CONSERVATIVE FLUID PROTOCOL for ROSE

This fluid protocol captures the primary positive outcome of the FACTT trial on increasing ventilator free days.
This protocol should be initiated within four hours of randomization in enrolled patients and should continue until stay day 7 or UAB.

- Discontinue maintenance fluids.
- Continue medications and nutrition.
- Manage electrolytes and blood products per usual practice.
- For shock, use any combination of fluid boluses# and vasopressor(s) to achieve MAP ≥ 60 mmHg as fast as possible. Wean vasopressors as quickly as tolerated beginning four hours after blood pressure has stabilized.
- Withhold diuretic therapy in renal failure § and until 12 hours after last fluid bolus or vasopressor given.

<table>
<tr><th rowspan="2">CVP (recommend)</th><th rowspan="2">PAOP (optional)</th><th colspan="2">MAP ≥ 60 mm Hg AND off vasopressors for ≥ 12 hours</th></tr>
<tr><th>Average urine output < 0.5 ml/kg/hr</th><th>Average urine output ≥ 0.5 ml/kg/hr</th></tr>
<tr><td>>8</td><td>> 12</td><td>Furosemide*
Reassess in 1 hour</td><td rowspan="2">Furosemide*
Reassess in 4 hours</td></tr>
<tr><td>4-8</td><td>8-12</td><td rowspan="2">Give fluid bolus as fast as possible#
Reassess in 1 hour</td></tr>
<tr><td>< 4</td><td>< 8</td><td>No intervention
Reassess in 4 hours</td></tr>
</table>

§ Renal failure is defined as dialysis dependence, oliguria with serum creatinine > 3mg/dl, or oliguria with serum creatinine 0-3 with urinary indices indicative of acute renal failure.

Recommended fluid bolus= 15 mL / kg crystalloid (round to nearest 250 mL) or 1 Unit packed red cells or 25 grams albumin

*Recommended Furosemide dosing = begin with 20 mg bolus or 3 mg / hr infusion or last known effective dose. Double each subsequent dose until goal achieved (oliguria reversal or intravascular pressure target) or maximum infusion rate of 24 mg / hr or 160 mg bolus reached. Do not exceed 620 mg / day. Also, if patient has heart failure, consider treatment with dobutamine.