



## SOAP RECOMMENDATIONS FOR IV FLUID CONSERVATION

SOAP is aware of the supply chain effects of the temporary shutdown of the [Baxter North Cove manufacturing site](#) that is critical to the U.S. supply of IV solutions.

The recommendations below are suggested actions for SOAP members, to consider to conserve IV solution supply without compromising patient safety or quality of care.

Anesthesiologists should engage with patients, as necessary, to discuss any concerns around safety or care a patient may have around IV solutions.

### Labor and Delivery

1. Encourage PO hydration in lieu of IV maintenance of fluid whenever possible during labor.
2. If using maintenance fluids during labor, consider reducing infusion rates to conserve IV fluid supply (for example, decrease from 125 mL/hr to 50-75 mL/hr).
3. The routine use of fluid prehydration prior to neuraxial placement is not indicated. The use of co-loading should be individualized based on the technique and patient.

### Cesarean Delivery

1. Encourage adequate oral hydration and reduce NPO times to ERAC recommendations (2h for clear fluids). - [View Guidelines here](#)
2. Encourage fluid coload and prophylactic vasopressor infusions for the prevention of spinal hypotension during cesarean delivery.
3. Post operative routine fluid administration may not be necessary following Cesarean Delivery. Consider early oral intake of fluids in the absence of surgical complications, hemodynamic instability or postpartum hemorrhage. Patients who are able to take adequate oral intake may have routine intravenous fluid administration discontinued. IV access should be maintained.
4. Providers should make every effort to eliminate unnecessary waste of intravenous fluids. Avoid routine practices that involve replacing bags or discarding full bags whenever possible.