

REASSESSMENT: COMPLICATIONS OF RESUSCITATION

- The commonest complication is **INADEQUATE REPLACEMENT**.
- The commonest reason for poor response to fluids is **ONGOING HAEMORRHAGE**

MONITORING THE CVP:

- **Its also an indirect measure of cardiac function.**
- Cardiac function is actually the relationship between stroke volume and ventricular end-diastolic volume
- **Initially measured CVP may be inaccurately high**, especially in patients with COPD, pulmonary fibrosis, generalized vasoconstriction, or patients who were given vasopressors.
- **If you replace fluids aggressively, and the initially low CVP has only A MINOR RISE, these people should be placed in the “non-responder” category.**
- **If the CVP just keeps dropping, you need to keep replacing fluid, your patient is probably still bleeding somewhere. These people should be placed in the “transient responder” category**
- **If the CVP rises abruptly and keeps going up, you are either**
 - Replacing enough fluids
 - Replacing too much fluids
 - **Or, the cardiac function is compromised:**
 - **TAMPONADE**
 - **TENSION PNEUMOTHORAX**
 - **Poor positioning of the CVP sensor probe**
- **Athletes will compensate for blood loss in a remarkable way**, and then crash horribly. Usual responses to hypovolemia may be absent until its too late.
- **Pregnant women are hypervolemic** and will not manifest hemodynamic changes until they lose a hugely dangerous amount of blood.
- **HYPOTHERMIA cause coagulopathy and prevents normal responses to resuscitation** so warm the patient and warm their fluids