

Crystalloid	Action / Use	Nursing Considerations
Hypotonic: <250 mOsm/L 0.25% normal saline (NS) 0.33% NS 0.45% NS 5% dextrose in water (D ₅ W)- hypotonic once administered	 Shifts fluid out of vessels into cells Hydrates cells D₅W spares protein, provides calories and free water, treats hyperkalemia, is a diluent for IV drugs 	 May worsen hypotension Can increase edema May cause hyponatremia D₅W may also irritate veins Do not give to those at risk for increased intracranial pressure: stroke, head trauma or neurosurgery
Isotonic: >250 mOsm/L 0.9% NS Lactated Ringer's (LR) Ringer's Normosol Plasma-Lyte	No fluid shiftVascular expansionElectrolyte replacement	 May cause fluid overload, especially with hypertension and heart failure Generalized edema, Dilutes hemoglobin May cause electrolyte imbalance
Hypertonic: >375 mOsm/L $D_50.45\%$ NS $D_50.9\%$ NS D_5LR Hypertonic saline (HS) 3% or 5%	 Shifts fluid back into circulation Vascular expansion Replaces electrolytes 	 Irritating to veins May cause fluid overload May cause hypernatremia May cause hyperchloremia HS slows inflammation and increases capillary permeability

Colloid	Action / Use	Nursing Considerations
Albumin (plasma protein) 5% or 25%	 Keeps fluid in vessels Maintains volume Used to replace protein and treat shock and erythroblastosis fetalis 	 May cause anaphylaxis (watch for hives, fever, chills, headache). May cause fluid overload and pulmonary edema
Hetastarch (HES) (synthetic starch) 6% or 10%	 Shifts fluid into vessels Vascular expansion Prolongs hemodynamic response when given with hypertonic saline 	 May cause fluid overload and hypersensitivity Increased risk of bleeding contraindicated in bleeding disorders, CHF, and renal failure
Dextran (polysaccharide) 40 kDa or 70 kDa	 Shifts fluids into vessels Vascular expansion Prolongs hemodynamic response when given with hypertonic saline 	 May cause fluid overload and hypersensitivity Contraindicated in bleeding disorders, CHF, and renal failure