FLUID THERAPY ROSE CONCEPT

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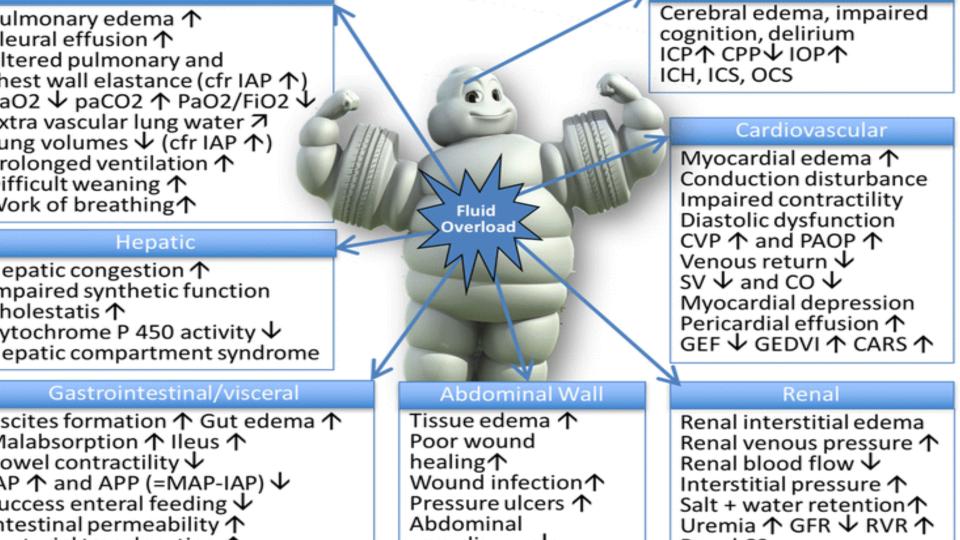
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Recommendation





The ROSE concept has been advocated by Malbrain *et al.*, after reviewing the association between a positive fluid balance and fluid overload and their outcomes in critically ill adults , considering that fluid therapy in critically ill patients aims to restore intravascular volume, optimize hemodynamic parameters and maintain tissue perfusion.



01

International Fluid Academy Pillars





02

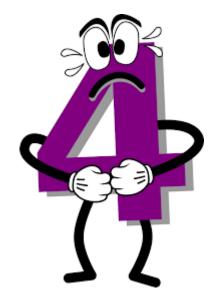
Protocol of IV fluid therapy











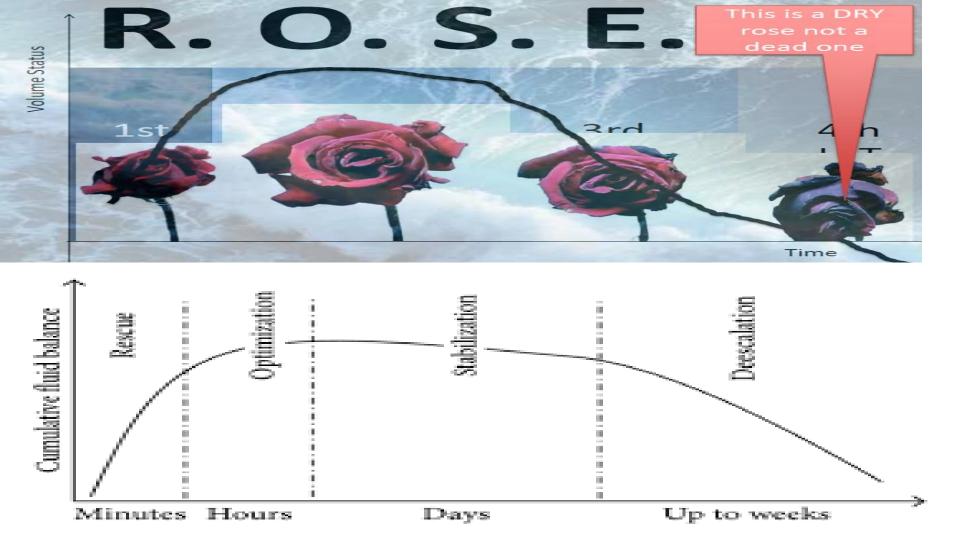
Questions



03

ROSE CONCEPT







RESUSCITATION PHASE (R)



Occurs over minutes, Focus on patient rescue

Scenario: septic ,hemorrhagic shock,burn

Ch ch by low (MAP), low CO, and decreased tissue perfusion,

positive balance

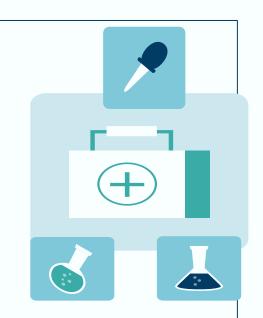
Fluid: crystalloids ,30ml/kg over 1hr or 4ml/kg over 10 mints

OPTIMIZATION PHASE

Occurs within hours ,as pt still unstable, or labile Scenario: pt under general anesthesia ,GIT losses .

Focus on organ rescue, using replacement fluid that mimic the ongoing loss and need frequent reassessment.

fluid balance :zero or neutral





STABILIZATION PHASE (S)

Occur over days
Focus on organ recovery, through
maintenance fluid ,starting enteral feeding
negative fluid balance



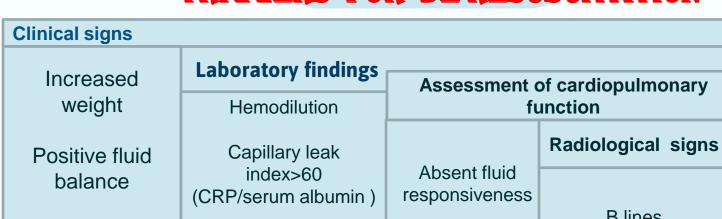
EVACUATION PHASE

Occur over weeks

Focus on organ recovery, starting enteral feeding

negative fluid balance through active fluid removal by means of diuretics and renal replacement therapy with ultrafiltration

TRIGGERS FOR DE RESUSCITATION



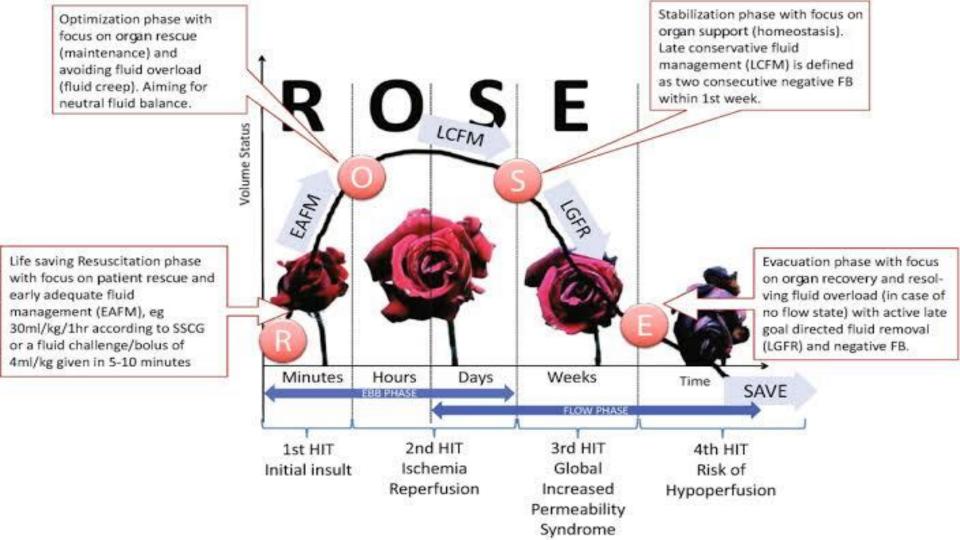
Low PPV

Increased filling pressure

B lines

Pleural effusion Low IVC collapsibility index

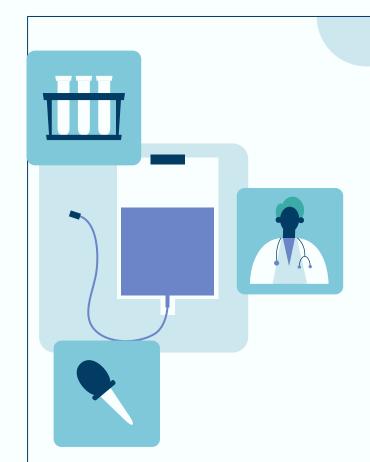
High grade vexus



RECOMMENDATION

- * A goal of a 0 to negative fluid balance by day 3 and to keep the cumulative fluid balance on day 7 as low as possible
- ❖ Diuretics or RRT (in combination with albumin) can be used to mobilize fluids in stable patients with high IAP
- **❖** De resuscitation should never be too fast, too long or too aggressive
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THANKS!

DO YOU HAVE ANY QUESTIONS?