# **Operational K9 Fluid Resuscitation Guideline**

#### **CONDITION**

Acute Trauma without Active Hemorrhage

Acute Trauma with Controlled Hemorrhage

### Options for Resuscitation are in the Order of Preference

- 1. **Hypertonic Saline (HTS) + Colloid** (e.g., Hetastarch or Vetstarch/ Voluven): 5mL/kg of each (Ex., 75 mL HTS : 75 mL Colloid for a 25 kg dog)
- 2. Colloid Only: 10 mL/kg (250 mL for a 25kg dog)
- 3. Crystalloid Only: 20 mL/kg (500 mL for a 25kg dog)

Note: All doses may be repeated twice to achieve palpable femoral pulse

### **CONDITION**

## Traumatic Shock with Active Hemorrhage

- 1. Uncontrolled
- 2. Internal Body Cavity bleeding

## Options for Resuscitation are in the Order of Preference

- 1. **Buddy Transfusion**: Fresh Whole Blood 500mL
- 2. Canine pRBC: FFP @ 10mL/kg of each (Ex: 25kg dog give 250 mL pRBC: 250 mL FFP)

(Note K9 blood units are not standard all the same standard size)

### DO NOT give human blood products to an injured K9

- 3. **Colloid only**: 5 mL/kg (125 mL for a 25 kg operational K9)
- 4. **Crystalloid Only**: 10 mL/kg ONLY as a last resort if no other above fluids are available and anticipated evacuation times are > 30 min (repeat only twice)
  - \*Note: Colloids may be repeated in 5 mL/kg aliquots to achieve palpable femoral pulse. Not to exceed of a total volume of 500 mL

### **CONDITION**

#### Acute trauma with:

- 1. Head trauma
- 2. Pulmonary contusions

(e.g., blast overpressure or blunt trauma)

## Options for Resuscitation are in the Order of Preference

#### "Small Volume Resuscitation"

- 1: **Colloid + HTS** @ 2-5 mL/kg total volume in 1:1 ratio (*HTS provides hyperosmotic therapy*) (*Ex*: 50-125 mL total volume for a 25 kg dog)
- 2: **Colloid:** 5 mL/kg (Ex: 125mL of each in equal volumes for a 25 kg dog)
- 3: **Crystalloid** 10 mL/kg (250 mL given ONCE); Use only as a last resort when no colloids or HTS is available and the down OpK9 is suffering circulatory shock

All doses may be repeated twice to achieve palpable femoral pulse

**EXCEPTION**: Avoid administering more than one 250 mL bolus of isotonic crystalloids if pulmonary contusions are known or highly suspected