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Document number: 1.102189 **Issue Date** 12 May 2021 **Review by Date** 12 May 2026

Level **Organisation Wide**

Type: **Procedure**

Name: **Fluid Balance Monitoring**

Purpose

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

Ensuring accurate monitoring and documentation of fluid balance for all patients who require fluid balance monitoring.

Scope

This is a DHB wide policy and includes all clinicians such as, medical, nursing, midwifery, and dietitians employed by CCDHB.

Procedure

Indications for fluid balance monitoring

Patients indicated by a clinician, with actual or potential fluid and electrolyte imbalances, are to have their fluid balance recorded and monitored.

Monitoring Considerations

The clinician will decide what type of monitoring is required and for what timeframe.

Ongoing assessment to 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 specialty
- Reporting of changes in the patient's condition / treatment

The clinician will inform the multidisciplinary team of any changes to monitoring requirements and the rationale for the changes as soon as possible.

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Discontinuation of Fluid Balance Monitoring

The decision to discontinue fluid balance monitoring and/or a daily weigh will be made by the clinician using clinical thinking and judgement and recorded on the Fluid Balance chart and clinical notes.

Documentation Requirements

The clinician will indicate in the clinical record and care plan if the patient requires and for what timeframe:

- A daily weigh/or as indicated by medical team
- Input / output measurements using a Fluid Balance Chart
- Or both

Baseline weight will be documented on;

- Fluid balance chart, if being used
- Medication chart and
- Patient Admission to Discharge Plan (PADP)

Charting Requirements

All fluid balance monitoring must be completed on an approved CCDHB Fluid Balance chart;

- [Adult fluid balance chart](#) 1.102531
- [Adult fluid balance chart with chest drain \(not ward 6S\)](#) 1.102954
- [Adult fluid balance chart ward 6 south](#) 1.103327
- [Paediatric fluid balance chart](#) 1.101906
- [Paediatric fluid balance chart with chest drain](#) 1.105294

Indication of Use

The clinician commencing the fluid balance chart is to document the clinical rationale for this, and provide their name and signature.

On occasion it may be useful to use the Fluid Balance Chart to monitor either input only or output only. This will not give accurate fluid balance totals and as such the 24-hour balance are not required on these occasions. This should be recorded on the Fluid Balance Chart.

Weight

If weight is required to be monitored then this is to be documented on the chart, including yesterday's weight, and admission weight.

On paediatric patients the positive or negative weight difference is also to be recorded. 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.

All children under twelve months of age need a naked weigh.

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Continuation of monitoring Fluid Balance

The clinical team is to indicate on the chart whether monitoring is indicated for the next 24 hours.

When using the Fluid Balance Chart where it is important to have 24-hour balance, the following actions are to be followed:

Each Hour

- Record input and output fluid type and the volume (in millilitres, mls) amounts.
- It may be necessary to measure hourly as per clinicians instructions
- Update Running Total amount by adding previous hour running total with this hours volume for each fluid type
- Calculate input from all Type Running Totals and document in 'Combined Input Running Total' and 'Combined Output Running Total' boxes
- A clinician may indicate that it is necessary to calculate and document fluid balance hourly. This is done by adding 'Combined Input Running Total' and 'Combined Output Running total' and documented in 'Hourly Total Fluid Balance' box.

8 and 16 Hour Total

- Every 8 hours the combined Input and combined Output Running Totals of the previous 8 hours is to be recorded in the "8 / 16 Hour Total" column.
- Running totals are carried forward into the next shift.

24 Hour Total

- The 24 hour balance is to be calculated at the end of each 24 hour period and documented in box A 'TODAYS TOTAL BALANCE'
- Document the previous day(s) total balance in Column B, taken from yesterday 'C' box
- Add together box A and box B, to box C, to get the Total Cumulative Balance

Patient Education

Provide education to the patient regarding the rationale for fluid balance monitoring and involve them and their whānau/ /caregiver in the process of measuring their input/output as appropriate.

Resources

[Lippincott: Intake and output measurement](#)

[Nursing Times: measuring-and-managing-fluid-balance](#)

Associated Forms

- [Adult fluid balance chart](#) 1.102531
- [Adult fluid balance chart with chest drain \(not ward 6S\)](#) 1.102954

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