



APPENDIX C

Check list for Fluid Prescription

Clinical assessment of volume/ hydration status:

- Observations: PR, BP, Temperature, RR, O₂ Saturation
- Mucus membranes, skin turgor, capillary refill, peripheral/ pulmonary oedema
- Urine output/other losses
- Biochemical assessment: UEs, Hb, and Haematocrit

Daily Requirements

- Water: 25–30ml/kg/day (~2.2–2.5L/day)
- Sodium: 1–2mmol/kg/day (~100mmol/day)
- Potassium: 1mmol/kg/day (~ 60–70mmol/day)

Remember the 5Rs for Fluid Prescription

1. Resuscitation

ABCDE assess: if severe fluid deficit then initiate fluid challenge – 250–500 ml 0.9% normal saline

2. Routine Maintenance

- Assess daily fluid requirement for maintenance (see above, daily requirements).
- NB. Avoid prescribing >3L and/or >24hour per prescribing episode.

3. Replacement

Estimate fluid losses: e.g. vomiting, diarrhoea, and NG tubes, and add to maintenance fluids



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4. Re-distribution

- Estimate fluid excesses: e.g. peripheral or pulmonary oedema, and 'subtract' from maintenance fluids
- Third spacing: e.g. severe sepsis, add to maintenance fluid

5. Re-assess

- Acutely unwell patients need re-assessing after each fluid prescription
- For stable patients try to prescribe 24h fluids until next day team assessment
- UEs to be checked at least every 48h – look for electrolyte imbalance

Screen for AKI, high risk of AKI if ≥ 2 of:

1. Age >65 years
2. Use of nephrotoxic drugs prior to admission
3. Liver disease or heart failure
4. CKD

Review drug chart for nephrotoxic drugs

