**IAH / ACS MEDICAL MANAGEMENT ALGORITHM**

- The choice (and success) of the medical management strategies listed below is strongly related to both the etiology of the patient’s IAH / ACS and the patient’s clinical situation. The appropriateness of each intervention should always be considered prior to implementing these interventions in any individual patient.
- The interventions should be applied in a stepwise fashion until the patient’s intra-abdominal pressure (IAP) decreases.
- If there is no response to a particular intervention, therapy should be escalated to the next step in the algorithm.

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If IAP > 25 mmHg (and/or APP < 50 mmHg) and new organ dysfunction / failure is present, patient’s IAH / ACS is refractory to medical management. Strongly consider surgical abdominal decompression.

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**Step 1**
- Patient has IAP ≥ 12 mmHg
  - Begin medical management to reduce IAP

**Step 2**
- Measure IAP / APP at least every 4-6 hours or continuously.
  - Titrate therapy to maintain IAP ≤ 15 mmHg and APP ≥ 60 mmHg

**Step 3**
- Evacuate intraluminal contents
- Evacuate intraperitoneal space occupying lesions
- Improve abdominal wall compliance
- Optimize fluid administration
- Optimize systemic / regional perfusion

**Step 4**
- Hemodynamic monitoring to guide resuscitation
- Fluid removal through judicious diuresis once stable
- Maintain abdominal perfusion pressure (APP) > 60 mmHg

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