

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