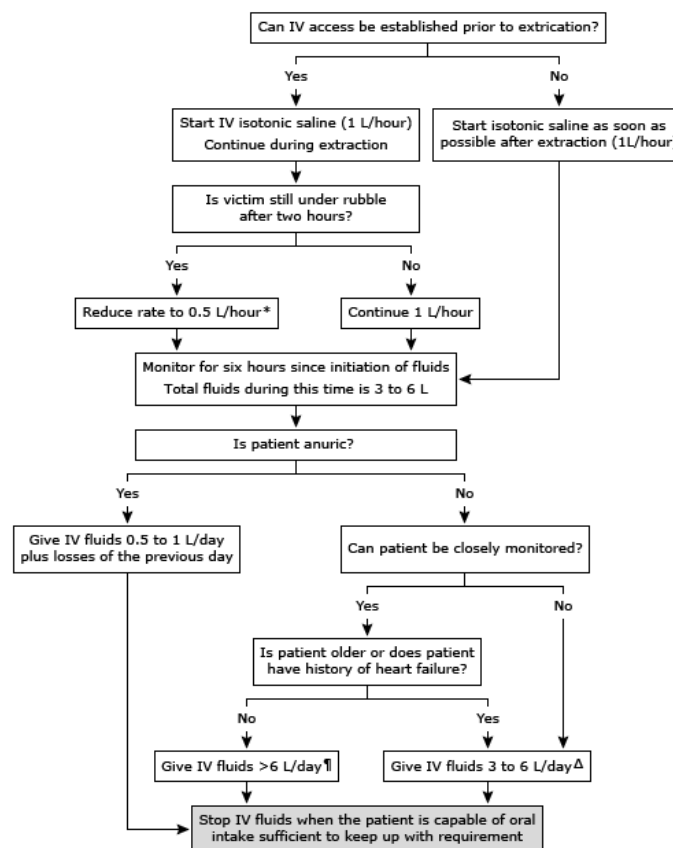


Initial IV fluids for crush victims of high-casualty disasters such as earthquakes



IV: intravenous.

* The rate is reduced because patients cannot be closely monitored when they are under the rubble and there is a risk of giving too much fluid.

¶ Generally, up to 12 L/day IV fluid can be administered in patients with good urine output (ie, >300 mL/hour). We give 4 to 4.5 L more than total fluid loss from the prior day.

Δ The actual amount depends on extent of injuries, body mass index, ambient temperature, urine production, amount of overall estimated fluid losses, and age. Patients with severe injuries usually require more fluid and may receive up to 6 L. Older patients who are not as severely injured may be given only 3 L.

Adapted from: Sever MS, Vanholder R, RDRTF of ISN Work Group on Recommendations for the Management of Crush Victims in Mass Disasters. Recommendations for the management of crush victims in mass disasters. Nephrol Dial Transplant 2012; 27 (Suppl 1):i1.

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