Start crystalloid fluid therapy at 3–5 mL/kg/hr If the patient becomes hypotensive (mean arterial pressure <60 mm Hg) during the procedure:

Assess depth of anesthesia and reduce vaporizer setting if possible.

Assess body temperature and provide active warming as needed.

Administer additional analgesics, sedatives, and local anesthetics if possible to help reduce vaporizer setting.

If hypotension persists:

Administer a crystalloid fluid bolus: 5 mL/kg over 10 minutes

If hypotension is refractory to crystalloid fluid administration:

- 1. Administer sympathomimetic therapy if needed:
 - Ephedrine 0.05-0.2 mg/kg IV bolus
 - Norepinephrine CRI 0.05-1 µg/kg/min
 - Dobutamine CRI 1–10 μg/kg/min
 - Epinephrine CRI 0.05–1 μg/kg/min
- 2. Administer a colloid bolus: 2–5 mL/kg over 10 minutes.
- In patients with severe or ongoing hemorrhage, address with appropriate blood products such as whole blood or packed red blood cells.

If hypotension resolves:

Return to the initial 3–5 mL/kg/hr of crystalloid fluid therapy, unless there is suspicion of fluid overload.

FIGURE 9

Fluid Therapy During Anesthesia CRI, continuous rate infusion

The 2024 Fluid Therapy Guidelines for Dogs and Cats are available at aaha.org/fluid-therapy.

These guidelines were prepared by a Task Force of experts convened by the American Animal Hospital Association (AAHA) and were subjected to a formal peer-review process. This document is intended as a guideline only, not an AAHA standard of care. These guidelines and recommendations should not be construed as dictating an exclusive protocol, course of treatment, or procedure. Variations in practice may be warranted based on the needs of the individual patient, resources, and limitations unique to each individual practice setting. ©2024 AAHA.

