

ADULT FLUID PRESCRIPTION CHART



Name _____
 Date of Birth _____
 CHI/Unit No _____

Date _____ Sheet no _____
 Ward _____

IV fluids for adults: for more details, see pocket guideline or App

Consider volume status: Hypovolaemic / Euvolaemic / Hypervolaemic

Does your patient need IV fluids? If so, are they needed for:

Maintenance, Replacement, or Resuscitation?

Write in Maintenance requirements in next 24 hours:

Weight (kg) _____
 Essential _____

| | | |
|-----------------------|------------------------|---|
| Volume 30ml/kg | Sodium 1mmol/kg | Potassium 1mmol/kg (unless K⁺ > 5.0) |
| ml | mmol | mmol |

Estimated oral intake in the next 24 hours _____ ml. Oral intake will reduce the intravenous volume required

Never give more than 100 ml/hr of 0.18% NaCl / 4% Glucose: risk of hyponatraemia

If Sodium ≤132 mmol/l, then Plasmalyte 148 should be used for maintenance. Plasmalyte 148 not to be used for maintenance in other circumstances

| Weight (kg) | Maintenance Fluid Requirement in 24hr | Rate (ml/hr) | Equivalent to 1000 ml over: |
|-------------|---------------------------------------|--------------|-----------------------------|
| 35-44 | 1200 ml | 50 | 20 hr |
| 45-54 | 1500 ml | 65 | 16 hr |
| 55-64 | 1800 ml | 75 | 14 hr |
| 65-74 | 2100 ml | 85 | 12 hr |
| ≥75 | 2400 ml | 100 (max) | 10 hr |

Prescribe **Maintenance fluids and diabetic fluids** here.

Max rate is 100ml/hr.

Prescribe subcutaneous fluids using SC guidelines

Use separate prescription chart if more bags are required Mark as 'Sheet 2'

| Type + Additions | Vol (ml) | IV/ SC | Rate (ml/hr) | Start time | Finish time | Prescribed by (Sign and Print) | Set up by (Sign and Print) |
|------------------|----------|--------|--------------|------------|-------------|--------------------------------|----------------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Use the box below to prescribe any additional fluids that are required for **Replacement** or **Resuscitation**

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
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| | | | | | | | |

Resuscitation: give Fluid Challenge 250 to 500ml Plasmalyte 148 over 5 to 15 min. Stop and assess before repeat. Request senior / ICU opinion if 2000ml insufficient

Date ___/___/___

ADULT FLUID BALANCE CHART

Name: _____

Total Input Goal: _____ ml in 24hr

CHI/Unit No. _____

Today's PEG/NG Feed: _____ ml/24hr TPN _____ ml/24hr

Fluid Restriction: _____ ml in 24hr

| | IV FLUIDS or SC FLUIDS IV MEDICATION | Line 1 | ORAL INPUT | | ENTERAL: NG/ PEG / RIG | TPN/Other Line 2 | URINE | | GASTRIC | DRAIN 1 | DRAIN 2 OTHER |
|--|---|--------|--|---------|---------------------------|---------------------|------------------|-----------------------|---------|---------------|------------------|
| | | | Type of Fluid e.g. 0.18% NaCl/4% Glucose /20mmolKCl | Volume | | | Type e.g. Tea | Volume e.g. 100 ml | | | |
| 06.00 | | | | | | | / | | | | |
| 07.00 | | | | | | | / | | | | |
| 08.00 | | | | | | | / | | | | |
| 09.00 | | | | | | | / | | | | |
| 10.00 | | | | | | | / | | | | |
| 11.00 | | | | | | | / | | | | |
| 12.00 | | | | | | | / | | | | |
| Stop and review. Escalate any concern to senior staff and document. Tick box to show review conducted, <input type="checkbox"/> and Sign/Print | | | | | | | | | | | |
| 13.00 | | | | | | | / | | | | |
| 14.00 | | | | | | | / | | | | |
| 15.00 | | | | | | | / | | | | |
| 16.00 | | | | | | | / | | | | |
| Stop and review. Escalate any concern to senior staff and document. Tick box to show review conducted, <input type="checkbox"/> and Sign/Print | | | | | | | | | | | |
| 17.00 | | | | | | | / | | | | |
| 18.00 | | | | | | | / | | | | |
| 19.00 | | | | | | | / | | | | |
| 20.00 | | | | | | | / | | | | |
| 21.00 | | | | | | | / | | | | |
| 22.00 | | | | | | | / | | | | |
| 23.00 | | | | | | | / | | | | |
| 24.00 | | | | | | | / | | | | |
| 01.00 | | | | | | | / | | | | |
| 02.00 | | | | | | | / | | | | |
| 03.00 | | | | | | | / | | | | |
| 04.00 | | | | | | | / | | | | |
| 05.00 | | | | | | | / | | | | |
| Totals | | A | | B | C | D | | E | F | G | H |
| | Total input and output | | | A+B+C+D | Total in | | | | E+F+G+H | Total out | |
| NOTES | | | | | | | | | | 24 Hr Balance | |