DAY 1 FLUID MANAGEMENT FLOW CHART

From CCA/CRU to the Ward

REMEMBER

- Review need for IV furosemide at 0500hrs.
- Document crystalloid and overall balances on CRU discharge summary.
- Always try to achieve fluid prescription via oral route if possible by the time of discharge to the ward.
- Send bloods for day 1 urea and electrolytes. Check creatinine levels.

STANDARD IV FLUID MAINTENANCE PROTOCOL

Good LV function

<65 Years 35ml/kg/24 hours/1.5ml/kg/hr
>65 Years 30ml/kg/24 hours/1.25mL/Kg/hr

Mod LV function

<65 Years 30ml/kg/24 hours/1.25mL/Kg/hr
>65 Years 25ml/kg/24 hours/1mL/Kg/hr

Poor LV function

20ml/Kg/24 hours/0.75mL/kg/hr
Give fluids via appropriate route i.e. IV or ORAL dependent on level of sedation

To a maximum of 3L per 24hours
Always reassess requirements

Is my patient...

ALERT/ORIENTATED
EATING & DRINKING

YES → **Give oral fluids**

FOLLOW THE STANDARD IV FLUID MAINTENANCE PROTOCOL

Ensure patient is achieving fluid prescription on discharge to ward

Reassess if condition changes

NO → DROWSY/NAUSEOUS/ VOMITING

YES → **STANDARD IV FLUID MAINTENANCE PROTOCOL**

Give IV fluids to achieve prescribed balance

Stop IV Maintenance once patient is able to tolerate oral intake

FRAIL/ELDERLY/POOR LV/ CARDIAC FAILURE
Weight >80Kg

YES → **Review each patient with surgical team - consider using the standard IV maintenance protocol at: 20mL/kg/24hours/0.75mL/kg/hr**

Review CVP, MAP and urine output regularly

DIABETIC ON VRIII

YES → **Please refer to DN Diabetic guidelines**

5% Glucose & 20mmols KCL (unless K+ >5.0 mmol/l). Commence at 0.5-0.75ml/kg/hour

Consider giving at the same rate as per the standard IV fluid management protocol

Check with Diabetic Liason Nurse

Refer to ALERT Team if concerned/MEWS >4 OR OLIGURIC