Guidelines at a Glance

**Takeaways**

1. **Compartmentalize your thinking!** Each body fluid compartment—intracellular, interstitial, and intravascular—may require a different fluid prescription tailored to a patient’s individual needs.

2. **One fluid rate does not fit all!** Using a blanket fluid rate (like “twice maintenance”) for all patients, regardless of the condition, can lead to harmful side effects.

3. **Don’t overload!** Fluid overload is a potentially life-threatening complication, and it’s most commonly caused by excessive fluid administration. There’s no guaranteed effective treatment, so preventing fluid overload saves lives.

**Actions**

1. **Don’t set it and leave it!** Evaluate a patient’s fluid balance at regular intervals. As the patient’s clinical status progresses, adjust the fluid prescription based on ongoing needs, response to therapy, and the course of the disease.

2. **Choose a fluid administration route** based on the severity of the fluid deficit and the patient’s ability to take fluids orally or via a feeding tube.
   - Hypovolemia always requires intravenous or intrasosseous fluid delivery.
   - Dehydration can be corrected through intravenous, subcutaneous, or enteral fluid administration, or a combination of these routes.

**Thing to Never Forget**

**Fluids are drugs** that are prescribed to patients, and like any medication, they must be used in a way that achieves therapeutic goals and minimizes complications.

For answers to your challenging fluid therapy questions, check out the **2024 AAHA Fluid Therapy Guidelines for Dogs and Cats**, available now at [aaha.org/fluid-therapy](http://aaha.org/fluid-therapy).