16) Which of the following represent current pediatric fluid bolus recommendations for poor perfusion with no rales or hepatomegaly?

A) Push a 20mL/kg isotonic fluid bolus over 5-10 minutes and reassess/repeat up to 60mL/kg total in first hour

B) Push a 10mL/kg isotonic fluid bolus over 5-10 minutes, and reassess/repeat up to 40mL/kg total in first hour

C) Place on an IV pump and infuse a 10mL/kg isotonic fluid bolus over 1 hour

D) Place on an IV pump and infuse a 20mL/kg isotonic fluid bolus over 1 hour

A – A handy tip that we have shared over the years is that when it comes to fluid boluses and kids, "count their fingers AND their toes, there hopefully should be 20 of them, so a fluid bolus is 20 mL/kg." After the first bolus, if perfusion is still crummy, then reassess and repeat up to two more times. If the child still looks crummy after the third bolus, they probably need something else. That something else depends on the situation. If its trauma, think blood products. If you suspect sepsis, pressors make sense.

Normally, when giving IV fluids to a kid, we instinctively put everything on a pump as we don't want to give way too much fluid accidentally. This is generally a good idea, but the problem is that in a "shocky" kid, running a pump at 999 mL/hour (the fastest it will go), may not be fast enough to give the fluids needed. This is especially true with hypotension when we really want to give a fluid bolus immediately. Consider using push-pull with a syringe and stopcock or using a pressure bag (extra advantage – frees up your hands!). There are also rapid infusion devices on the market, such as the Life Flow, that will also work for the really sick patient.



LifeFlow Fluid Resuscitation Device
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