Quick Look Procedure Resource for NON–CRITICAL CARE staff

Fluid balance and fluid management

WHEN TO PERFORM
1. Each hour: fluid input, output & fluid balance
2. Any time an infusion rate is changed
3. Any time an IV fluid type is changed i.e. maintenance type; drug infusion commenced; drug infusion discontinued
4. All output (e.g. NG, drains) discard volumes & time of discard

HOW TO PERFORM
1. Fluid input
   • Each hour, record (in mL) all maintenance fluid, any fluid boluses, and fluid volumes of all drug infusions administered in the previous hour

2. Fluid output & balance
   • Each hour, measure urine output using the hourly measurement chamber
   • Adequate renal perfusion is 0.5mls/kg/hr e.g. >40 mL hour for 80kg patient
   • Include any volumes from NG aspirate or drains
   • Subtract the output from the input to determine the fluid balance

3. Fluid management
   • Critically ill patients receive multiple drug infusions & maintenance/fluid boluses
   • Some drugs are incompatible; some MUST be delivered via a central line
   • Check compatibility & access type with ICU nurse if asked to commence new infusions
   • Ensure fluids/infusions administered using appropriate pump and infusion set (that enable setting & monitoring hourly rate
   • Blood & platelets require specific infusion sets

KEY SAFETY CONCERNS/WHEN TO CALL FOR HELP
1. Sudden increase in volume of blood in any drain
2. <30mL urine for 2 consecutive hours
3. Fluid balance is unexpectedly very positive or negative (>1000mls)
4. No maintenance fluid running and none prescribed