FLUID REMOVAL WITH FUROSEMIDE

INITIATED AT INCLUSION

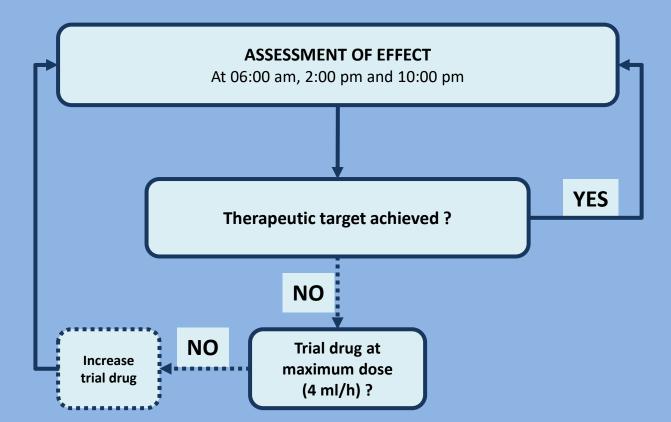
Bolus: 0.5-4 ml trial drug i.v. (only at initiation and according to doctors discretion).

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

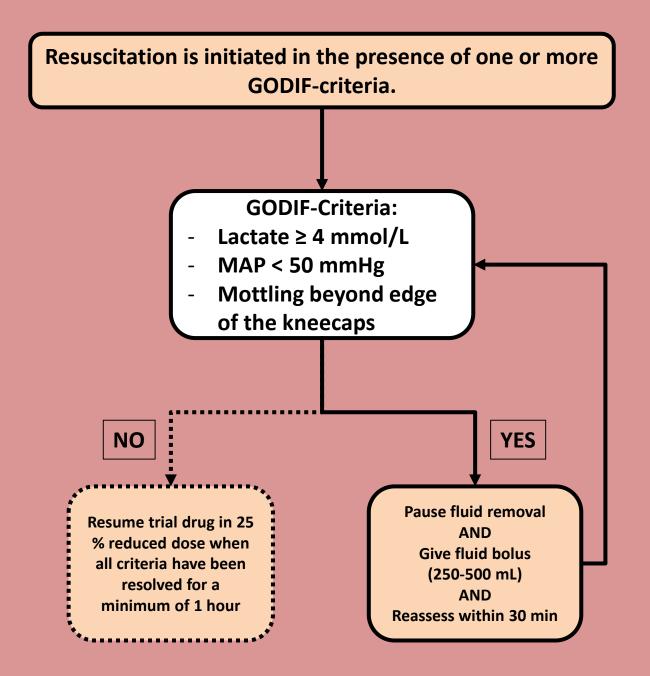


ASSESSMENT OF CIRCULATION

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

→ Resuscitation

RESUSCITATION



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 screatinine 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.