



NORMAL SALINE (.9NS)



Escambia County, Florida - ALS/BLS Medical Protocol

ACTIONS

Normal Saline is a sterile, nonpyrogenic solution for fluid (Isotonic Volume Expander) and electrolyte replenishment.

INDICATIONS

1. Source of water and electrolytes.
2. In general, intravenous lines should not be started unless the patient currently, or may soon need either fluid replenishment or medication administration.
3. If used to replenish fluids, a large bore IV (18G or larger suggested) should be started, hung with a 1000 ml bag of saline.
4. If saline is being started for medication administration: maintain at TKO, or consider using a saline lock instead of intravenous line.

PRECAUTIONS

1. If administering a fluid bolus check BP and lung sounds every 250cc. Discontinue bolus if pulmonary edema is discovered (change to TKO rate), or once BP is in therapeutic range (generally SBP above 90 mm/Hg). Avoid hypervolemia.
2. It should be used with great care, in patients with congestive heart failure (CHF), severe renal insufficiency and in clinical states in which there exists edema with sodium retention.

ADVERSE REACTIONS AND SIDE EFFECTS

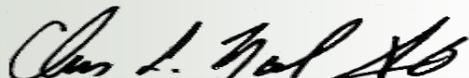
Reactions which may occur because of the solution or the technique of administration include febrile response, infection at the site of injection, venous thrombosis or phlebitis



Approved: 10/01/2011
Version: 3.1

Page 1 of 2

Approved by:


Charles Neal, D.O. Medical Director



NORMAL SALINE (.9NS)



Escambia County, Florida - ALS/BLS Medical Protocol

extending from the site of injection, extravasation, and hypervolemia.

1. If an adverse reaction does occur, discontinue the infusion, evaluate the patient, institute appropriate therapeutic countermeasures and save remainder of the fluid for examination if deemed necessary.
2. In patients with diminished renal function, administration of Normal Saline may result in sodium retention.

DOSAGE

1. Hypovolemic hypotension: 20 ml/kg

May repeat once PRN.

2. Therapeutic Hypothermia: Give cold (4° C) saline bolus of 30 ml/kg, maximum of 2 liters, rapidly/wide open.



Approved: 10/01/2011
Version: 3.1

Page 2 of 2

Approved by:


Charles Neal, D.O. Medical Director