### Recommendation for clinical interventions

The rStO2 target normal range is 55% to 85%. Generally, only one intervention should be chosen at a time. All the interventions proposed here are commonly used in this patient group.

### rStO<sub>2</sub> < 55%

Aim of intervention: A low rStO2 reflects a low CDO2. The interventions should be directed to increasing SaO2, [Hb], and/or CRF

### Assess cardiovascular status:

Blood pressure low in normal range, consider:

- Vasopressor-inotropes
- Fluid bolus (normal saline)
- Decrease mean airway pressure (MAP)

#### Poor systemic circulation, consider if:

Echocardiography shows low cardiac output and/or low SVC flow

- Inotropes
- Fluid bolus (normal saline)
- Decrease mean airway pressure (MAP)
- Reduce vasopressor

Echocardiography not available but has at least 2 of the following signs:

Lactate > 3.5 mmol/l CRT > 3 seconds

Urine output < 1 ml/kg/hour

## consider:

- Inotropes
- Fluid bolus (normal saline)
- Decrease mean airway pressure (MAP)
- · Reduce vasopressor

### Patent ductus arteriosus, consider:

Medical treatment

## Assess oxygen transport:

Haemoglobin low in the normal range, consider:

• Red blood cell transfusion

# Assess respiratory status:

SaO2 low in normal range, consider:

- Increase FiO2 (ATTENTION: be careful not to exceed the local upper target threshold of SpO2)
- Increase mean airway pressure (MAP)

# PCO2 low in normal range, consider:

Decrease minute ventilation

## rStO<sub>2</sub> > 85%

Aim of intervention: A high rStO2 reflects impaired oxygen utilisation and/or disturbed cerebral autoregulation (hyperaemia) and interventions should be directed at identifying and treating the underlying cause.

# Assess respiratory status:

SaO2 high in normal range, consider:

- Decrease FiO2
- Decrease mean airway pressure

## PCO2 high in normal range, consider:

• Increase minute ventilation

# Assess blood glucose level:

Blood glucose < 2.5 mmol/l, consider to:

• Increase glucose intake