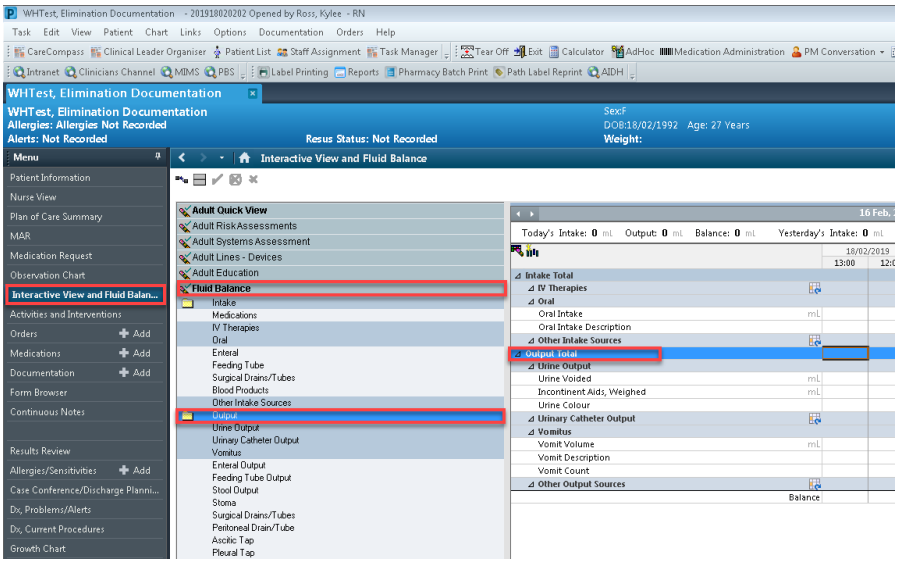
EMR Quick Reference Guide

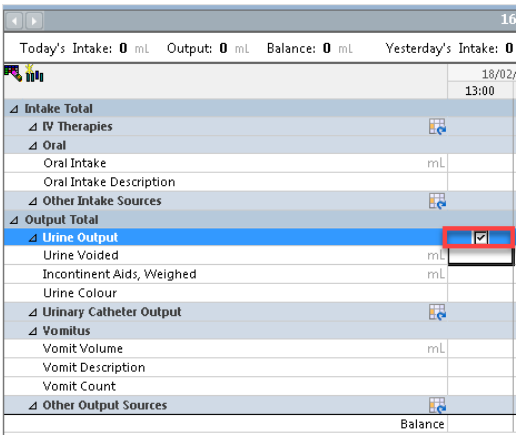
Documentation – Fluid Balance Chart – Elimination Documentation

Monitoring Fluid Balance is an important nursing observation for the assessment of fluid status over a 24hr period. This QRG will explain how to complete the FBC documentation on the EMR for Elimination.

Fluid balance documentation should be commenced following a hydration assessment by the Nurse/Midwife or as requested by the Parent Unit.

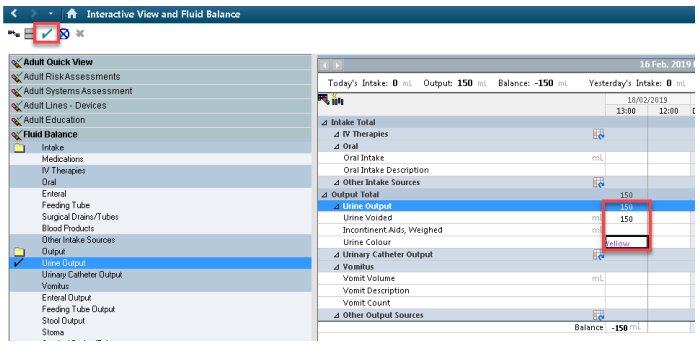


- Select **Interactive View and Fluid Balance** (iView) from the **Table of Contents (Menu)**.
- Select the **Fluid Balance** Band. Some options of 'Output' will display eg Urine Output, Vomitus and Stoma.



To insert Output:

- Double click on the output selected to activate, a **Dynamic Group** may need to be set up if a device is involved eg Urinary Catheter or drain tube.



- In **Urine Output** enter amount eliminated Eg: 150
- If appropriate **Weight of incontinence aids** and **urine colour.**
- These will show as Purple text.
- To sign off click on Green tick ✔

- The fluid balance chart will then automatically calculate **ALL** values inserted for that hour. A cumulative total will appear at the top of the FBC.