

FLUID REMOVAL WITH FUROSEMIDE

INITIATED AT INCLUSION

Bolus: 0.5-4 ml trial drug i.v. (only at initiation and according to doctors discretion).
Start infusion at 2 ml/h. Infusion rate: 0-4 ml/h adjusted according to effect.
Goal directed fluid removal discontinued when cumulative fluid balance = 0 ± 750 mL

Target: Negative fluid balance of at least 1 mL/kg/h =
_____ mL/8 hours

ASSESSMENT OF EFFECT

At 06:00 am, 2:00 pm and 10:00 pm

Therapeutic target achieved ?

YES

NO

Trial drug at maximum dose (4 ml/h) ?

NO

Increase trial drug

ASSESSMENT OF CIRCULATION

Lactate ≥ 4 , MAP < 50 or mottling beyond edge of the kneecaps
→ Resuscitation

RESUSCITATION

Resuscitation is initiated in the presence of one or more GODIF-criteria.

GODIF-Criteria:

- Lactate \geq 4 mmol/L
- MAP < 50 mmHg
- Mottling beyond edge of the kneecaps

NO

Resume trial drug in 25 % reduced dose when all criteria have been resolved for a minimum of 1 hour

YES

Pause fluid removal
AND
Give fluid bolus (250-500 mL)
AND
Reassess within 30 min

ESCAPE PROCEDURES

Open label furosemide

May be given in case of one of the following:

- Respiratory failure (P/F-ratio < 26 kPa (200 mmHg)) due to fluid overload
- Hyperkalaemia (p-K > 6.0 mmol/L)

Dialysis

May be initiated in case of one of the following:

- Respiratory failure (P/F-ratio < 26 kPa (200 mmHg)) due to fluid overload.
- Hyperkalaemia (p-K > 6.0 mmol/L)
- Severe metabolic acidosis attributable to AKI (pH < 7.20 and SBE < -10 mmol/L)
- Persistent AKI > 72 h (defined as: oliguria/anuria or s-creatinine has not declined to 50% from peak value)

Trial drug must be administered with maximum dose of 4 ml/h before escape procedures is initiated. Escape procedures must be documented in the patient file.