**REFRESH**

**Restricted volume/early vasopressor arm**

**Maintenance fluid**
Balanced isotonic crystalloid at 1-2ml/kg/hr
Initial study bloods (including blood gas)

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YES

SBP <90mmHg or MAP <65mmHg? (at any time)

NO

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**Start noradrenaline infusion***
Titrate to MAP 65-70mmHg

Consider
- Urinary catheter
- Central line/PICC
- Arterial line

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**Continue maintenance fluids**

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**REASSESS EVERY HOUR**
Consider need for further fluid bolus (e.g. skin perfusion, mental state, urine OP)
Repeat study bloods (including blood gas) at 3h

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**Fluid Bolus**
250ml

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*Noradrenaline* via secure peripheral IV for up to 6h or until central access (CVC/PICC). Peripheral Metaraminol infusion is acceptable alternative in accordance with local hospital guidelines

# An additional fluid bolus up to 1000mls may be administered *if deemed necessary by treating doctor*

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Continue until 6h post randomization – thereafter management as per treating team
Repeat study bloods at 6h and 24h

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