

NORMAL SALINE

(Revised: September 2014)



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

ADVERSE EFFECT:	Fluid overload
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DOSES:

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