



## Monroe Livingston Region Program Agency

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To: All ALS Providers and Agencies

From: Jeremy T. Cushman, MD, MS, EMT-P   
Regional Medical Director

Date: March 19, 2014

Re: Advisory 14-04: Normal Saline

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As you are all aware, a national shortage of normal saline continues, and availability remains sporadic at best. All ALS agencies should, if not already, be conserving normal saline for patients who clearly require large volume fluid boluses.

Patients with hypotension or poor perfusion (shock) should preferentially receive the limited supply of intravenous fluids currently available. Providers are reminded that blunt and penetrating trauma, in the absence of shock, do not require routine intravenous fluids.

Providers should establish saline locks and not routinely hang intravenous fluids for hemodynamically stable patients. Further, providers should not “spike” a bag of saline until after IV access has been obtained to minimize waste in case vascular access is not obtained. Lastly, when possible, push medications should be followed with saline flushes rather than normal saline in the case of hemodynamically stable patients. Using smaller volume bags (250 or 500 mL) and repeating as clinically necessary for the patient requiring fluid resuscitation is reasonable and appropriate given the lack of normal saline particularly in the liter volume size.

Once adequate supplies of normal saline are available, your normal practice patterns for administering intravenous fluids may resume.

With any questions, please do not hesitate to contact our office.