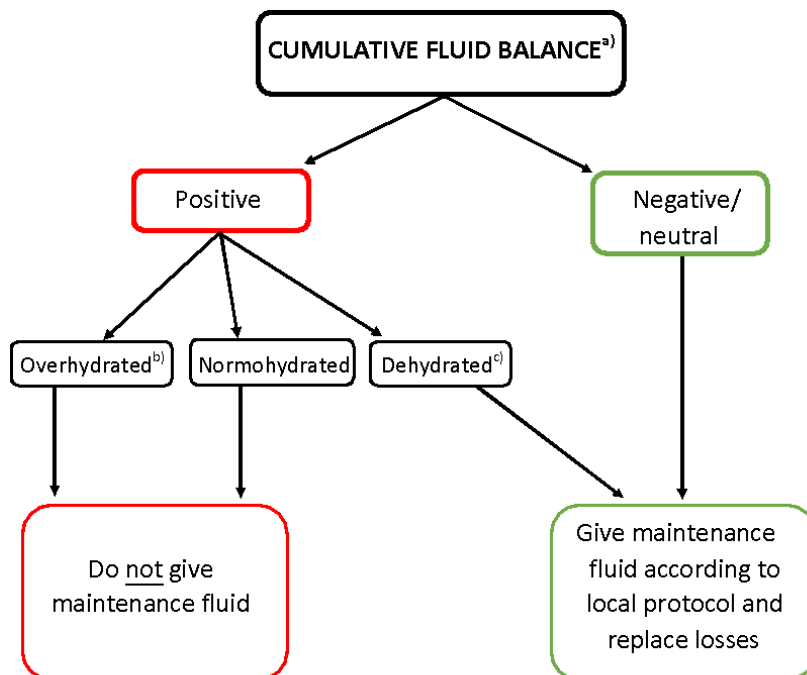


**TREATMENT ALGORITHM FOR NON-RESUSCITATION FLUIDS  
– INTERVENTION ARM**

Enteral nutrition: 2 kcal/ml, start according to local protocol.  
Parenteral nutrition: according to local protocol.  
Intravenous fluid and enteral water: given as needed to correct electrolyte disturbances, according to local protocol.  
Medications and electrolytes: administer according to separate protocol.  
Maintenance fluids: see flow chart below



<sup>a)</sup> Measured ins and outs: Ins: nutrition, maintenance fluids, medications and electrolytes, blood transfusions, colloids. Outs: diuresis, fluid removal from renal replacement therapy, tube drainage, vomiting/gastric tube drainage, bleeding, contents from faecal management system.

<sup>b)</sup> Overhydrated (increased total body water relative baseline) as suggested by weight above baseline/preadmission body weight, and/or peripheral/radiological oedema.

<sup>c)</sup> Dehydrated (decreased total body water relative baseline) as suggested by body weight below

baseline/preadmission body weight, decreased skin turgor, dry mucus membranes. Adjust baseline bodyweight according estimated weight loss during ICU stay.

<sup>d)</sup> Maintenance fluid is defined as intravenous fluid (crystalloids at a rate < 5ml/kg/kg and/or glucose solutions) or enteral water prescribed to ensure that total volume of fluid covers basic need of water (approx 1 ml/kg/h). Starting at 72 hrs after randomization, glucose solutions at a maximal dose of 1g/kg/day may be given if enteral nutrition is not tolerated.

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Glucose at this- or a lower dose may be started earlier in patients with insulin dependent diabetes if enteral feeding is not tolerated and if local protocol mandates this. Glucose solution should be at a concentration of 20% or above unless the patient is dehydrated

<sup>e)</sup> Diuretics may be given to achieve desired fluid balance.