

# NORMAL SALINE

(Revised: September 2014)



<b>TYPE:</b>	Isotonic crystalloid solution of 0.9% sodium chloride solution. Contains 151mMol sodium and 151mMol chloride per litre [no schedule]
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<b>PRESENTATIONS:</b>	500 or 1000ml of 0.9% sodium chloride solution in plastic flask
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<b>ACTIONS:</b>	<ol style="list-style-type: none"> <li>1. Plasma volume expander</li> <li>2. Also expands interstitial fluid volume</li> <li>3. Plasma volume effect is only temporary as most of the saline moves out of the blood vessels quite quickly</li> </ol>
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<b>USES:</b>	<b>ICP</b>	1. Initial replacement of fluid, in volume depleted or dehydrated patients. (Volume depletion may be due to loss of blood, plasma or fluid and electrolytes)	<b>AP</b>
	<b>ICP</b>	2. Maintenance of hydration during prolonged patient contact time	<b>AP</b>
	<b>ICP</b>	3. To keep vein open, as IV route for drugs	<b>AP</b>

<b>ADVERSE EFFECT:</b>	Fluid overload
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## DOSES:

<b>ADULT:</b>			
<b>ICP</b>		<p><b>In general, aim to maintain systolic BP at about 90mmHg:</b> rate and volume infused is dependent on patient condition. Give 250ml boluses, reassess after each bolus.</p> <p><b>Haemorrhagic hypovolaemia:</b> 250ml boluses (warm), aim for systolic BP 80 – 90mmHg. Reassess after each bolus. Maximum dose: 20ml/kg.</p> <p><b>Traumatic brain injury:</b> aim for systolic BP &gt;100mmHg. No limit on amount – dependent on condition of patient.</p> <p><b>Sepsis and anaphylaxis:</b> 20ml/kg, as required.</p> <p><b>TKVO:</b> 10 drops per minute (30ml/hr with a standard drip set)</p>	<b>AP</b>
<b>ICP</b>		<b>IO</b> if necessary	
<b>PAEDIATRIC:</b>			
<b>ICP</b>		<p><b>10ml/kg IV</b> – then reassess patient.</p> <p><b>Paediatric cardiac arrest:</b> 20ml/kg</p> <p><b>Sepsis and anaphylaxis:</b> 20ml/kg</p> <p><b>TKVO:</b> 10 drops per minute (30ml/hr with a standard drip set)</p>	<b>AP</b>
<b>ICP</b>		<b>IO</b> if necessary	