

## Intravenous Fluid Management Audit

### **Questions to be answered: -**

1. Are intravenous fluid regimes accurately prescribed, administered and documented?
  2. Are Intravenous fluids monitored accurately during administration?
  3. Are fluid balance charts accurately completed?
- Intravenous fluid therapy has well documented risks involved and in March 2006 the D.O.H.S.S.N.I. Issued new guidance on safe administration for children aged 1 month -16 years, who were previously well.
- A program of teaching for nursing and medical staff was developed to inform staff of the new guidelines. These sessions were provided in the Erne Hospital in June & July. They were well attended and evaluated very positively.

**The aim** of this audit is to ascertain how effective the guidelines are being implemented and what areas of practice do we need to improve on.

### **Objective**

To audit (*number*).....sets of notes on patients who received Intravenous fluids from (*Dates*).....

Notes will be picked from each month at random on both medical & surgical patients.

If the patient required Intravenous Fluids for a number of days during admission the first complete chart for a 24 hour period will be audited.

### **Evaluation**

The results will be compared to the D.O.H.S.S.N.I guidelines  
Areas of good & poor practice will be highlighted and action plans developed to try and identify means of improving standards to meet those within the guideline. The audit tool will form the basis for re-evaluating any strategies implemented to help improve the practice of I.V Fluid Management in children.

## Intravenous Fluid Management Audit

Patient Identification no:.....  
 Date of admission.....Risk category.....  
 Name of Auditor.....

**Risk category A = patient identified at particular risk of hyponatremia**  
**Risk category B = patient identified as other and plasma sodium within normal limits**

Fluid balance chart	YES	NO	NA
Patients ID addressograph correctly placed			
Patients actual recorded weight (not an estimated weight)			
Date & Time clear			
Maintenance Fluid solution appropriate			
Replacement fluid solution appropriate			
Calculation section completed according to weight			
Maintenance Fluid rate appropriate			
Replacement fluid rate appropriate			
Additive section completed correctly			
Prescribing Doctor clearly identified			
Administering nurses clearly identified			
Fluid Balance chart dated correctly			
Completion of Hourly rate			
Total amount infused completed hourly			
Volume remaining in bag completed hourly			
Venflon check completed hourly			
Signature completed hourly			
Completion of 12 hour total of Enteral, Intravenous fluids & output			
Completion of 24 hour total of Enteral, Intravenous fluids, & output			
Completion of 24 hour total Intake			
Completion of 24 hour total output			
Initial blood U&E recorded			
Appropriate blood U&E rechecked within 12 hours ( Risk A group) or within 24 hours ( Risk B group)			