

The right fluid for the right patient at the right time

Pocket-sized support:

A summary of 'Intravenous fluid therapy in adults in hospital', NICE clinical guideline 174

Patient evaluation should incorporate IV fluid assessment

When prescribing IV fluids, be sure to remember the 5 R's:

- Resuscitation
- Routine maintenance
- Replacement
- Redistribution
- Reassessment

When prescribing IV fluid therapy use the following protocol:*

- · Assess your patients' fluid and electrolyte needs
- . Does your patient require fluids for fluid resuscitation?
- Does your patient need fluids for routine maintenance?
- Does your patient need IV fluids to address existing deficits or excesses, ongoing abnormal losses or abnormal fluid distribution?

After initial assessment, don't forget to make a fluid plan:

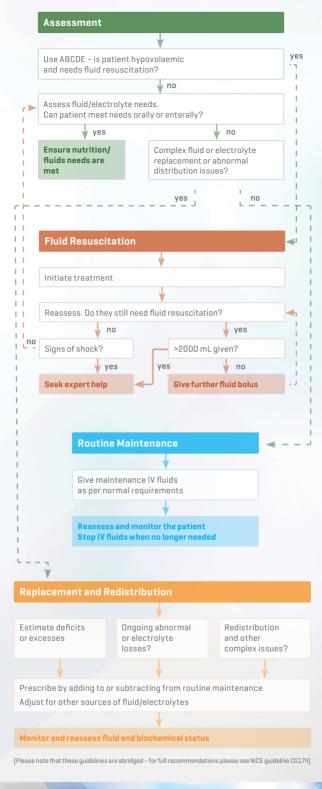
- What is the fluid and electrolyte prescription over the next 24 hours?
- · What is the assessment and monitoring plan?
- Review IV management plan daily (less frequently for patients requiring longer-term IV fluid therapy and are stable)

Normal requirements for routine maintenance alone:†

- 25-30 mL/kg/d water
- 1 mmol/kg/d sodium, potassium‡, chloride
- 50-100 g/d glucose

[†]This quantity will not address patients' nutritional needs.

^{*}Weight-based potassium prescriptions should be rounded to the nearest common fluids available.
Potassium should not be added to intravenous fluid baos.





For more information contact your local Baxter representative.

Content adapted from: 'Intravenous fluid therapy in adults in hospital', NICE clinical guideline 174 (December 2013. Last undate May 2018)

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