

Guidelines at a Glance

Fluid therapy is a mainstay of veterinary practice, from prescribing subcutaneous fluids for the feline kidney disease patient, to supporting the dehydrated parvovirus-positive pup, to treating the Addisonian dog in crisis, to administering fluids during anesthesia. Determining which type of fluids to select, how much to administer, and for how long can be like navigating through choppy waters.

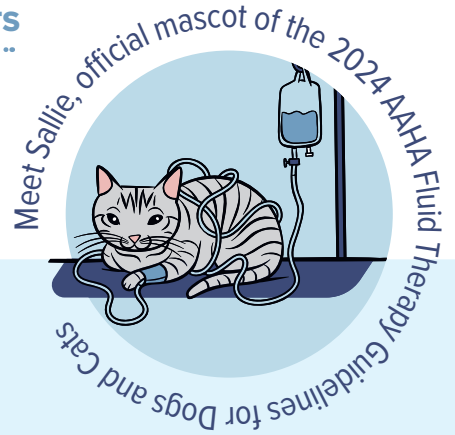
If you feel like you're drowning in fluid therapy questions, the AAHA Fluid Therapy Guidelines have answers. These guidelines not only provide a detailed refresher on the basic principles of fluid therapy, but they also guide the busy practitioner through a variety of common scenarios where fluids are used—from anesthesia, to resuscitation, to treatment of the sick patient.

There are a lot of options for fluid therapy, and the AAHA Fluid Therapy Guidelines can help you select the best one for each individual patient. But deciding on a therapeutic approach is only the first step. Ongoing monitoring is necessary to avoid complications and ensure desired therapeutic outcomes. This is where the rest of the team comes in, and skilled veterinary technicians are key to effective patient monitoring and the success of fluid therapy plans.



Guidelines

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.



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3 Takeaways



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



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.



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.

2 Actions



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.



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 intraosseous fluid delivery.
- Dehydration can be corrected through intravenous, subcutaneous, or enteral fluid administration, or a combination of these routes.

1 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**.