



AB170. 41. Intravenous fluid and electrolyte prescription practice in surgical patients: a closed loop audit in University Hospital Limerick

Hena Hidayat, Nisar Ali, John Calvin Coffey, David Waldron, Eoghan Condon, Colin Pierce

Department of Surgery, University Hospital Limerick, Limerick, Ireland

Background: Inappropriate intravenous fluid prescription is a common cause of in hospital patient morbidity and mortality. Most of the prescription errors occur in the general wards rather than intensive care setting. There are clear national guidelines which dictate the optimal prescription of maintenance IV fluids and electrolytes for admitted patients. Aim was to audit current practice for the maintenance fluid and electrolyte prescription in surgical patients against national guidelines (NICE CG: 174).

Methods: A prospective closed loop audit was performed over eight-week period. Patients admitted to the general surgical ward who were nil by mouth, requiring maintenance fluids were included. Patients with excessive

on-going fluid losses, significant comorbidities and severe sepsis were excluded. Data was collected from patient charts about the type and volume of fluid prescribed, K⁺ prescription, patient weight and the indications for being nil by mouth (NBM). After the first round, teaching was delivered to junior doctors via distribution of handouts and posters. Re-audit of same variables were performed after four weeks.

Results: Thirteen and 19 patients were included from two rounds respectfully. An Increase in intravenous fluid prescription from 69% to 79% and K⁺ from 23% to 53% was observed. There was a 10% increase in the recording of patient weights. Overall there was an increase in prescription of dextrose saline and decrease in Hartmann's and normal saline.

Conclusions: Emphasis should be on staff education to ensure optimal prescription of maintenance fluid and electrolytes in general ward patients as to decrease the associated morbidity and mortality from incorrect prescriptions.

Keywords: Fluids; intravenous; prescription

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