

Líquidos y electrolitos

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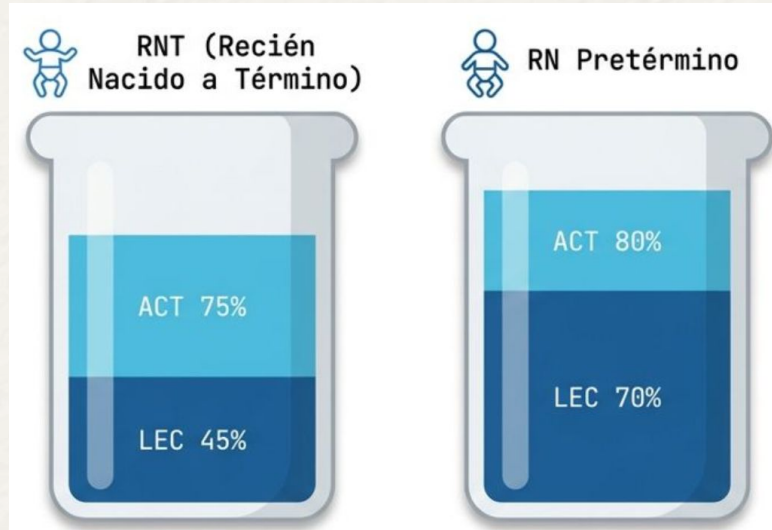
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Requerimientos

Los requerimientos de líquidos y electrolitos son proporcionales al área de superficie corporal y al gasto calórico, no al peso.

Los niños de cuerpos pequeños tienen una gran área de superficie y un gran gasto calórico en comparación con los de cuerpo grande. Por lo tanto, los prematuros necesitan más líquido y electrolitos por kilo de peso que los recién nacidos de término.



Adaptación extrauterina

3 fases de balance de fluidos

1

Fluidos desde intra → extracelular → diuresis de sal y agua en 48-72 horas de vida

2

Disminución de la pérdida de agua insensible + maduración de la barrera de la piel + disminución en el volumen de orina a $<1-2$ ml/Kg/h y menor excreción de sodio

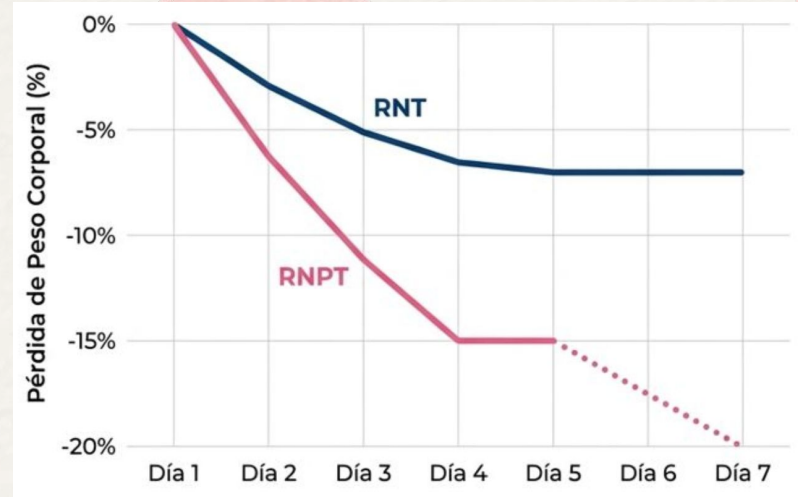
3

Crecimiento estable: ganancia de peso continuo con balance neto positivo de agua y sodio

Pérdida de peso fisiológica en 1a semana

Los recién nacidos normalmente pierden peso durante la primera semana de vida: reducción isotónica del LEC, probablemente mediado por el péptido natriurético.

- RNPT: pierden 10-15% (2-3% al día)
- RNT: pierden 7-10% (1-2% al día)



Terapia de fluidos de mantención

Definición

- Volumen de fluido requerido para satisfacer las necesidades metabólicas, como pérdida de agua y electrolitos, y mantener la hemostasia.
- El objetivo de esta terapia es reemplazar la pérdida de fluidos y electrolitos bajo condiciones hemostáticas normales.

Los productos intermedios del metabolismo son el calor (excreta por piel y respiración) y solutos (excreta por orina), los cuales deben eliminarse por hemostasia

Debe considerar pérdidas sensibles (orina y heces) e insensibles (piel y pulmones)

PÉRDIDAS	
Insensibles de agua	30-60 ml/Kg/día, puede llegar a 100 ml/Kg/día en menores de 1000 g
Urinarias de agua	30-100 ml/Kg/día
Electrolíticas	Na: 3-4 mEq/Kg/día, puede ser mayor en prematuros < 1000g hasta 6-8 mEq/Kg/día K: 2-3 mEq/Kg/día
Terapia de mantención	H2O 60-160 ml/Kg/día Na: 3-4 mEq/Kg/día K: 2-3 mEq/Kg/día

Pérdidas insensibles

- Aumentan a menor edad gestacional: mayor superficie corporal y aumento de la permeabilidad de la piel (inmadurez de los canales de acuaporina)
- Mínimas a través del pulmón si en RN intubado le entregamos los gases humidificados y a 37° C.
- Las cunas radiantes pueden aumentarlas hasta en un 100%
- La fototerapia puede aumentar las pérdidas insensibles más de un 100%
- La baja humedad puede aumentar las pérdidas insensibles más de un 30%

Factores que afectan las PI de agua en RN

Madurez	Inversamente proporcional al peso y EG
T° ambiental (por sobre ATN)	Aumenta en proporción a incremento de T°
T° corporal	Aumenta hasta en 300% a T° rectal > 37.2°C.
Humedad ambiental o inspirada elevada	Reduce en 30% si iguala P° de vapor de piel o tracto respiratorio
Lesiones dérmicas	Aumenta según extensión de la lesión
Defectos congénitos de piel(ej.Onfalocele)	Aumenta según extensión de la lesión
Calefactor radiante	Aumenta alrededor de 50% en relación a incubadora
Fototerapia	Aumenta hasta 50% y 100% en prematuro .extremo
Cubierta plástica	Reduce entre 10 y 30%

Cálculo de pérdidas insensibles:

$$\begin{aligned} \text{PI} &= \text{INGRESOS} - \text{EGRESOS} + \text{PERDIDA DE PESO} \\ \text{PI} &= \text{INGRESOS} - \text{EGRESOS} - \text{GANANCIA DE PESO} \end{aligned}$$

Balance hídrico



Ingresos

—



Egresos

=



Pérdidas
Insensibles

±



Variación
de Peso

**Fase Inicial
(Días 1-7)**

Objetivo → Balance Negativo

Permitir la contracción del LEC fisiológica.

**Insuficiencia Renal /
Complicaciones**

Objetivo → Balance Equilibrado

Evitar sobrecargas cuando el riñón o los pulmones fallan.

**Fase de Crecimiento
(Semana 2+)**

Objetivo → Balance Positivo

Aportar vía oral/enteral, sumando ~20 ml/kg/día adicionales exclusivos para formación de nuevo tejido.



1

Volumen

Volumen

Volúmenes	RNT	RN Pt
Día 1	60 ml /kg	60 - 80 ml/kg
Día 2	80 ml /kg	80 - 100 ml/kg
Día 3	100 ml /kg	100 -120 ml/kg
Día 4	110 - 120 ml /kg	110 - 130 ml/kg
Día 5	120 - 140 ml /kg	120 - 150 ml/kg
Día 6	130 - 150 ml /kg	130 - 160 ml/kg
Día 7	140 - 160 ml /kg	140 - 170 ml/kg
Día 8 y más	150 - 180 ml /kg	150 - 200 ml/kg

**Es sólo una aproximación
Debe evaluarse individualmente los
aportes necesarios con balances
cada 8 o 12 horas**

- Los cálculos para las necesidades diarias de líquido debieran relacionarse con el peso actual del RN
- Valores aproximados según día de vida.
- Se puede aumentar 20 ml/kg/día mientras presente baja de peso adecuada

Se usa SG 10 % como primera opción: cantidad de glucosa suficiente para cubrir los requerimientos.

Se debe utilizar el **peso de nacimiento los primeros 10 días**

Monitorización de hidratación

- El peso diario ayuda mucho. Bruscos cambios se deben a ganancia o pérdida de agua. Rechequear el peso si los cambios parecen excesivos.
- Volumen urinario: Normal es de 2-4 ml/k/hora. Grandes o pequeños volúmenes indican sobre o deshidratación. La diuresis está influenciada por enfermedades y medicamentos. Se considera oliguria < 1 ml/k/hora.
- El medir la Natremia (N= 135-145) mediante un electrolitograma y la densidad urinaria (N= 1005-1015) ayuda a interpretar los cambios.

Natremia	Densidad Urinaria	Peso del recién nacido	Diagnóstico de hidratación
Normal	↑	Estable o en descenso	Deshidratación inicial.
Normal	↓	Estable o en aumento	Sobrehidratación inicial.
↑	↑	En descenso.	Deshidratación.
↓	↓	En aumento.	Sobrehidratación.
↓	↑	En aumento.	Secreción inapropiada de ADH.
↑	Normal	En disminución.	Diabetes insípida.

2

Electrolitos

Electrolitos

Na

- El Na⁺ corporal tiene relación con la mantención del LEC
- Se debe evitar suplementar en las primeras 48 horas: permitir la contracción fisiológica del LEC, luego de las 48 horas se añaden los requerimientos de mantención → no supera 3-5 mEq/kg/día, lo que asegura generalmente el equilibrio de sodio positivo necesario para un crecimiento adecuado

K

- Comenzar su administración una vez que se haya iniciado la diuresis y confirmado una adecuada función renal. (Diuresis > 1cc/kg/h) → Evitar en las primeras 48-72 h
- Los requerimientos de potasio en los primeros días son de 1-2 mEq/Kg/día y en la fase de crecimiento aumentan estos requerimientos a 2-3 mEq/kg/día, para mantener un balance positivo y formar nuevos tejidos.

Diagnóstico Diferencial del Na⁺

Hiponatremia Precoz (<130)	Hiponatremia Severa (<120)	Hipernatremia Precoz (>150)
Falsa deficiencia. Generalmente es exceso de agua libre (materna o IV). Tratamiento: Restricción hídrica.	Urgencia neurológica. Tratamiento: Solución salina 3% (6 ml/kg en 1 hora).	Deshidratación extrema por pérdidas insensibles masivas. El problema no es el sodio, faltó agua.

Peligro: Hiperkalemia del Prematuro

- Común en VLBW durante la primera semana.

- A menudo no oligúrica (debida a inmadurez de la bomba celular Na-K o acidosis).

- **Acción** (Si K⁺ > 6.0 - 6.5 mEq/L): Suspender aporte K⁺. Tratar con gluconato de calcio 10%, insulina + glucosa, o bicarbonato (según gravedad).

3

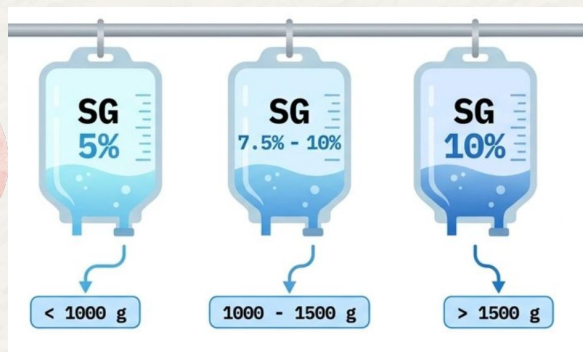
Carga de glucosa

Carga glucosa

En todo paciente, la carga necesaria para inicio de flebo: 4-6 mg/kg/minuto

Se incrementa día a día en 1 - 2 mg/kg/min según tolerancia, medido por glicemias

Glicemia normal <48 hrs = 45 - 150
Glicemia normal > 48 hrs = 60 - 150



Suero glucosado 10%=
10g glucosa en 100mL
10.000mg en 100mL

Unidad de medida de
Carga de glucosa=
mg/Kg/min

3

Tonicidad

Tonicidad

- Se refiere a la concentración de una solución (administrada por personal de salud) comparada con la del plasma.
- Dada por la concentración de Na^+ en el Suero. (140 mEq/L pediatría, 51 mEq/L Neo - Rango mín)

1 Hipotónica: Menor tonicidad que el plasma → Riesgo de edema cerebral.

2 Isotónica: Igual tonicidad que el plasma.

3 Hipertónicas: Mayor tonicidad que el plasma → Riesgo de deshidratación intracelular grave.

Soluciones madre

Pediatría

SG 5% 500cc + NaCl 10% 40cc + KCl 10%
10cc

Para calcular tonicidad

1cc --- 1.7 mEq

40cc --- x mEq

X = 68.4 mEq de Na en 40 cc de NaCl 10%

Para calcular tonicidad, llevar a 1 Lt

500cc --- 68.4 mEq

1000cc --- x mEq

X = 136.8 -> 140 mEq/L

Solución madre isotónica

Neonatología

SG 10% 100cc + NaCl 10% 3cc + KCl 10%
1.5cc

Para calcular tonicidad

1cc --- 1.7 mEq

3cc --- x mEq

X = 5.1 mEq de Na en 3 cc de NaCl 10%

Para calcular tonicidad, llevar a 1 Lt

100cc --- 5.1 mEq

1000cc --- x mEq

X = 51 mEq/L

**Solución madre hipotónica (rango mínimo
permitido)**

- * 1 cc NaCl 10% = 1.7 mEq de [Na+]
- * 1 cc KCl 10% = 1.34 mEq de [K+]
- * 1 cc SG 10% = 100 mg glucosa

RNT 38 SDG AEG / PN: 2940 g
Madre DM IR, HTA crónica
PV, sin complicaciones
APGAR 9-9

**1°
DDV**

Activo, **sin signos de hipoglicemia** y/o dificultad respiratoria

**2°
DDV**

HGT control **40 mg/dl**
Manejo: F1 30 cc (10 cc/kg)
Control: **HGT 34 mg/dl**

INGRESO UTI NEO

1. Aporte de liquido:

2° ddv: 80 ml x Kg (peso RN)

VT: $2,94 \times 80 = \mathbf{235 \text{ ml/día} \rightarrow 9.8 \text{ cc/h SG10\%}}$

2. Carga de glucosa: 5-7 mg/kg/min. Con SG 10%

10.000 mg glucosa $\rightarrow$ 100 cc

X $\rightarrow$ 9,8 cc

980 mg glucosa en 9,8 cc/hora

980 mg/ 2.940 kg / 60 min (%)

CG = 5.5 mg/kg/min

Hipoglicemia
<45 mg/dl

SG 10%
 10 g glucosa $\rightarrow$ 100 cc
 10.000 mg glucosa $\rightarrow$ 100 cc
 100 mg glucosa $\rightarrow$ 1 cc

INDICACIONES:

- Régimen cero
- SG 10% 235 cc a 9.8 cc/h (CG 5.5 mg/kg/min)
- HGT cada 6h

3°
DDV

BCG, diuresis (+)
HGT >70 mg/dl
Peso Actual: 2870 g

1. Aporte de líquido:

3° ddv: 100 ml x Kg (peso RN)
VT: $2,94 \times 100 = 294 \text{ ml/día}$

2. Electrolitos:

Na → 4 mEq/kg/día (3 - 5)
 $4 \times 2.94 = 11.76 \text{ mEq/día de Na+}$

1cc NaCl 10% → 1.7 mEq Na
x → 11.76 mEq Na
x = **6.91 cc de NaCl 10%**

K → 2 mEq/kg/día (2 - 3)
 $2 \times 2.94 = 5.88 \text{ mEq/día de K+}$

1cc KCl 10% → 1.34 mEq K
x → 5.88 mEq K
x = **4.38 cc de KCl 10%**

3. Enteral + Parenteral

LM o F1 10 cc c/3h por 4 veces (40 ml/día)

Flebo: 294 ml (total) - 40 ml (enteral) = 254 ml.
Nueva velocidad IV: $254 \text{ ml}/24\text{h} = 10.4 \text{ cc/h}$

Carga de glucosa SG 10% a 10.4 cc/h:

1 cc → 100 mg CG = $1040 \text{ mg} / 2.940\text{kg} / 60\text{min}$
10.4 cc → x mg **CG = 5.8 mg/kg/min.**
X = 1.040 mg

INDICACIONES:

- LM o F1 10 cc c/3h x 4 veces (13 cc/kg/día)
*15 cc c/3h x 4 veces.
- SG 10% 250 cc + NaCl 10% **7 cc** + KCl 10% **4 cc** a **10.4 cc/h** (CG 5.8 mg/kg/min)
- HGT cada 6h

3°
DDV

BCG, diuresis (+)
HGT >70 mg/dl
Peso Actual: 2870 g

SG 10% 100cc + NaCl 10% 3cc + KCl 10%
1.5cc

Para calcular tonicidad

1cc --- 1.7 mEq

3cc --- x mEq

X = 5.1 mEq de Na en 3 cc de NaCl 10%

Para calcular tonicidad, llevar a 1 Lt

100cc --- 5.1 mEq

1000cc --- x mEq

X = 51 mEq/L

solución madre hipotónica

Tonicidad

1. Na → 4 mEq/kg/día (3 - 5)
 $4 \times 2.94 = 11.76 \text{ mEq/día Na}$

2. 1cc NaCl 10% → 1.7 mEq Na
x → 11.76 mEq Na
 $x = 6.91 \text{ cc de Na}$

3. 7 cc → 11,8 mEq NaCl al 10%
Calcular tonicidad, llevarlo a 1L

4. $254 \text{ cc/día} \rightarrow 11,8 \text{ mEq}$
 $1000 \text{ cc} \rightarrow x$
x : 46 mEq/L



*Se debe evaluar cuánto Na+ se necesita administrar
para tener tonicidad cercana a 51 mEq/L*

Como quedamos cortos, utilizamos 5 mEq/kg.

$254 \times 2.94 = 14,7 \text{ mEq}$
 $9 \text{ cc} \rightarrow 14,7 \text{ mEq.}$

$294 \text{ cc} \rightarrow 14,7 \text{ mEq}$
 $1000 \text{ cc} \rightarrow x$





BCG, diuresis (+) deposiciones (+)

HGT 100 - 102 mg/dl

Sin signos de hipoglicemia

Peso actual: 2840 g

Volúmenes	RNT	RN Pt
Día 1	60 ml /kg	60 - 80 ml/kg
Día 2	80 ml /kg	80 - 100 ml/kg
Día 3	100 ml /kg	100 -120 ml/kg
Día 4	110 - 120 ml /kg	110 - 130 ml/kg
Día 5	120 - 140 ml /kg	120 - 150 ml/kg
Día 6	130 - 150 ml /kg	130 - 160 ml/kg
Día 7	140 - 160 ml /kg	140 - 170 ml/kg
Día 8 y más	150 - 180 ml /kg	150 - 200 ml/kg

Alimentación:

Aporte enteral por LM o F1

4° ddv: 110 ml x Kg

$VT = 110 \times 2,94 = 323 \text{ ml/día}$

Con buena tolerancia a la VO

INDICACIONES:

- LM o F1: 40 cc c/3 hr, por 8 tomas.

The efficacy and safety of isotonic and hypotonic fluids in intravenous maintenance fluid therapy in term newborns: national multicenter observational “neofluid” study

Hasan Ozkan^{1*}, Nuray Duman¹, Funda Tuzun¹, Fatma Narter², Can Akyildiz¹, Emel Altuncu², Mehmet Satar³, Mustafa Ozdemir³, Abdullah Kurt⁴, Ali U. Tugcu⁴, Murat Konak⁵, Saime Sundus Uygun⁵, Seda Yilmaz Semerci⁶, Rahime T. Dikmen⁷, Bora Baysal⁸, Cemile K. Zeybek⁸, Yasemin Ezgi Kostekci⁹, Suzan Sahin¹⁰, Merve Tatal¹¹, Ayse Anik¹², Mehmet Buyuktiryaki¹³, Belma S. Karagol¹⁴, Gaffari Tunç¹⁵, Derya Colak¹⁶, Hasan Cetin¹⁷, Aysen Orman¹⁸, Ozgur Olukman¹⁹, Mehmet Fatih Deveci²⁰, Dilek Sarici²¹, Salih C. Cakir²² and Pembe Keskinoglu¹

- Este estudio sugiere que **fluidos isotónicos (131-140 mEq/l)** pueden ser más apropiados como elección de terapia de fluidos de mantención EV en RNT que han completado la fase de adaptación postnatal
- Fluidos hipotonicos que se usan tradicionalmente, se demostró que disminuyen los niveles séricos de Na y causan hiponatremia

Bibliografía

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Ozkan, et al. (2024). The efficacy and safety of isotonic and hypotonic fluids in intravenous maintenance fluid therapy in term newborns: national multicenter observational “neofluid” study. *Frontiers In Nutrition*, 11, 1410571. <https://doi.org/10.3389/fnut.2024.1410571>



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Suero Fisiológico: 154 mEq en 1 litro

-SF 0.45%: 77 mEq Na por litro.

-NaCl 10% 1cc: 1.7 mEq

-KCL10%1cc: 1,34mEq

-SG 10%: 10 gramos de glucosa en 100cc de mezcla.

2

PEOPLE AT RISK

3

RISK FACTORS

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INTRODUCTION TO THE DISEASE

On the first part of the presentation, it's important to give an overview of the disease you're going to speak about. This helps your audience understand:

- The context
- The health risks
- Likelihood of developing it
- Prevalence



WHO IS AT RISK?



GENETIC FACTORS

When a genetic factor puts a person at risk of developing an illness, it means that there is a hereditary component to that illness. This can be due to specific genetic mutations or variations that increase a person's susceptibility to developing the illness



ENVIRONMENTAL FACTORS

When an environmental factor puts a person at risk of developing an illness, it means that exposure to certain substances, conditions, or situations in the environment can increase the likelihood of developing that illness

THREE MAIN TYPES OF DISEASES



INFECTIOUS

These are diseases that are caused by pathogenic microorganisms such as bacteria, viruses, fungi, or parasites. Examples of infectious diseases include the flu or tuberculosis



CHRONIC

These are long-term illnesses that typically progress slowly and may not have a cure. Chronic diseases can be caused by a variety of factors



GENETIC

These are diseases that are caused by abnormal genes or chromosomal abnormalities. Genetic diseases can be inherited, or they may occur spontaneously

FOUR MAIN TYPES OF TREATMENTS



MEDICAL TREATMENT

This involves the use of medications, surgery, radiation therapy, chemotherapy, or other medical procedures to treat a particular illness



BEHAVIORAL THERAPY

Behavioral therapies involve various techniques that are used to treat mental health conditions, such as depression, anxiety, and addiction



ALTERNATIVE THERAPIES

Alternative therapies include a range of treatments that are not considered part of conventional medical practice



LIFESTYLE CHANGES

Lifestyle changes involve making modifications to an individual's diet, exercise habits, or other behaviors

RISK FACTORS



AGE

Many diseases occur more frequently in certain age brackets



GENETICS

Some diseases have a hereditary component and can be passed down through families



LIFESTYLE

Certain behaviors can increase the risk of developing certain illnesses



ENVIRONMENT

Exposure to certain substances in the environment can increase the risk of developing some diseases



MEDICAL HISTORY

A personal or family history of certain illnesses can increase the risk of developing related conditions



GENDER

Some illnesses are more common in one gender than the other



10,000

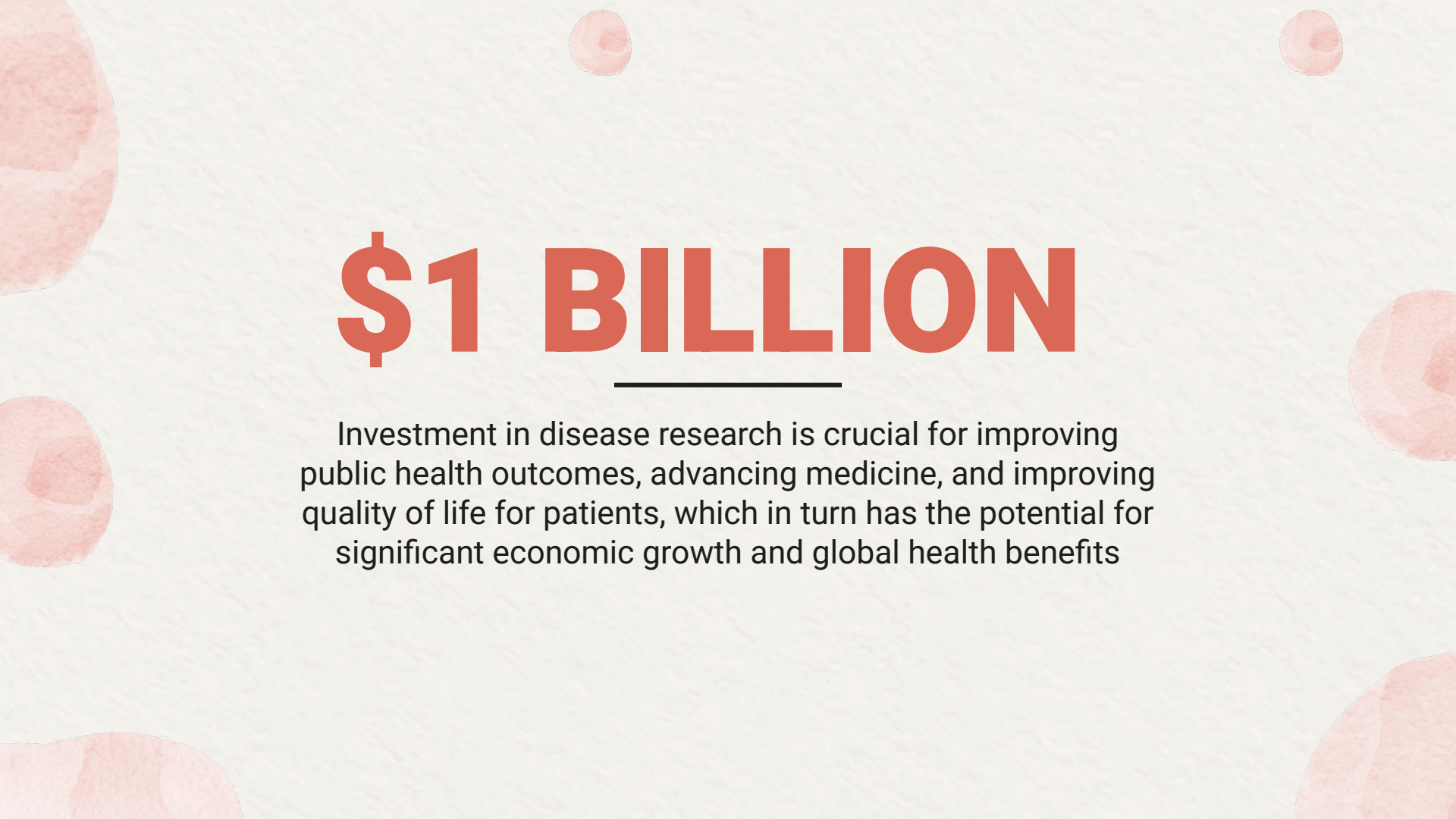
Patients treated

85%

Success rate

1,000

Suffered secondary effects



\$1 BILLION

Investment in disease research is crucial for improving public health outcomes, advancing medicine, and improving quality of life for patients, which in turn has the potential for significant economic growth and global health benefits

DISEASE PREVALENCE



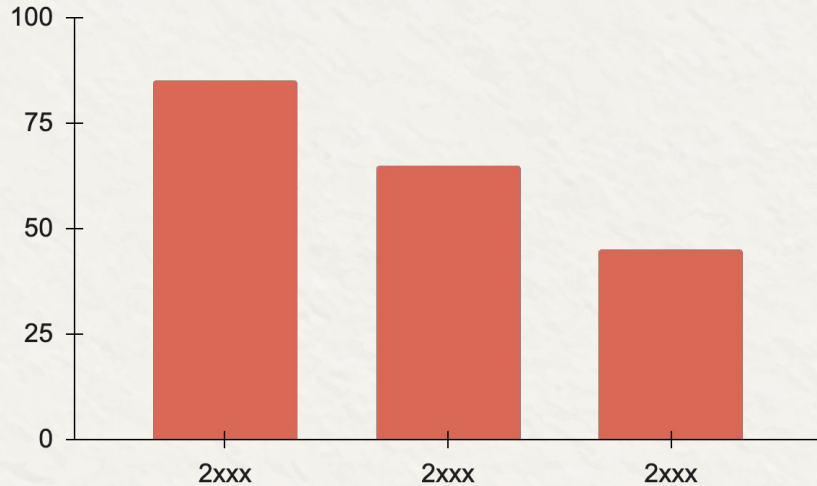
- 0-5% of the population in these regions are affected by the disease
- 6-14% of the population in these regions are affected by the disease
- 15-30% of the population in these regions are affected by the disease

Follow the link in the graph to modify its data and then paste the new one here. **[For more info, click here](#)**

SYMPTOMS AND DIAGNOSIS

MOST COMMON SYMPTOMS

Use this slide to display the most common symptoms of the disease being discussed. Include a graph with a clear title and labels for each axis. You can also explain how the disease is diagnosed, including the types of tests or procedures used, to help your audience understand how it is identified and treated

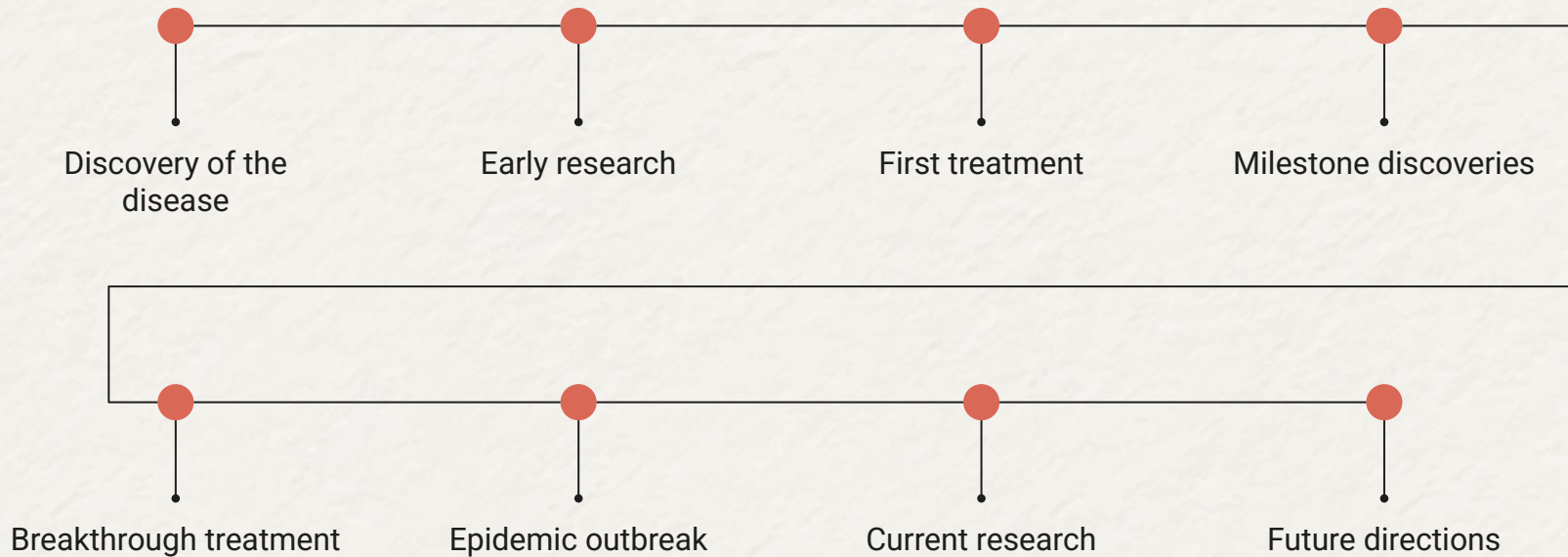


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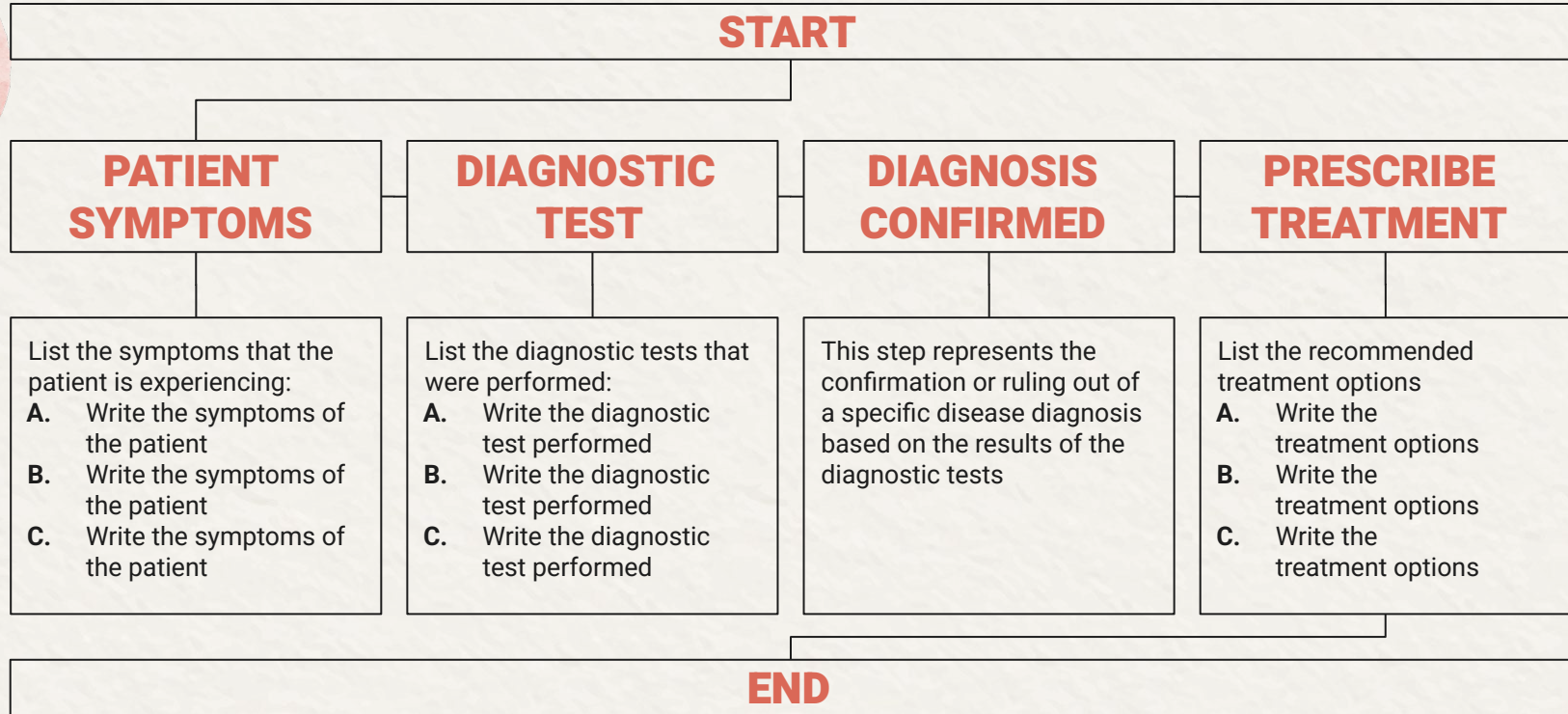
RISK FACTORS AND COMPLICATIONS

RISK FACTORS	DESCRIPTION	PREVALENCE	CONTRIBUTING FACTORS	COMPLICATIONS	SEVERITY
Age over 50	Being over the age of 50	80% of cases	Age-related decline in immune function	Heart attack, stroke, kidney damage, blindness	High
Smoking	Using tobacco products	30% of cases	Nicotine addiction, exposure to carcinogens	Lung cancer, chronic obstructive pulmonary disease (COPD)	Moderate
High blood pressure	Blood pressure consistently above 140/90 mm Hg	40% of cases	Obesity, stress, genetics	Heart disease, stroke, kidney damage, vision loss	High
Family history of disease	Genetic predisposition to the disease	10% of cases	Family history	Heart disease, stroke, kidney damage, blindness	Moderate

DISEASE HISTORY



DIAGNOSIS AND TREATMENT



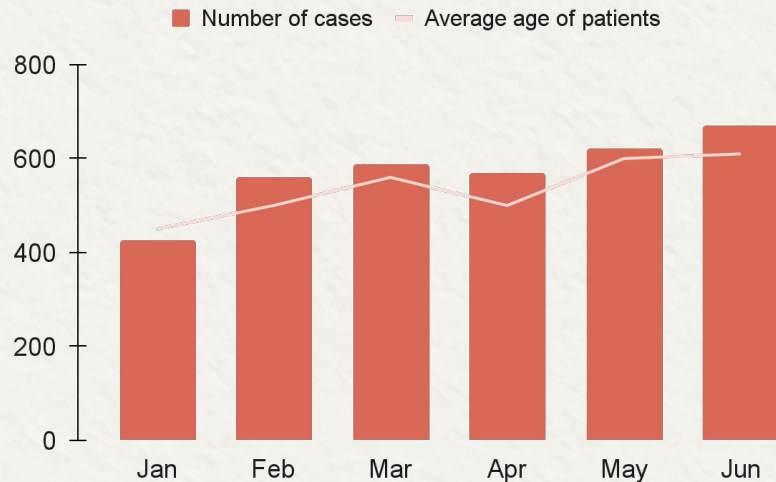
REAL LIFE IMPACT

A photo showcase can be a useful addition to any presentation, as it showcases the most human side of every subject



DISEASE MANAGEMENT

NUMBER OF CASES OF THE DISEASE OVER TIME



10%

Decrease in new cases this year

95%

Treatment success rate

20%

Decrease in mortality rate over last year

REGION	NUMBER OF CASES	PERCENTAGE OF CASES
North	1,000	20%
South	2,500	50%
East	1,200	24%

Follow the link in the graph to modify its data and then paste the new one here. [For more info, click here](#)

DISEASE OVERVIEW

ABOUT THE PATIENT

Patient's age	42 years old
Gender	Female
Medical conditions	Chest pain, shortness of breath
Previous treatments	None reported
Introduction	She has been experiencing these symptoms for the past 2 days, with the pain increasing in intensity and frequency

KEY FINDINGS

- Summarize the most important or relevant aspects of the patient's medical history
- Use bullet points to present the key findings in a clear and organized manner

CONCLUSIONS

1

In this section, summarize the key findings from the medical history

2

Provide an overview of the implications for the current diagnosis and treatment plan



THANKS!

Does anyone have any questions?
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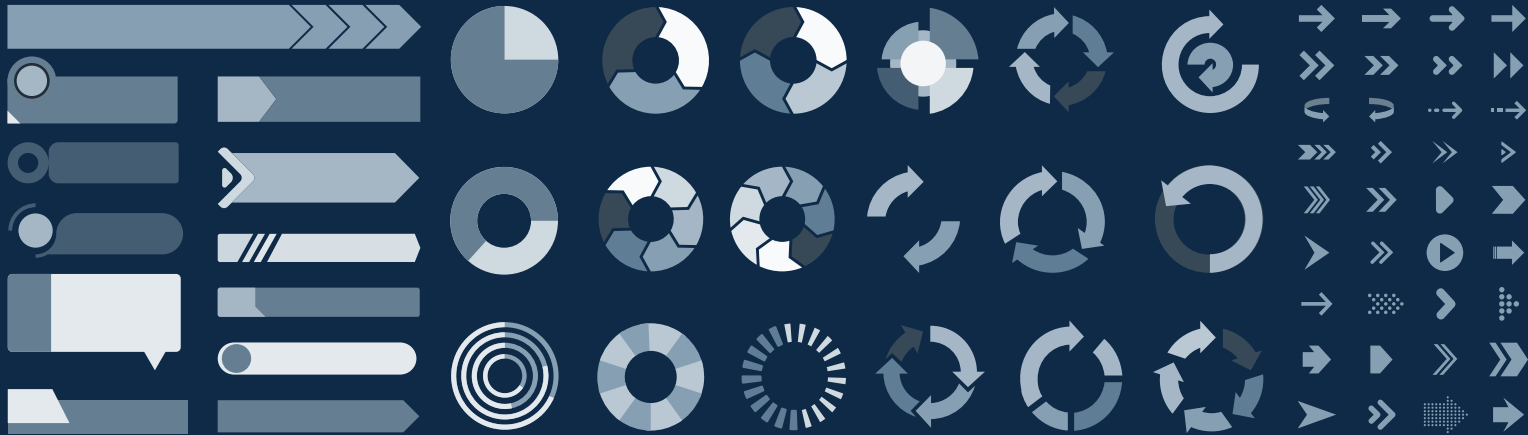
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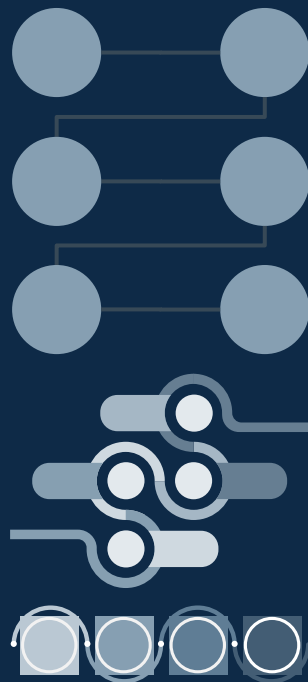
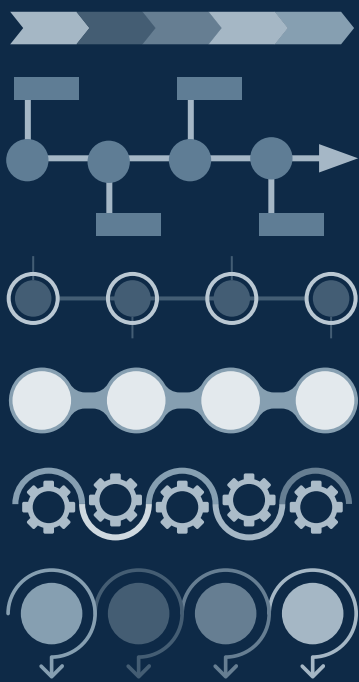
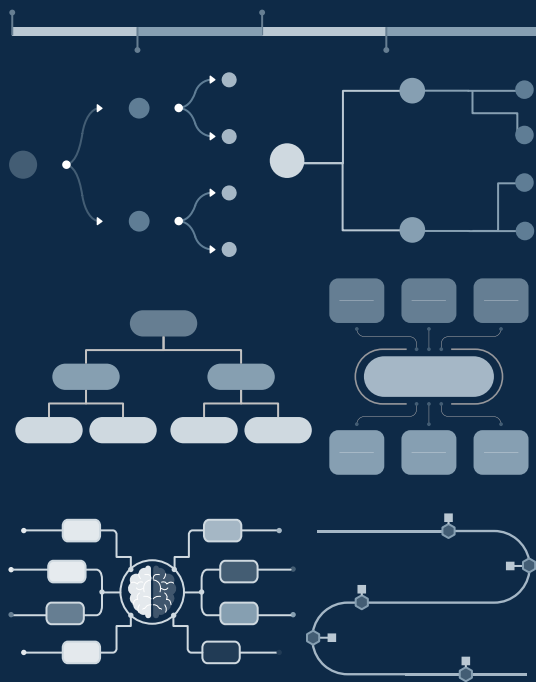
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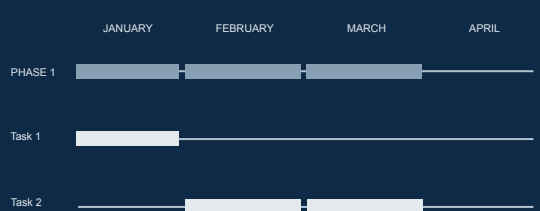
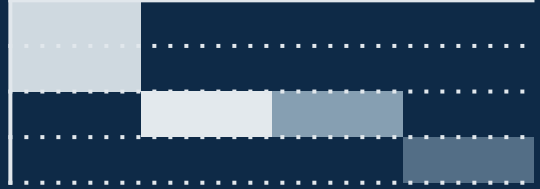
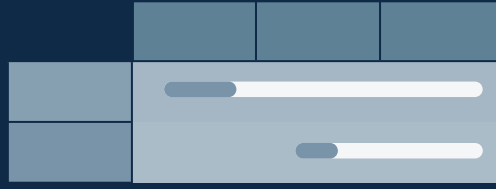
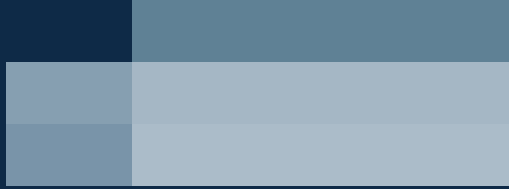
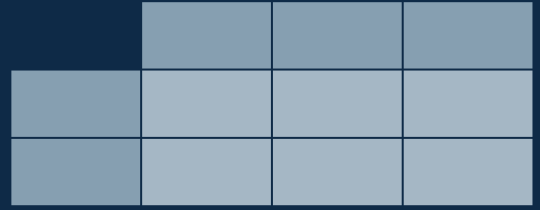
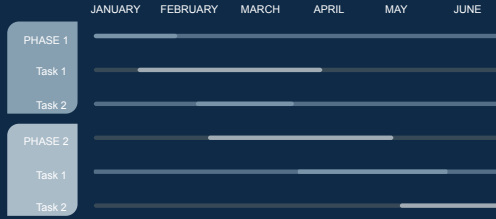
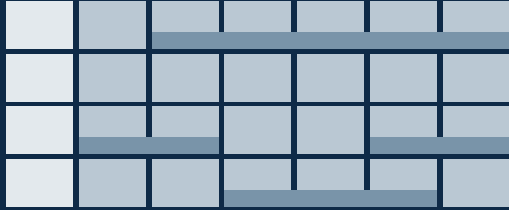
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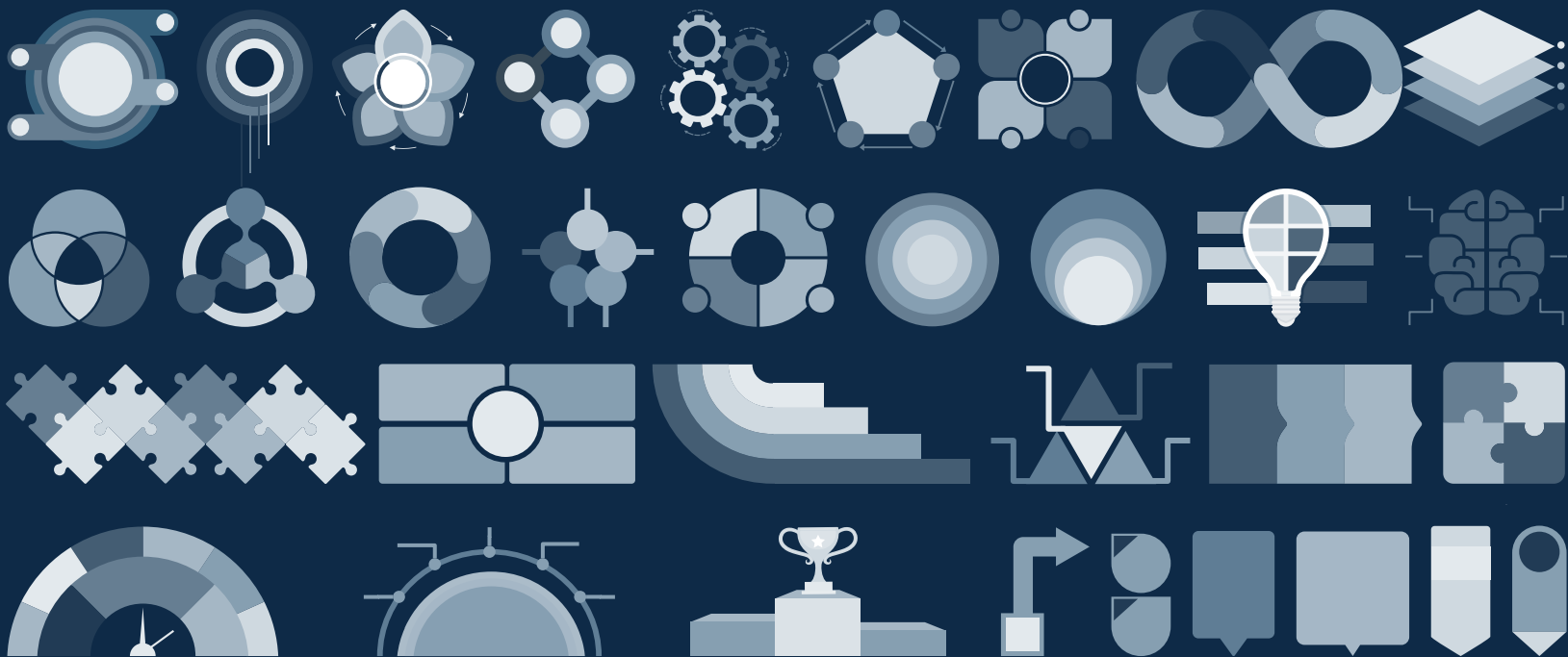
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