

Intravenous fluid therapy for adults in hospital

Information for the public

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About this information

NICE clinical guidelines advise the NHS on caring for people who use health services. The information applies to people using the NHS in England and Wales.

The NICE guideline contains recommendations about general principles for managing intravenous (IV) fluids, and applies to a range of conditions and different health settings. It does not include recommendations relating to specific conditions.

This information explains the advice about intravenous (IV) fluid therapy for people in hospital that is set out in NICE clinical guideline 174.

All of the treatment and care that NICE recommends is in line with the NHS Constitution (<https://www.gov.uk/government/publications/the-nhs-constitution-for-england>). NICE has also produced advice on improving the experience of care for adults using the NHS. For more information, see 'About care in the NHS' on our website (www.nice.org.uk/nhscares).

Does this information apply to me?

Yes, if you are in hospital, you are older than 16 and you need IV fluid therapy.

No, if you are pregnant, you have severe chronic kidney or liver disease, diabetes or burns, you have a brain injury or need brain surgery, or you need drugs called inotropes to support your blood circulation. The general principles for managing IV fluid therapy apply, but the guideline does not cover specific conditions.

About IV fluid therapy

Intravenous (IV) fluid therapy is a way of replacing fluids in the body by giving them straight into the bloodstream (intravenous means 'into a vein', and is often called a drip). IV fluid contains water, electrolytes (called salts) and glucose (a type of sugar). It is given to stop people becoming dehydrated and to make sure they have the right amount of fluid, salts and sugars in their blood that they need for normal health.

Having IV fluid therapy

A needle is put into your hand or arm and the fluid is given straight into the bloodstream. How much fluid you need, the exact components and how long you need IV fluids will depend on your individual circumstances.

People in hospital usually get the fluids, salts and sugars they need through eating and drinking, or sometimes through a feeding tube. But if you can't get enough in this way, you should have IV fluid therapy. You may also need IV fluid if you:

- have been involved in an accident
- are 'nil by mouth' (that is, you are not allowed to eat or drink, for example, if you are about to have a general anaesthetic)
- have had surgery **or**
- are losing fluids, salts or sugars quicker than they can be replaced, for example, if you have diarrhoea, keep vomiting or are sweating very heavily.

Your healthcare team should decide whether you need IV fluids from your symptoms,

medical history, fluid status (whether you have too little or too much fluid in your body), whether you are taking any other medications, and results of various examinations and laboratory tests.

When you no longer need IV fluid, it should be stopped as soon as possible.

Your healthcare team

Your treatment and care may be provided by a range of hospital healthcare professionals, such as doctors, nurses and healthcare assistants. NICE has said that all healthcare professionals who prescribe or give IV fluids should be trained and assessed regularly.

A member of your healthcare team should discuss IV fluid therapy with you and explain what will happen in detail. You should have the opportunity to ask any questions you have – there is a [list of questions](#) you might like to ask to help you with this.

NICE has said that making sure patients in hospital are getting enough fluids is vital for good patient care. Checking patients' fluid needs should be part of every doctor's ward round.

Your treatment will depend on your exact circumstances. If you think that your treatment or care does not match this advice, talk to your healthcare team.

During IV fluid therapy

If you need IV fluid, all the details about the IV fluid prescription (what fluid you need for the next 24 hours and how it is to be given), together with what assessments you need to have should be detailed in the IV fluid management plan in your medical record.

While you are having IV fluid therapy you should be monitored regularly. This may include examinations to assess how much fluid you need, checking your urine output, pulse, blood pressure and weight, and taking blood and urine samples for testing. This monitoring should happen more often if you are seriously ill, and less often if you are stable or on longer-term IV fluid therapy.

You (or your family or carer) may notice symptoms you have that could mean you are getting too little or too much fluid. Look at the [list of symptoms](#) and talk with your

healthcare team if you notice any of these or have any other concerns. Written information should be available, and your family or carer should also be involved in the discussions as appropriate.

NICE has said that healthcare teams should try to give IV fluid during the day if possible to promote sleep and wellbeing, but if you are very ill you may need IV fluid overnight as well.

If you are moved to a different ward or hospital department, your fluid needs should be checked and reassessed when you arrive in the new location.

Symptoms of too little fluid and too much fluid

The main symptom of too little fluid is thirst. Others include:

- not passing very much urine, urine is dark and strong-smelling
- dry or sticky mouth, coated ('furry') tongue, cracked lips
- feeling dizzy, especially when you stand up.

The symptoms of too much fluid include:

- passing a lot of urine
- swollen ankles
- feeling breathless, especially when you lie flat.

Questions to ask about IV fluid therapy

These questions may help you (or your family or carer, if appropriate) discuss your treatment with your healthcare team.

- Can you tell me why you have decided that I need IV fluid?
- What does having IV fluid therapy involve?
- How long will I need it for?

- How will it help me?
- How long will it take to have an effect?
- Are there any side effects? What if I have a reaction during or after IV fluid therapy?
- What if I prefer not to have IV fluid?
- Why are you carrying out these tests?
- Will having IV fluid therapy affect the medication I'm taking?
- Who should I speak to if I notice any of the signs and symptoms listed?
- What if I am having problems passing urine?
- Do I still need IV fluid?

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