Rotherham NHS Foundation Trust

24 Hour Adult Fluid Balance Chart

Date:

Surname: **Forenames (In full):**

DOB: **Sex:**

Consultant: **Ward:** **Hospital No:**

Patient assessment / goals

Weight: **kg** **Target fluid input 24 hours:** **mls**

PREVIOUS DAYS BALANCE **mls**

Time	Input						Output							
	1		2		3		Urine mls	NG/Vomitus		Drain(s)			Faecal/ Stoma	Initials
	Type	Volume mls	Type	Volume mls	Type	Volume mls		mls	mls	pH Aspirate	a mls	b mls		
06:00														
07:00														
08:00														
09:00														
10:00														
11:00														
12:00														
13:00														
14:00														
15:00														
16:00														
17:00														
12 Hour Subtotal														
12 Hour Input Total							12 Hour Output Total							
Signature							12 Hour Balance							
18:00														
19:00														
20:00														
21:00														
22:00														
23:00														
00:00														
01:00														
02:00														
03:00														
04:00														
05:00														
12 Hour Subtotal														
12 Hour Input Total							12 Hour Output Total							
24 Hour Input Total							24 Hour Output Total							
Signature							**24 Hour Balance**							

ALL FLUID BALANCE CHARTS MUST BE ACCURATE

WHEN YOUR PATIENT IS ON IV FLUIDS YOU MUST CHECK DAILY U&Es

The **5 Rs**: (Intravenous Fluid Therapy NICE No174)

R Resuscitation
If a patient needs fluid resuscitation use crystalloids that contain sodium in the range of 130-154mmol/l with a bolus of 250-500ml

R Routine Maintenance
Restrict initial IV prescription to 25-30 ml/kg per day e.g. 80kg patient requires 2000-2400 mls over a 24hr period. Sodium / potassium (approx.) 1 mmol/kg/per day. **Check DAILY U&Es.**

R Replacement
Adjust the IV prescription to account for existing fluid and or electrolyte deficits or excesses, on-going losses, review Fluid Balance chart, check for dehydration, fluid overload, hyperkalaemia / hypokalaemia.

R Redistribution
Check for oedema, sepsis 6, hypernatraemia, hyponatraemia, renal, liver or cardiac impairment, post op fluid retention, malnourished and refeeding issues.

R Reassessment
Using the ABCDE approach, assess the patient's likely fluid and electrolyte needs, clinical history, previous intake, thirst, abnormal losses, comorbidities, PAR score, review fluid chart, weight and laboratory assessments.

Add 50-100grams/per day Glucose (eg Glucose 5% contains 5g/100mls) For special considerations refer to NICE guidelines 174

When to review the patient's fluid status (Adapted from Central Manchester University Hospitals)

Routinely

Doctor

Review during routine ward round

JUNIOR DRS MUST ESCALATE CONCERNS TO A SENIOR IF NOT RESOLVED WITHIN 4 HOURS

Nurse

Review fluid balance chart at start, middle and end of shift, ensuring accurate balanced chart

Immediate referral to Junior Doctor if **CAUSE FOR CONCERN**

CAUSE FOR CONCERN

1.Low Urine Output
Action: Immediate review by Junior Doctor if UOP <20mls

2.High Urine Output
Action: Immediate review if UOP > 110mls/hr for 3 hrs in a row in the absence of diuretics

3.No IV and patient NBM for 6 hrs.
Action: Review by Junior Doctor <2 hrs

4.Actual or potential acutely ill patient
Action: Follow graded response on reverse of observation charts.
Senior review

Acute illness
PAR trigger
Clinical deterioration

Nurse

Review fluid balance chart as part of your Nursing Assessment.
Ensure accurately balanced charts

Immediate referral To relevant medical staff if any cause for concern. Follow GRADED RESPONSE For PAR trigger score

Doctor

JUNIOR DRS MUST ESCALATE CONCERNS TO A SENIOR IF NOT RESOLVED WITHIN 4 HOURS

HANDOVER

Nursing staff must indicate which patients are on a fluid balance chart.

When a patient is transferred verbal and written documentation must include fluid balance and any concerns.

Medical staff documentation must include a clear fluid balance management plan.

Any patient causing concern must be verbally handed over to next shift.

If you are uncertain at any time seek medical assistance

All users of this fluid chart must enter their specimen signature and initials

Print name	Signature	Initials

Print name	Signature	Initials

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