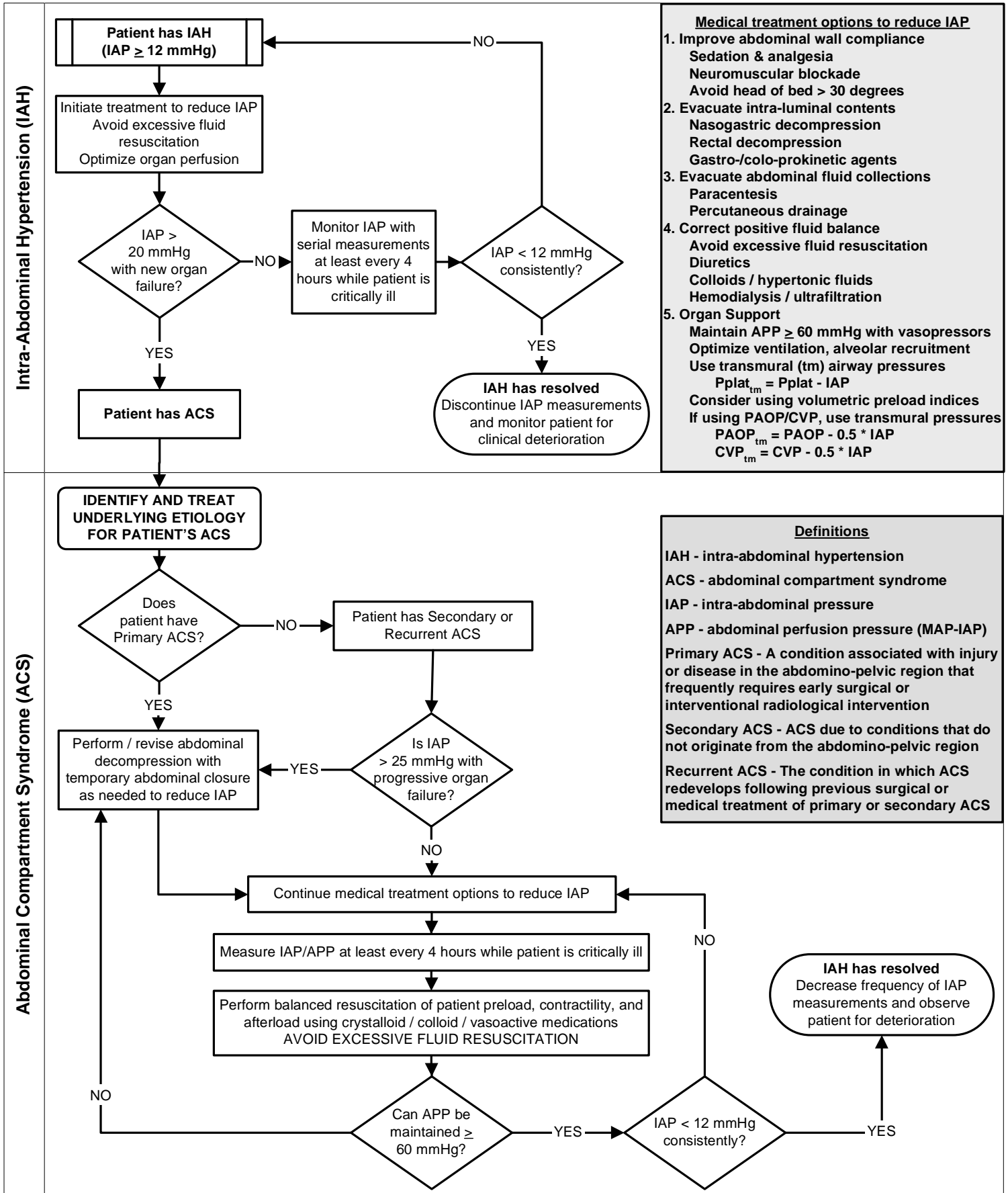


INTRA-ABDOMINAL HYPERTENSION (IAH) / ABDOMINAL COMPARTMENT SYNDROME (ACS) MANAGEMENT ALGORITHM



Abdominal Compartment Syndrome (ACS)

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graph TD
    Start([IDENTIFY AND TREAT UNDERLYING ETIOLOGY FOR PATIENT'S ACS]) --> D1{Does patient have Primary ACS?}
    D1 -- YES --> Treat1[Perform / revise abdominal decompression with temporary abdominal closure as needed to reduce IAP]
    D1 -- NO --> ACS[Patient has Secondary or Recurrent ACS]
    ACS --> D2{Is IAP > 25 mmHg with progressive organ failure?}
    D2 -- YES --> Treat1
    D2 -- NO --> Treat2[Continue medical treatment options to reduce IAP]
    Treat2 --> Measure[Measure IAP/APP at least every 4 hours while patient is critically ill]
    Measure --> Resusc[Perform balanced resuscitation of patient preload, contractility, and afterload using crystalloid / colloid / vasoactive medications  
AVOID EXCESSIVE FLUID RESUSCITATION]
    Resusc --> D3{Can APP be maintained ≥ 60 mmHg?}
    D3 -- YES --> D4{IAP < 12 mmHg consistently?}
    D3 -- NO --> Treat2
    D4 -- YES --> Resolved([IAH has resolved  
Decrease frequency of IAP measurements and observe patient for deterioration])
    D4 -- NO --> Treat2
    
```

Definitions

IAH - intra-abdominal hypertension
ACS - abdominal compartment syndrome
IAP - intra-abdominal pressure
APP - abdominal perfusion pressure (MAP-IAP)
Primary ACS - A condition associated with injury or disease in the abdomino-pelvic region that frequently requires early surgical or interventional radiological intervention
Secondary ACS - ACS due to conditions that do not originate from the abdomino-pelvic region
Recurrent ACS - The condition in which ACS redevelops following previous surgical or medical treatment of primary or secondary ACS

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