COMPENSATED SHOCK
(systolic pressure maintained but has signs of reduced perfusion)

- Fluid resuscitation with isotonic crystalloid 5 - 10 ml/kg/hr over 1 hour
- FBC, HCT, before and after fluid resuscitation, BUSEC, LFT, RBS, PT/APTT, Lactate/HCO₃, GXM¹

**Algorithm A - Fluid Management in Compensated Shock**

**Compensated Shock**

- **IV crystalloid 5 - 7ml/kg/hr for 1 - 2 hours, then:**
  - Reduce to 3 - 5 ml/kg/hr for 2 - 4 hours;
  - Reduce to 2 - 3 ml/kg/hr for 2 - 4 hours
- If patient continues to improve, fluid can be further reduced
- Monitor HCT 4 - 6 hourly
- If the patient is not stable, act according to HCT levels:
  - If HCT increases, consider bolus fluid administration or increase fluid administration
  - If HCT decreases, consider transfusion with fresh whole blood
- Consider to stop IV fluid at 48 hours of plasma leakage / defervescence

**Check HCT**

- **HCT ↑ or high**
  - Administer 2nd bolus of fluid
    - 10-20 ml/kg/hr for 1 hr
  - If patient improves, reduce to 7-10 ml/kg/hr for 1 - 2 hours
  - Then reduce further

- **HCT ↓**
  - Consider significant occult/overt bleed
  - Initiate transfusion with fresh blood² (whole blood/packed cell)

**Improvement**

HCT = haematocrit ¹GXM: require 1st stage cross match or emergency O ²fresh blood: less than 5 days