

NURSING CARE - FLUID BALANCE

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1. **CONSIDERATION:**

Elderly people do become more susceptible to disturbance of fluid and electrolyte balance. Fluid imbalance present challenges when it comes to assessment. The physiological changes associated with ageing, such as decreases in glomerular filtration rate, ability to concentrate urine, thirst sensation and aldosterone secretion, affect older peoples' ability to withstand changes in fluid balance.

2. **SUMMARY OF POLICY:**

It is our policy to ensure the following:

- 2.1 A range of fresh drinks are available to residents throughout the 24 hour time period.
- 2.2 With some illnesses the resident may decline adequate fluids - personal preferences and choices will be noted on their care plan and small amounts offered frequently.
- 2.3 Drinks will be within easy reach of all residents.
- 2.4 Assistance will be readily available for those residents who require help with drinking.
- 2.5 Restriction of fluids will never be used as a means of controlling incontinence.
- 2.6 A range of drinking aids will be available for residents.
- 2.7 Fluid intake vs fluid output will be monitored accurately, according to the Procedure below.

3. **EQUIPMENT (IF MEASUREMENT IS REQUIRED):**

- Fluid Chart
- Drinking Aid
- Measuring jugs

4. **PROCEDURE:**

- 4.1 Discuss with resident the need accurately to assess their fluid intake and output and the reasons why this is being monitored, to that the resident understands the procedures and the reason for it.
- 4.2 Discuss the ideal amount to be drunk and reasons why with the resident.
- 4.3 To encourage cooperation, identify choice of drinks, personal preference (i.e. hot/cold, sugar or milk).
- 4.4 Provide a supply of drinks – jug of water, juice, flasks of hot water etc., making sure they are covered or sealed to ensure hygiene is maintained.
- 4.5 Make sure an accurate “intake” is recorded on the fluid balance chart, either by the resident who understands how to measure their drinks, or by Care Staff.
- 4.6 Record urinary (or other fluid) output as accurately as possible on the fluid balance chart. Ask independent residents to use a measuring aid (bedpan or bottle).
- 4.7 Empty catheter bags carefully into graded measure. Also record a description of the output (e.g. colour, smell, etc.).

FORMS REFERENCES:

Form No: 5-01 Fluid Balance Chart