The Association for Clinical Biochemistry & Laboratory Medicine

Better Science, Better Testing, Better Care

Summary of NICE Guidelines

Title	Intravenous fluid therapy in adults in hospital
NICE Reference	CG174
Date of Review:	February 2014
Date of Publication	December 2013
Summary of Guidance (Max 250 words)	The assessment and management of a patients' fluid and electrolyte needs using the resuscitation, routine maintenance, replacement and redistribution and reassessment algorithm for IV fluid therapy is fundamental to good patient care. An IV fluid prescription should include the rate, volume and type of fluid to be administered. Patients should have an IV fluid management plan detailing fluid and electrolyte prescription over 24hours and patients should be made aware of situations where their fluid balance may need to be adjusted. Initial assessment for IV fluid therapy should be based on patient history, medications, clinical examination and monitoring as well as laboratory investigations (full blood count, urea, creatinine and electrolytes). Patients receiving IV fluid therapy need regular monitoring, including daily reassessments of clinical fluid status, laboratory values and weight measurements. Monitoring of urinary sodium may be useful in patients with high-volume gastrointestinal losses. Crystalloids with sodium in the range of 130-154mmol/L should be used for IV fluid resuscitation. Hospitals should ensure the necessary healthcare professionals involved with IV fluid therapy are appropriately trained, and appoint an IV fluids lead responsible for training, clinical governance, audit and review of IV fluid prescribing and patient outcomes. Research recommendations include: • The incidence of IV fluid therapy complications • Are balanced solutions superior to NaCl 0.9%? • Are balanced crystalloids superior to a combination of a balanced crystalloid and gelatin in balanced solution for fluid resuscitation in patients with acute hypovolaemic shock? • Does a higher sodium content IV fluid regimen for maintenance reduce the risk of developing hyponatraemia and volume depletion without increasing risk of volume overload?
Impact on Lab (See below)	☐ None

James Pethick 25/02/2014

Lab professionals to be made aware	☐ Chemical Pathologist ☐ Clinical Scientist
Please detail the impact of this guideline (Max 150 words)	This guideline has very little impact on the provision of laboratory services. The laboratory is involved in the procedures outlined in this guideline for the purposes of monitoring patients on IV fluid therapy by measuring urea, creatinine and electrolytes. Clinical details may be necessary for clinical interpretation of results.

Impact on Lab

- **None**: This NICE guideline has no impact on the provision of laboratory services
- **Moderate**: This NICE guideline has information that is of relevance to our pathology service and may require review of our current service provision.
- **Important:** This NICE guideline is of direct relevance to our pathology service and will have a direct impact on one or more of the services that we currently offer.

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