Belfast Health and Social Care Trust

Reference No: SG 16/08

Title:	Policy for recording fluid prescription and balance charts		
Author(s)	Audrey Dowd, Senior Manager Nursing David Robinson, Co-Director Nursing: Governance, Standards and Performance		
Ownership:	Brenda Creaney, Director of Nursing		
Approval by:	Standards and guidelines Policy committee Executive Team Meeting	**Approval date:**	6/11/13+31/7/14 18/11/13+18/8/14 20/11/13+20/8/14
Operational Date:	February 2015	**Next Review:**	February 2018
Version No.	V5	**Supercedes**	V4 – December 2013-2016
Key words:	Fluid balance chart		
Links to other policies	Hyponatraemia Policy		

Date	Version	Author	Comments
02/09/2008	V3.0	C Murphy	Assigning whole number
June 2010	V3.1	Audrey Dowd Olive Macleod	Update
July 2010	V3.2	O Macleod	Amendments
August 2010	V3.3	JR Johnston	Formatting
Jan 2011	V3.4	O Mac/A Dowd	Amendments
March 2011	V3.5	J Flannigan	Addition of midwifery
June 2011	V3.6	JRJ, AD	Following new Fluid chart
February 2013	V3.7	David Robinson / AD / JRJ	Following Hyponatraemia meeting
August 2013	V3.8	JRJ	8.10; 8.15 Following RBHSC comments
August 2013	V3.9	JRJ	Further scope, 7, 8.10, 8.15
August 2013	V3.10	JRJ/AD/DR	New template; HSS(MD)30/2013; community changes
October 2013	V3.11	JRJ	RJMH changes; Charts
24/10/2013	V3.12	AD/JRJ	Community changes
19/12/2013	V3.13	JRJ	After S&G 6/11/13
26/06/2014	V4.1	CM	Use of FBC on day case patients
11/02/2015	V4.2	CM	Addition of June 2014 Fluid Balance Chart and Training
13/03/2015	V4.3	CM	Appendix 3

1.0 INTRODUCTION / PURPOSE OF POLICY

1.1 Background

The need for improved record keeping in relation to fluid prescription and balance charts has been a key theme emerging both locally and nationally and is a priority for safe and effective care. The data recorded on fluid prescription and balance charts is used to inform clinical decisions about treatment and care. Therefore it is essential that the information is both accurate and timely.

In September 2014, with HSS(MD)31/2014, the DHSSPSNI endorsed the new regional fluid prescription and balance charts - one for adults and one for children aged up to their 16th birthday.

1.2 Purpose

To ensure the appropriate use and correct recording, maintenance and completion of fluid prescription and balance charts & to improve the standards and rigour of these records.

1.3 Objectives

- To promote the correct use and completion of fluid prescription and balance charts.
- To provide guidance to Trust employees to ensure accurate, timely information is recorded consistently.
- To promote best evidence-based practice in relation to fluid prescription and balance records thus ensuring high quality, safe and effective care is delivered to all patients.

2.0 SCOPE OF THE POLICY

This policy will apply to all Trust clinical employees in both adult and children's services - in hospital and the community.

BHSCT fluid balance and prescription charts must be used to record fluid balance for all patients with the exception of day case patients where the ward has a clear protocol for the management of these patients using operating and post operative documentation.

3.0 ROLES/RESPONSIBILITIES

It is the responsibility of all clinical Trust employees to adhere to this policy

4.0 KEY POLICY PRINCIPLES

Definitions

Fluid balance is the recording of all the input to and all the output from a patient and then balancing their sum, including consideration of insensible loss and the general health status of the patient. Early recognition of fluid imbalance can ensure that prompt, appropriate treatment is delivered to patients.

Fluid prescription and balance charts enable the prescription and the recording of administration of all forms of fluid input (including intravenous, subcutaneous, oral and enteral) and output. These charts enable this to be done for patients with a wide range of illnesses, from the simple to complex. As indicated in the training presentations (adult and paediatric) on the BHSCT intranet hub, some patients may only require simple recording of oral intake while some may need cumulative totalling of all fluid inputs and outputs both for each fluid and hourly along with an hourly overall balance. That means, not all patients need cumulative fluid totalling and the decision regarding the complexity of recording required will vary with each patient and with local unit/hospital policy. Guidance is available in the training presentations (4.3).

Fluid input is generally in the form of oral/gastrointestinal intake, intravenous and subcutaneous intake.

Fluid losses take the form of urine output, gastrointestinal (vomiting, stomal and wound drainage), haemorrhage (both visible and hidden) and insensible (which can increase dramatically with a pyrexia) plus other losses often from drains of various sorts.

In health, the input and output are balanced. When they are not, the overall balance must be calculated from measurement of the input/output and then the fluid deficits or excesses corrected. This requires attention to detail and manpower to record the necessary data to be able to make the calculations.

Policy Statement(s)

4.1 The decision to commence, continue or discontinue recording of fluid prescription and balance charts will be taken by the doctor or the registered nurse or midwife with responsibility for the patient's care. This will be reviewed daily.

4.2 The registered nurse or midwife who has been assigned to provide care for patient/s over the period of day, night or partial shift has the responsibility for ensuring that all fluid prescription balance records are accurate and complete at the time of handover or following each episode of care within the community setting.

4.3 **Training**

There are training presentations for the adult and child chart available on the BHSCT intranet HUB. Staff who order the prescribing, prescribe, administer or who are responsible for the fluid status of adults and/or children, must complete and familiarise themselves with the content of these packages.

Hyponatraemia – How to complete Adult Fluid Balance Chart

Hyponatraemia – How to complete Paediatric Fluid Balance Chart

4.4 All patients must have the age appropriate fluid prescription and balance chart completed. Children under 16 years should use the Paediatric chart and from their 16th birthday the adult chart must be used.

Exceptions for use of fluid prescription and balance chart:

- Day case patients who are cared for in a day case only patient ward, where fluid input is recorded on the operating note and no further IV fluids are prescribed.

- Day case patients on wards with both day case and inpatients where the ward has a clear protocol in place for identifying and managing their day case patients. (e. g. ENT Ward 31).

Any day case patient, who requires an inpatient stay, must be started on a fluid prescription and balance chart.

4.5 The following groups of patients may use different fluid prescription and balance charts. Those:-

- cared for in ICUs, HDUs, specialist units.
- with diabetic ketoacidosis.
- with acute burns.
- cared for in the community (for fluid prescription).

4.6 The fluid prescription and balance chart will commence at 08:00hrs for a full 24-hour period except in a community setting.

4.7 The name, hospital number and/or H&C number and location must be clearly identified on the prescription and balance chart (using addressograph labels if available) along with the date. These details need completed on both sides of the chart.

4.8 Record the patient's weight on the back of the prescription and balance chart. This must be a recently measured weight. When it is not possible to weigh the patient, record a recalled weight.

4.9 All intake and measureable output of fluids must be recorded in millilitres.

Input

4.10 Oral intake will be recorded contemporaneously. Cumulative totals will be maintained when indicated by the clinical condition of the patient or, as prescribed.

4.11 All patients receiving intravenous fluid must have their input measured and recorded on the fluid prescription and balance chart.

4.12 All intravenous fluids will be recorded on an hourly basis and can be identified either by their name or by using a letter (a, b, c, etc). Cumulative totals will be maintained when indicated by the clinical condition of the patient or, as prescribed.

4.13 All intravenous medications that are delivered in a fluid solution e.g. antibiotics, analgesia, will have fluid volume recorded contemporaneously on the fluid prescription and balance chart (except in the community settings).

4.14 All patients receiving subcutaneous fluids must have their input measured and recorded on a fluid prescription and balance chart. In the community, GPs may prescribe these fluids on a different document.

4.15 When infusion devices are used the infusion pump details (model name and serial number) should be recorded.

4.16 All enteral feeding will be recorded on an hourly basis (except in the community). Cumulative totals will be maintained when indicated by the clinical condition of the patient or, as prescribed.

Output

4.17 With regard to adults i.e. patients over 16 years old, fluid prescription and balance charts should be commenced and fluid output measured and recorded when deemed clinically warranted or necessary.

All children under 16 years should be on a fluid prescription and balance chart.

If intravenous fluids have been started, all patients should have their urine output measured and recorded. Children receiving long term TPN may be an exception.

Children on intravenous fluids and who are using nappies must have them weighed. Children receiving other forms of fluid intake must also have any nappies weighed when clinically indicated.

However, where accurate fluid output measurement is not clinically warranted or necessary and it is not practical e.g. incontinence or when wearing nappies/continence pads, an estimation e.g. small, moderate or large volume, must still be made and recorded on the fluid prescription and balance chart.

The recording of output as PU or PUT is discouraged and the weighing of nappies is encouraged.

4.18 Urinary catheters attached to continuous drainage bags will have the total output recorded at the end of each shift (minimum requirement) or as the need arises to empty drainage bag.

4.19 Where hourly urometer measurement is indicated and in use, cumulative totals will be maintained.

Patients with a low urinary output will be identified urgently and, if unresponsive to therapy, escalated urgently to senior medical, midwifery and nursing staff and action taken in accordance with the NEWS.

4.20 Record the previous day's input, output and balance values. All completed fluid prescription and balance charts (from previous days) will be retained in the patient clinical notes.

4.21 Patients and their families/carers, where appropriate, will be informed about the need to record fluid intake and output and encouraged to help in keeping an accurate record. In the community, where appropriate, this should form part of the 'Care Management Plan' for carers.

5.0 IMPLEMENTATION OF POLICY

5.1 **Dissemination**
This policy is to be disseminated to all staff who order the prescription, prescribe, administer or who are responsible for the fluid status of adults and/or children.

5.2 **Exceptions**
See 4.5, 4.6 and 4.13.

6.0 MONITORING

Regular auditing of the use of fluid prescription and balance charts will be carried out both by the BHSCT and on occasion by GAIN.

7.0 EVIDENCE BASE / REFERENCES

Royal Marsden hospital Manual of clinical Nursing Procedures 6th Ed

8.0 CONSULTATION PROCESS

Associate Directors of Nursing, Service Group Directors, Trade Unions & Standards & Guidelines committee

9.0 APPENDICES / ATTACHMENTS

Appendix 1 = Adult Fluid prescription and balance chart.
Appendix 2 = Child Fluid prescription and balance chart
Appendix 3 = How to prescribe intravenous medicine infusions

10.0 EQUALITY STATEMENT

In line with duties under the equality legislation (Section 75 of the Northern Ireland Act 1998), Targeting Social Need Initiative, Disability discrimination and the Human Rights Act 1998, an initial screening exercise to ascertain if this policy should be subject to a full impact assessment has been carried out. The outcome of the Equality screening for this policy is:

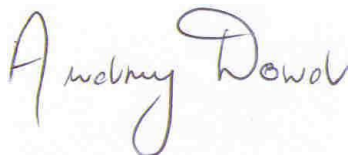
Major impact ☐

Minor impact ☐

No impact. X

SIGNATORIES

(Policy – Guidance should be signed off by the author of the policy and the identified responsible director).



_____ **Date: _____Dec 2013_____**

Author

_____ **Date: _____Dec 2013_____**

Director

Daily Fluid Balance & Prescription Chart

Write in CAPITAL LETTERS or use addressograph
Surname:
First names:
Consultant: Ward:
Hospital no: DOB:
Health and Care no:
Check identity

Hospital
Ward
Date

June 2014

Special Instructions:
For Hourly, Cumulative fluid recording today Yes ☐

Adult
From their 16th birthday

FLUID INPUT (ml)

	ORAL FLUID				INTRAVENOUS FLUID & MEDICINES* *Include volume of infused medicines								Hourly Amount IN	Grand Total IN
	ORAL		ENTERAL		No.1 Site		No.2 Site		No.3 Site		No.4 Site			
	Fluid Type		Fluid Type		Fluid Type		Fluid Type		Fluid Type		Fluid Type			
	Amount	Total	Amount	Total	Amount	Total	Amount	Total	Amount	Total	Amount	Total		
08.00														
09.00														
10.00														
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06.00														
07.00														

FLUID OUTPUT (ml)

	URINE		BOWEL						COMMENTS		Hourly Amount OUT	Grand Total OUT	Overall Balance	Initials
	Amount	Total	Amount	Total	Amount	Total	Amount	Total	Amount	Total				
08.00														
09.00														
10.00														
11.00														
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05.00														
06.00														
07.00														

INTAKE	8am Day	8pm Night	8am Total
Oral			
Enteral			
Intravenous			
Grand Total IN			

—

OUTPUT	8am Day	8pm Night	8am Total
Urine			
Bowel			
Other			
Other			
Grand Total OUT			

=

24 hour Fluid Balance (ml)
Balance

ADULT

Write in CAPITAL LETTERS or use addressograph
Surname:
First names:
Consultant: Ward:
Hospital no: DOB:
Health and Care no:
Check identity

Recent Weight _____ kg
Weighed ☐ / /
Estimated ☐

Yesterday's Date	Grand total In	Grand total out	Balance

Solution	Composition of common intravenous solutions (mmol/L)				
	[Na⁺]	[Cl⁻]	[Glucose]	[Lactate]	[K⁺]
5% Glucose (Dextrose)	0	0	278	-	-
0.45% Sodium Chloride	77	77	0	-	-
0.45% Sodium Chloride + 5% Glucose (Dextrose)	77	77	278	-	-
0.9% Sodium Chloride	154	154	0	-	-
Compound Sodium Lactate - Hartmann's solution	131	111	0	29	5
Plasma substitutes: gelatins, etherified starches	140 - 154	118 - 154	0	0 - 30	0 - 5
Plasma	135 - 145	95 - 108	3.5 - 7.0	0.4 - 2.2	3.5 - 5.0

FLUID PRESCRIPTION ADVICE FOR ADULTS*

Fluid therapy should involve the consideration of:
- RESUSCITATION – R Fluid bolus volume for hypovolaemic shock.
- ROUTINE MAINTENANCE – M Varies with clinical state.
- REPLACEMENT - Correction of any obvious fluid deficit – D and ongoing losses – O (e.g. vomiting, drainage, insensible, diarrhoea).
- REDISTRIBUTION - Patients with sepsis, severe renal, liver or cardiac disease, malnutrition, refeeding issues or post-operative.
- REASSESSMENT - include clinical assessments & glucose and U&E at least 24 hourly.
- Use the **oral** or **enteral** route whenever possible for giving fluids.
- Daily insensible loss = 500 - 800 ml.

Types of Fluid

Sodium chloride 0.9% provides the most important extracellular ions. It is indicated when RESUSCITATION by a fluid bolus is needed for shock and in sodium depletion. The administration of large volumes may give rise to sodium accumulation, oedema, and hyperchloraemic acidosis. *Compound sodium lactate (Hartmann's solution contains 5 mmol/l. of potassium)* can be used instead of isotonic sodium chloride solution during or after surgery, or in the initial management of the injured or wounded; it may reduce the risk of hyperchloraemic acidosis. 5% glucose (dextrose) is an important source of free water for maintenance, but should be used with caution as excessive amounts may cause dangerous hyponatraemia, especially in the elderly.

ROUTINE MAINTENANCE fluids replace the normal fluid content of oral food intake, insensible loss & urinary output and are prescribed to provide optimal hydration in patients unable to fully use the oral or enteral route. Maintenance fluids should take into account the volume of fluid to deliver IV medications (antibiotics, analgesics). The total (oral, IV drugs and prescribed fluids) volume prescribed in healthy adults (without excess fluid losses) should be of the order of 30 ml/kg/day up to a maximum of 2.5L. Consider prescribing less fluid (e.g. 20-25 ml/kg/day) for patients who are older, frail, have renal impairment or cardiac failure. Consider using ideal body weight for obese patients.

Sodium requirement - 1 to 2 mmol/kg/day, so it is rarely necessary to give more than 1 litre of sodium chloride 0.9% or Hartmann's solution per day for maintenance IV fluids. Antibiotic and analgesic infusions may already provide some of this.
Potassium requirement - 1 mmol/kg/day, adjusted according to the serum potassium.
Phosphate, Magnesium - monitor & correct.

Many patients have specific needs to cover REPLACEMENT and/or REDISTRIBUTION of fluid and electrolytes.

REPLACEMENT of deficits & on-going losses - prescription should reflect the electrolyte composition of the fluid being lost.
Gastric losses - replace volume for volume with sodium chloride 0.9% with added potassium as required.
Lower Gastrointestinal losses - replace with Hartmann's solution or, if extra potassium is needed, sodium chloride 0.9% with added potassium.

Infusion Rates		
mls	hrs	ml/hr
500	4	125
500	6	83
1000	4	250
1000	6	167
1000	8	125
1000	12	83
1000	24	42
2000	24	83

Some patients have problems of internal REDISTRIBUTION and may develop sodium and water excess (leading to oedema and weight gain) which frequently can occur in the context of a low intravascular volume (and associated low urine output). Prescribing appropriate IV fluids for patients with redistributive type problems is particularly difficult since too little leads to intravascular hypovolaemia, low blood pressure, poor urine output and poor tissue perfusion, whilst too much may promote more oedema. In these patient groups, formulae-based equations should be used with caution. Fluid restriction may be needed and should be guided by senior input and regular REASSESSMENT.

Senior help should always be sought for complex on-going fluid losses, when the balance between fluid overload and deficit is unclear, for complex redistribution issues and especially when patients have diminished organ reserve.

*Based on NICE CG174

Indications - all that apply: Fluid **B**olus volume, **D**eficit, **O**n-going loss volume, **M**aintenance, Drug **P**rescription

* Medicines must be recorded in Drug Kardex

** Model name, Serial number.

	Date	Time	Volume	Infusion Fluid/Type	Additives *	Rate ml/hour Range	Prescriber's Signature	Administered By	Checked By	Batch/Lot No. & Expiry Date	Pump Details **	Start Time	Finish Time	Volume given
				ⓐ										
				ⓑ										
				ⓒ										
				ⓓ										
				ⓔ										
				ⓕ										
				ⓖ										
				ⓗ										
				ⓘ										
				ⓙ										

Daily Fluid Balance & Prescription Chart

Child
Up to 16th birthday

Write in CAPITAL LETTERS or use addressograph
Surname:
First names:
Consultant: Ward:
Hospital no: DOB:
Health and Care no:
Check identity

Hospital
Ward
Date

June 2014

Special Instructions:

FLUID INPUT (ml)

	ORAL FLUID				INTRAVENOUS FLUID & MEDICINES* *Include volume of infused medicines									
	LIQUID		ENTERAL		No.1 Site		No.2 Site		No.3 Site		No.4 Site		Hourly Amount IN	Grand Total IN
	Fluid Type		Fluid Type		Fluid Type		Fluid Type		Fluid Type		Fluid Type			
	Amount	Total	Amount	Total	Amount	Total	Amount	Total	Amount	Total	Amount	Total		
08.00														
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FLUID OUTPUT (ml)

	URINE		BOWEL						COMMENTS		Hourly Amount OUT	Grand Total OUT	Overall Balance	Blood Sugar	Initials
	Amount	Total	Amount	Total	Amount	Total	Amount	Total	Amount	Total					
08.00															
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01.00															
02.00															
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06.00															
07.00															

INTAKE	8am Day	8pm Night	8am Total
Liquid			
Enteral			
Intravenous**			
Grand Total IN			

** Include daily cannulae flush volumes

OUTPUT	8am Day	8pm Night	8am Total
Urine			
Bowel			
Other			
Other			
Grand Total OUT			

24 hour Fluid Balance (ml)
Balance

CHILD

Write in CAPITAL LETTERS or use addressograph
Surname:
First names:
Consultant: Ward:
Hospital no: DOB:
Health and Care no:
Check identity

Yesterday's Date		
Grand total in	Grand total out	Balance

Recent Weight _____ kg Weighed / / Estimated

Date	Time	Weight (kg)	Na (mmol/L)	K (mmol/L)	Urea (mmol/L)	Creatinine (micromol/L)	Glucose (mmol/L)	Chloride (mmol/L)	Bicarbonate (mmol/L)

Clinical signs of dehydration

Degree of Dehydration		Signs are ordered in each column by severity
Moderate,	5%	Dry mucous membranes (be wary in the mouth breather) Diminished skin turgor (pinch test 1-2 sec) Altered neurological status (drowsiness, irritability) Deep (acidotic) breathing
Severe,	8%	Decreased peripheral perfusion Cool/mottled/pale peripheries Capillary refill time > 2 sec Circulatory collapse

Do not use more than 8% dehydration in calculations.

Calculation guidance for intravenous therapy for children over 4 weeks & under 16 years

based on Parenteral Fluid Therapy Wallchart for children and young people - May 2014

RESUSCITATION = B

Fluid bolus volume for shocked patients = I Given over less than 15 minutes.
Required bolus volume (ml) = body weight (kg) x 20 = I ml
but if the setting is trauma or DKA x 10 = I ml

Record this bolus volume I (ml) in prescription box below and identify this fluid bolus volume with letter B.
Use only sodium chloride 0.9% - repeat if necessary - REASSESS - call for senior help

For DKA / neonates, use separate prescription protocols.

REPLACEMENT: REDISTRIBUTION

Fluid deficit calculations (maximum 8%) = D

% of dehydration ____ x bodyweight in kg ____ x 10 = II ml
Amount given as fluid bolus volume = I ml
Residual deficit (II minus I) = III ml
Give residual deficit over 48 hours (III divided by 48) = IV ml/hr

Prescribe the calculated Maintenance and Deficit fluids individually.

Additional ongoing losses volume (e.g. vomiting, diarrhoea, drainage) = O
Calculate at least every 4 hours (unless otherwise instructed)
Replace lost volume with an equal volume of fluid (usually 0.9% saline +/- KCL) = V ml

ROUTINE MAINTENANCE = M

Maintenance Fluid - in females > 40kg max 2000 ml/day, in males > 60kg max 2500 ml/day (equivalent to 80 & 100 ml/hour respectively)

First 10kg 4ml/kg/hr = VI ml/hr
Second 10kg 2ml/kg/hr = VII ml/hr
For each kg over 20kg 1ml/kg/hr = VIII ml/hr
Maintenance total (VI + VII + VIII) = IX ml/hr
Consider reducing maintenance volume to 2/3 if risk of hyponatraemia is high. = IX ml/hr

Prescribe the calculated Maintenance and Deficit fluids individually.

Indications - all that apply: Fluid Bolus volume, Deficit, On-going loss volume, Maintenance, Drug Prescription

* Medicines must be recorded in Drug Kardex

** Model name, Serial number.

	Date	Time	Volume	Infusion Fluid/Type	Additives *	Rate ml/hr Range	Prescriber's Signature	Administered By	Checked By	Batch/Lot No. & Expiry Date	Pump Details **	Start Time	Finish Time	Volume given
ⓐ														
ⓑ														
ⓒ														
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ⓙ														

REASSESSMENT	Date	Time	Is infusion prescription still suitable?	Doctors Signature
12 hour Reassessment			Yes or No Yes or No	

Is patients hydration improving?
Are oral fluids now appropriate?
Is potassium needed?
What about Urine output?

Special Instructions:

How to prescribe intravenous medicine infusions

On a medicines kardex and/or daily fluid balance & prescription sheet

1 Intermittent Infusions – this is the administration of an infusion over a set time period, either as a one-off dose or repeated at specific time intervals e.g. ciprofloxacin

Applicable to any medicine that is administered as an intermittent infusion, which may be:

- a pre-prepared infusion e.g. ciprofloxacin, metronidazole
- an infusion prepared in the clinical area either by further diluting a smaller volume e.g. clindamycin or by first reconstituting a dry powder and then further diluting e.g. vancomycin or clarithromycin

Documentation:

- prescribed on the kardex as shown below
- administration of dose recorded on kardex
- administration of infusion volume on the front page (fluid balance administration record) as shown below
- it is not necessary to prescribe on back page (fluid prescription)

Example: Ciprofloxacin (see below)

If feasible:

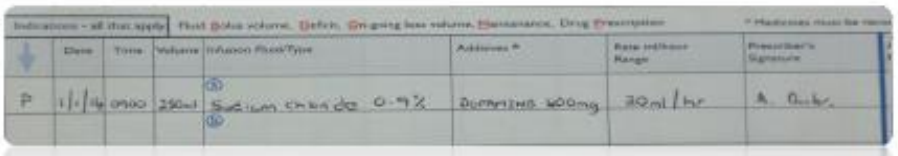
- Record all IV medicines (e.g. paracetamol, antibiotics) in the one column such as the one indicated

Medicines Governance Team – 2nd September 2014

2. **Continuous Infusions** – this is the intravenous administration of a volume of fluid with medicines added over 24 hours or a number of hours to achieve a clinical endpoint. Large or small volumes may be delivered continuously e.g. amiodarone, heparin, dopamine

Documentation:

- prescribed on fluid balance prescription chart as shown below
- prescription referenced on the kardex as shown below (but do not include any dose details) e.g. 'Dopamine – see fluid prescription'
- administration documented on the front and back page of the 'daily fluid balance and prescription'



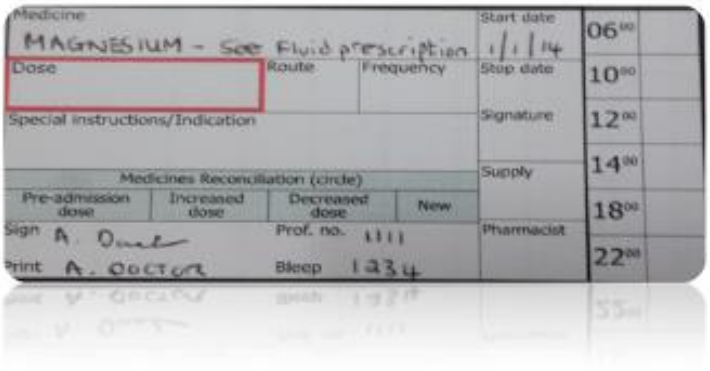
Medicines Governance Team – 2nd September 2014

3. Prescriptions for electrolyte replacement / treatment e.g. magnesium, phosphate, potassium

Applicable to electrolyte replacement or treatment

Documentation:

- prescribed on fluid balance prescription chart as shown below
- referenced on the kardex as shown below e.g. *'Magnesium – see fluid prescription'*
- administration documented on the front and back page of the 'daily fluid balance and prescription'



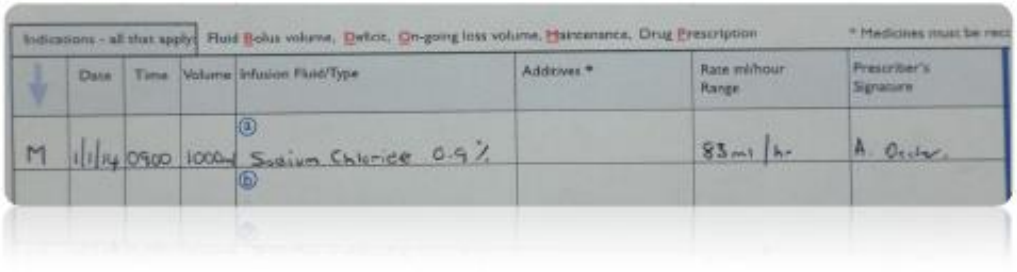
Medicines Governance Team – 2nd September 2014

4. IV fluid infusions to replace fluids e.g. sodium chloride 0.9%, Hartmann's solution, glucose 5%

Applicable to intravenous fluid replacement.

Documentation:

- prescribed on the fluid balance prescription
- administration on the front page (fluid balance administration record)
- It is not necessary to prescribe or reference on medicine kardex



Indications - all that apply: Fluid Bolus volume, Deficit, On-going loss volume, Maintenance, Drug Prescription — * Medicines must be rec

	Date	Time	Volume	Infusion Fluid/Type	Additives *	Rate ml/hour Range	Prescriber's Signature
M	1/1/14	0900	1000ml	ⓐ Sodium Chloride 0.9%		83ml/hr	A. Doctor
				ⓑ			

FLUID INPUT (ml)

	ORAL FLUID				INTRAVENOUS FLUID & MEDICINES* *Include volume of infused medicines								Hourly Amount (ml)	Grand Total (ml)
	ORAL		ENTERAL											
	Fluid Type		Fluid Type		Fluid Type		Fluid Type		Fluid Type		Fluid Type			
	Amount	Total	Amount	Total	Amount	Total	Amount	Total	Amount	Total	Amount	Total		
08.00														
09.00					ⓐ Sodium Chloride 0.9%									
10.00					83									
11.00					83									
12.00					83									
13.00					83									
14.00					83									
15.00					83									
16.00					83									
17.00					83									
18.00					83									
19.00					83									
20.00					83									
21.00					83									
22.00														
23.00														
24.00														
01.00														
02.00														

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5. What fluid volumes need to be recorded?

All 'significant' fluid volumes must be recorded in the 'fluid intake' section of the daily fluid balance chart. What constitutes 'significant':

- Adults – record any volume equal to or greater than 50ml
- Adults – those on a strict fluid management regime – record all volumes (unless local ward / unit protocol advises otherwise)
- Small children - record all volumes (unless local ward / unit protocol advises otherwise)

6. Summary

	Prescribe on Kardex	Prescribe on fluid balance prescription	Reference fluid balance prescription on Kardex	Record Administration on Kardex	Record Fluid balance
Bolus injections	✓			✓	*
Intermittent infusions	✓			✓	✓
Continuous infusions		✓	✓		✓
Electrolyte replacement/treatment		✓	✓		✓
Fluid replacement		✓			✓

* for adults where volume is equal or greater than 50ml or patient is on a strict fluid management regime or small children

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