

Guidelines for use of CHILD Regional Fluid Balance & Prescription (RFB&P) chart

When to commence

Other than the exceptions listed below, ALL children, under the age of 16 years, admitted as an inpatient are to be commenced on the RFB&P chart (regardless of whether they are on IV fluids), except:

- Day case patients who are cared for in a day case only patient ward, where fluid input is recorded on the operating note and no further IV fluids are prescribed.
- Day case patients on wards with both day case and inpatients where the ward has a clear protocol in place for identifying and managing their day case patients. (Any day case patient, who requires an inpatient stay, must be started on a fluid balance and prescription chart.)
- Children, under the age of 16 years, who do not need any assessment of fluid balance, nor are there any concerns about nutritional or fluid intake and /or output.

They should still use some form of dietary and bowel & bladder elimination record sheet, which could be the RFB&P chart.

If they need any kind of fluid prescription OR are on anything other than a totally normal diet OR there could be any concerns about fluid or solid input or output, they must be commenced on the regional fluid balance and prescription chart.

Exceptions

The following groups of patients may use different fluid balance and prescription charts:

- Preterm infants whose chronological age is greater than 4 weeks but corrected gestational age is less than 28 days.
- Young women under the age of 16 years in labour.
- Children under the age of 16 admitted in Diabetic Ketoacidosis (DKA).
- Those cared for in ICUs, HDUs, and specialist units.
- Those with acute burns.
- Those cared for in the community, i.e. charts for fluid prescription only.

How to complete charts

1. Label both sides of chart with addressograph labels or handwrite the patient identifiers - Full name, Date of birth and Hospital number **MUST** be completed.
2. Complete weight in kilograms – preferably measure the weight. If weight is estimated, measure and record the actual weight at earliest opportunity.
3. Complete daily fluid volumes from the previous day on back of chart.
4. Prescribe fluids:
 - a. Use the 5Rs principles of **R**esuscitation, **R**eplacement, **R**edistribution, **R**outine Maintenance, **R**eassessment.
 - b. Complete calculations – fluid **B**olus, correct fluid **D**eficit & **O**ngoing losses, **M**aintenance fluid.
 - c. **P**rescribe fluids.
 - d. Identify the indication for the fluid prescribed with a letter:

Fluid Bolus Volume	= <u>B</u>
Fluid Deficit	= <u>D</u>
Ongoing loss volume	= <u>O</u>
Maintenance	= <u>M</u>
Drug Prescription	= <u>P</u>
 - e. Ensure the 12 hour Reassessment boxes are appropriately completed and signed for those children receiving intravenous fluids.
5. Administer fluids - Check patient, fluid or medicine, dose, time, route.
- Sign.
6. Record on front of chart:
 - Site of fluid administration,
 - Type of fluid,
 - Amount in bag or volume to be administered,
 - Total cumulative volume.

Cumulative totalling

Children, under the age of 16 years, while having their fluids recorded onto the Regional paediatric fluid balance and prescription chart, should have a cumulative total calculated and recorded every time they receive any fluids or have a fluid output.

For example:

A child receiving IV fluids would have their fluids recorded hourly and would therefore have a cumulative total calculated and recorded, hourly.

A child on continuous NG feeds, would have the total recorded hourly and their cumulative total calculated and recorded, hourly.

A child only on 3 hourly bottle feeds, would have the total recorded each time i.e. 3 hourly and they would have their cumulative total calculated and recorded, 3 hourly.

7. Identify fluid administered with either the fluid name or with a letter e.g. (a)(b)(c)(d).
8. Cumulative totals to be calculated each hour to get a total *Hourly Amount IN* every hour and then *Grand Total IN* (pink column).
9. Record intake totals with Day & Night totals.
10. Record Outputs - urine output, output from bowel, 2 spare columns, comments column can also be used to record output, if needed.

Record Site (if necessary) and amount and type, for each type of fluid.
11. Cumulative output totals to be calculated for,
 - each type of fluid,
 - each hour to get a total *Hourly Amount OUT* every hour,
 - and then *Grand Total OUT* (green column).
12. Output to be totalled at the end of the day giving totals for each type of fluid.
13. Record output totals with Day & Night totals.
14. Calculate *Overall Hourly Balance* (yellow column).
15. Calculate overall *daily 24 hourly balance* with Day & Night totals.

Blood Glucose

All children on IV fluids should have their blood glucose measured at least 12 hourly – as per Regional 2014 DHSSPS Wall chart¹.

Children NOT on IV fluids should have their blood glucose measured and recorded when clinically indicated.

This applies to both Laboratory and near patient, point of care testing results e.g. glucose monitors.

16. Record signature or initials when making entries onto chart.

17. Prepare chart for next day:

- Correctly labelled
- Enter weight
- Enter volume from previous day.

¹ Parenteral Fluid Therapy For Children & Young People, (Aged Over 4 Weeks & Under 16 Years), DHSSPSNI, May 2014, available at <http://www.publichealth.hscni.net/directorate-nursing-and-allied-health-professions/nursing/central-repository-hsc-resources-relating->