

Appendix: Perioperative Fluid Guideline

The RELIEF Study

Your patient is in the **Liberal** IV Fluid Group

- At induction (before start of surgery): Bolus Hartmann's, 10 ml/kg
- Maintenance during surgery: Hartmann's, 8 ml/kg/h; can use more, as required
- First 24 hours after surgery: Hartmann's, 1.5 ml/kg/h; can use more, as required

Treatment of Hypotension (OR, RR, HDU/ICU, postop ward)

The default value for the lower limit of acceptable systolic BP will be 90 mmHg, persisting for at least 5 min. However, the attending anaesthetist can modify this according to the patient's preoperative BP and any underlying cerebrovascular disease.

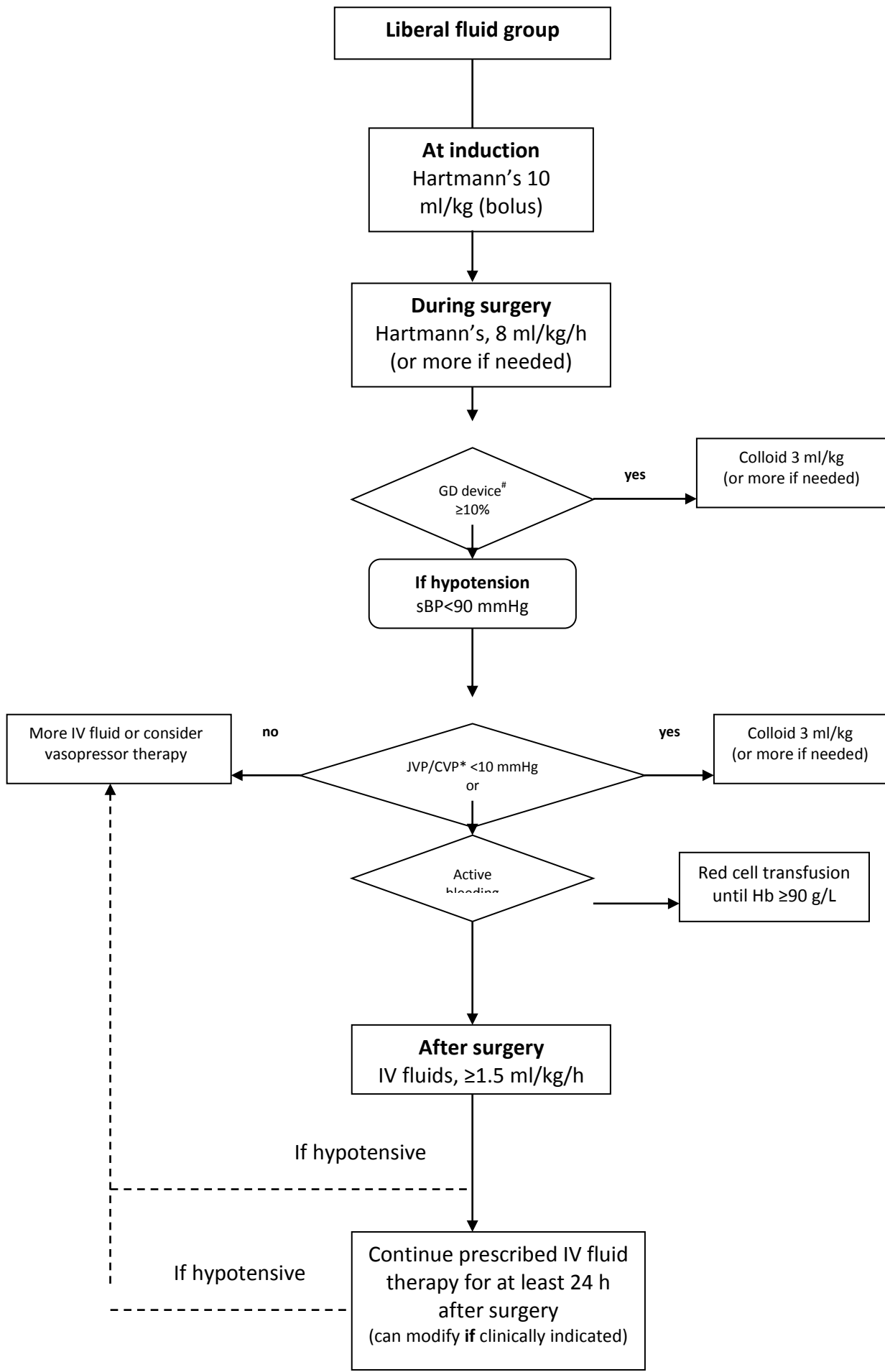
Hypotension and/or suspected hypovolaemia can be treated with IV colloids according to the following guidelines:

Colloid (3 ml/kg)	Liberal
Colloid/blood* bolus <i>if</i> acute bleeding	Yes
<i>If</i> normotensive but monitoring suggests hypovolaemia (eg. JVP/CVP<8 or SVV≥10%)	Yes
<i>If</i> hypotensive (sBP<90 mmHg)	
(1) <i>and</i> hypovolaemia	colloid
(2) <i>but not</i> hypovolaemic	colloid ± vasopressor

**Blood Transfusion - ALL patients will have the same red cell transfusion target (Hb 90 g/L), but this can be modified according to assessment of active bleeding and risk of coronary artery disease*

Fluid management in the postoperative period

This study has been approved by the hospital ethics committee and senior clinicians, and the patient has provided their consent. We ask that the enclosed IV fluid guidelines are followed as closely as possible. However, if there is a demonstrable clinical need to modify the fluid regimen then such clinical considerations over-ride the study protocol. That is, more or less fluid of any type can be used if that is what is believed to be in the patient's best interests.



#only if a goal-directed (GD) device is used
 *estimate if no central venous catheter

The RELIEF Study

Your patient is in the **Restrictive** IV Fluid Group

- At induction (before start of surgery): Bolus Hartmann's ≤ 5 ml/kg
- Maintenance during surgery: Hartmann's, 5 ml/kg/h
- After surgery: Hartmann's, no more than 1 ml/kg/h until tolerating early oral fluids, then cease IV fluids ASAP

Treatment of Hypotension (OR, RR, HDU/ICU, postop ward)

The default value for the lower limit of acceptable systolic BP will be 90 mmHg, persisting for at least 5 min. However, the attending anaesthetist can modify this according to the patient's preoperative BP and any underlying cerebrovascular disease.

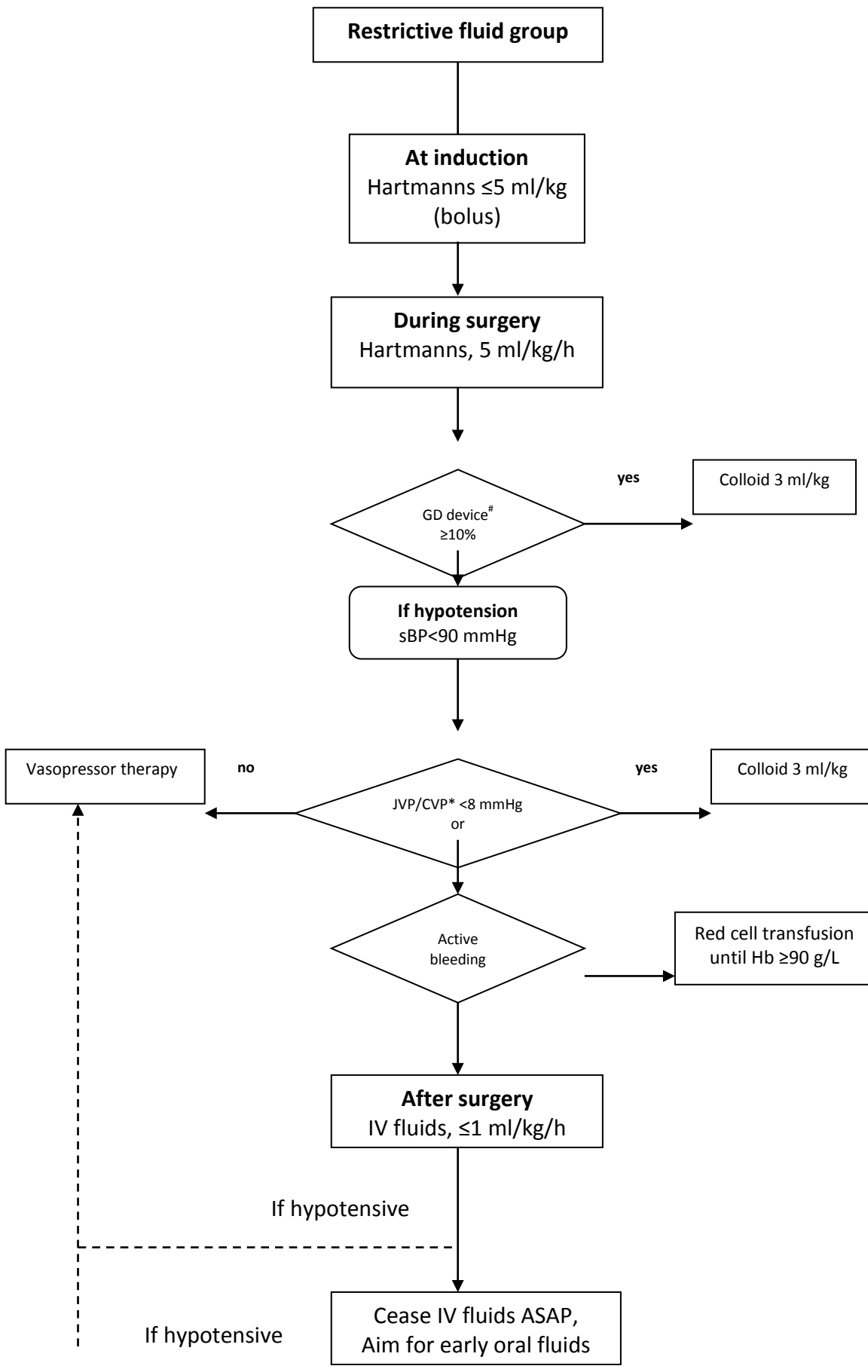
Hypotension and/or suspected hypovolaemia can be treated with IV colloids according to the following guidelines:

Colloid (3 ml/kg)	Restrictive group
Colloid/blood* bolus <i>if</i> acute bleeding	Yes
<i>If</i> normotensive but monitoring suggests hypovolaemia (eg. JVP/CVP<8 or SVV \geq 10%)	Limit
<i>If</i> hypotensive (sBP<90 mmHg) (1) <i>and</i> hypovolaemia (2) <i>but not</i> hypovolaemic	vasoconstrictor \pm colloid vasopressor therapy

**Blood Transfusion - ALL patients will have the same red cell transfusion target (Hb 90 g/L), but this can be modified according to assessment of active bleeding and risk of coronary artery disease*

Fluid management in the postoperative period

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#only if a goal-directed (GD) device is used
 *estimate if no central venous catheter