NEONATAL FLUID THERAPY

PURPOSE
A. To support neonates with intravenous fluids and/or electrolytes during critical care transport.

SCOPE
A. This guideline applies to all members of the Indiana University Lifeline Critical Care Transport team.

DEFINITIONS
A. None

GUIDELINES
A. Provide peripheral or central IV access.
B. See Umbilical Catheter Placement Procedure. Umbilical lines secure in Argyle device as needed.
C. Consider IO placement in neonates > 3 kilograms or when IV access cannot be readily achieved. See I/O Placement Procedure.
D. Guideline for neonates in the first 24 hours:
   a. Initiate fluids at 60-100 ml/kg/day, utilize D5-D10W. Consider D5W for infants less than 28 weeks gestation if blood sugars are elevated.
   b. Monitor serum glucose levels. If hypoglycemia occurs, see Hypoglycemia Protocol.
   c. Do not infuse dextrose concentration > D12.5 through a peripheral IV.
   d. Do not infuse dextrose concentration > D25 through a central line.
   e. Certain diseases/conditions may warrant either increase fluids (i.e. Open abdominal or spinal defects) or decrease fluid administration (i.e. Renal failure). Please consult with your control physicians/NNP/PA-C.
Required Documentation:

A. Required documentation on hand off form includes:
   a. Record of I/O amounts prior to and during transport.
   b. Peripheral or central access sites and fluids infusing via these sites.
   c. Recent or current glucose and electrolytes.

B. Required documentation in the electronic medical record includes:
   a. Record of I/O amounts prior to and during transport.
   b. Description of peripheral or central access sites
   c. IVF’s infusing prior to Lifeline arrival in IV/invasive line section.
   d. IVF’s infusing after Lifeline arrival in medication section.

Citations/References: