

<b>PROCEDURE No: 531</b>	Version 4.0	Page 1	Last Up-dated: 01 August 2006
	Authorised: _____	Date: _____	© GMP Systems, Year 2006
<b>NURSING CARE - FLUID BALANCE</b>			

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 Access to fresh drinks is available to the client whenever required.
- 2.2 With some illnesses the client 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 the client.
- 2.4 Assistance will be readily available for those clients 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 made available to the client as may be required.
- 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 the client the need accurately to assess their fluid intake and output and the reasons why this is being monitored, to that the client understands the procedures and the reason for it.
- 4.2 Discuss the ideal amount to be drunk and reasons why with the client.
- 4.3 To encourage co- operation, 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., covered to maintain hygiene.
- 4.5 Make sure an accurate “intake” is recorded on the fluid balance chart, either by the client 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.
- 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