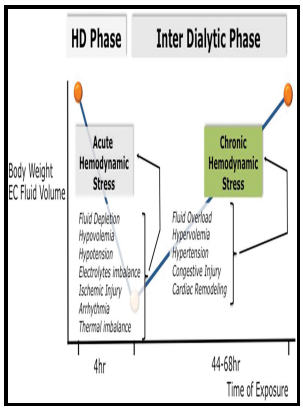
Technique of fluid balance - principles andmanagement of water and electrolyte therapy

Oliver & Boyd - Fluids and electrolytes balance



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Fluid and electrolyte problems in the emergency department

Oral administration of fluids is often utilized by placing either a nasogastric tube or gastric tube in the stomach of the nonhuman primate described previously in this chapter. This is clearly indicated by the coefficients for age in the Chumlea and Johansson formulas.

Technique of Fluid Balance: Principles and Management of Water and Electrolyte Therapy.

Determinants of extracellular fluid volume The three determinants of ECFV are TBW, total intracellular solute, and total extracellular solute. The ECF has a low concentration of potassium and can tolerate only small changes in its concentrations.

Understanding the principles and aims of intravenous fluid therapy

It may be possible to use smaller volumes of solutions of large starch molecules eg, Voluven to replenish intravascular volume. Burn patients in particular are a classic example of patients with increased fluid needs due to higher metabolic rates. CONCLUSION Organizing fluid needs into maintenance, deficit, and replacement therapy can provide a systematic, understandable approach to determining fluid therapy.

Fluid management of the neurological patient: a concise review

There were no differences in clinical endpoints, but more complications with triple-H extradural haematoma, haemorrhagic diathesis, congestive heart failure and arrhythmia.

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The Holliday-Segar method may be simplified by estimating the fluid requirements in rate required per hour. Due to the emergent nature of this condition, boluses with hypertonic saline, usually 3% sodium chloride, are warranted. Retention of sodium is associated with fluid retention.

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These losses may occur from the gastrointestinal tract due to vomiting, diarrhoea or a fistula or the urinary tract eg, diabetes insipidus , or be caused by blood loss from trauma or surgery.

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