypoperfusion** or severe circulatory impairment:
 - Lactate ≥ 4 mmol/L
 - MAP < 50 mmHg (+/- vasopressor/inotrope)
 - Mottling beyond edge of kneecap (mottling score > 2)
 - Urinary output < 0.1 mL/kg body weight/h (only first 2 hrs after randomisation)

IV fluid bolus (250-500mL) may be given (not mandated) followed by re-evaluation

- 2) In case of **overt fluid losses**
(e.g. vomiting, large aspirates, diarrhoea, drain losses, bleeding or ascites tap)

IV fluids may be given to correct for the loss only

- 3) In case the **enteral route has failed** (or is contraindicated)

IV fluids may be given to:

- Correct dehydration or electrolyte deficiencies
- Ensure a total fluid input of 1L per 24h
(incl. all fluids with medication and nutrition)



Standard care group

No upper limit for the use of either IV or enteral fluids. IV fluids should be given:

- 1) In case of hypoperfusion and continued as long as hemodynamic variables (as chosen by clinicians) improve¹

- 2) As maintenance if the ICU has a protocol recommending so

- 3) To substitute expected or observed loss, dehydration or electrolyte derangements

1. Rhodes et al. Surviving Sepsis Campaign. Intensive Care Med 2017