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.

### IAH/ACS Medical Management Algorithm

**Patient has IAP ≥ 12 mmHg**
Begin medical management to reduce IAP (GRADE 1C)

- Measure IAP at least every 4-6 hours or continuously.
- Titrate therapy to maintain IAP ≤ 15 mmHg (GRADE 1C)

**Step 1**

- Evacuate intraluminal contents
  - Insert nasogastric and/or rectal tube
  - Initiate gastro-colo-prokinetic agents (GRADE 2D)

- Evacuate intra-abdominal space occupying lesions
  - Abdominal ultrasound to identify lesions
  - Percutaneous catheter drainage (GRADE 2C)

- Improve abdominal wall compliance
  - Ensure adequate sedation & analgesia (GRADE 1D)

- Optimize fluid administration
  - Avoid excessive fluid resuscitation (GRADE 2C)

- Optimize systemic / regional perfusion
  - Goal-directed fluid resuscitation

**Step 2**

- Minimize enteral nutrition
  - Administer enemas (GRADE 1D)

- Abdominal computed tomography to identify lesions
  - Percutaneous catheter drainage (GRADE 2C)

- Consider reverse Trendelenberg position
  - Resuscitate using hypertonic fluids, colloids

- Hemodynamic monitoring to guide resuscitation
  - Fluid removal through judicious diuresis once stable

**Step 3**

- Consider colonoscopic decompression (GRADE 1D)

- Consider surgical evacuation of lesions (GRADE 1D)

- Consider neuromuscular blockade (GRADE 1D)

- Consider hemodialysis / ultrafiltration

**Step 4**

- Discontinue enteral nutrition

- If IAP > 20 mmHg and new organ dysfunction / failure is present, patient's IAH / ACS is refractory to medical management. Strongly consider surgical abdominal decompression (GRADE 1D).

Adapted from Intensive Care Med 2013 7:1190-1206

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