

# 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 stops when neutral fluid balance is achieved assessed by treating clinician.

Target: Negative fluid balance of at least =

\_\_\_\_\_ mL/24 hours

## ASSESSMENT OF EFFECT

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

Therapeutic target achieved ?

YES

NO

Increase  
trial drug

NO

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

## ASSESSMENT OF CIRCULATION

Lactate  $\geq$  4.0 mmol/L, MAP < 50 mmHg or mottling beyond edge of the kneecaps  
→ Resuscitation

# RESUSCITATION

Fluid 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 reduced dose when all criteria have been resolved and the patient is assessed stable enough for continued fluid removal.

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.**