Fluid Balance Monitoring Policy

Contents

Policy/Purpose

Patients with actual or potential fluid and electrolyte imbalances will be monitored by CDHB clinical staff in such a way that fluid and electrolyte imbalances can be detected early and the effects of corrective treatments can be evaluated in a timely manner.

Scope

Medical Practitioners, Nurses/Midwives, Dietitians, Enrolled Nurses and Nursing/Midwifery students under the supervision of the Registered Nurse/Midwife

Associated documents

Fluid Balance Charting Policy – Fluid and Medication Management

The Blue Book

Fluid Balance Chart (C280020B)

Adult Observation Chart (C280010)

Paediatric Observation Charts (C280011A,C280011B, C280011C)

(C280011D, C280011E)

Modified Early Obstetric Warning Observation Chart (C280012)

Christchurch Women's Acute Observation Chart (C280090)

Fluid Balance Summary (QMR0006)

Fluid Prescription Chart (QMR004B)

Drug Chart

All patients will have an:

Admission/Baseline weight recorded

Ongoing assessment of the patients risk for fluid and electrolyte imbalances which will take into consideration:

- A patient history of fluid/electrolyte imbalances
- Clinical indicators specific to the service speciality
- Reporting of changes in the patient's condition/treatment

Monitoring Considerations

- When initiating fluid balance monitoring the staff member will also refer to any 3rd line manual policy/guidelines which will outline specific service requirements
- The clinical record will indicate if the patient requires:
  - A daily weigh
  - Input/output measurements using a fluid balance chart
  - or both
- The prescriber can stipulate patient specific management/monitoring outside of these guidelines if clearly documented in the clinical notes
- Nursing/Midwifery clinical judgement is used on commencing monitoring when the patients treatment or condition changes e.g. fluid resuscitation situations, early warning management pathway scoring (urine output measures)
- Inform the multidisciplinary team of any changes to monitoring requirements and the rationale for the changes as soon possible (see below for Documentation requirements)

Procedural Considerations

- Provide education to the patient regarding the rationale for fluid balance monitoring and involve them and their whanau/ /caregiver in the process of measuring their input/output as appropriate.
- The daily weigh is best performed at the same time each day e.g. before breakfast and after urination using the same scales each time. Ensure if the patient is wearing an incontinence pad this has been removed and or replaced
- If a Fluid Balance Chart is required for a patient the input and output must be documented as accurately as possible

Documentation requirements

- Fluid or Electrolyte monitoring must be documented in the patient's clinical record within care planning documentation
- Baseline weight will be documented on the patient's observation chart (and the drug treatment sheet).
- Those patients who require daily weighs will have the weight documented/graphed on a weight chart to ensure variation can be identified across time.
- All patients indicated as requiring a Fluid Balance Chart for more than 24 hrs will have a summary sheet (QMR0006) completed to identify daily variances in their fluid balance and/or document variances as local policy stipulates.

Discontinuation of Fluid Balance Monitoring

- This decision will be made by the Medical Practitioner in conjunction with the Nurse/Midwife/Dietician as appropriate.
- The discontinuation of fluid balance monitoring will be documented in the patient's care plan and on the fluid balance/weight chart documents

Measurement or evaluation

Incident management system

References

Lonsway, R. (2010) Third Edition. Patient assessment as related to fluid and electrolyte balance. In M. Alexander, A. Corrigan, L. Gorski, J. Hankins & R Perucca (Eds.), Infusion Nursing: An evidence-based approach; (pp. 447-455).

Management Guidelines for Common Medical Conditions

13th Edition 2009 (Blue Book)

Policy Owner	MAC, Fluid and Medication Management Committee
Policy Authoriser	Chief Medical Officer & Executive Director of Nursing
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