CLINICAL GUIDELINE	
Fluid Management	
Scope (Staff):	Medal and Nursing Staff
Scope (Area):	NETS WA

Child Safe Organisation Statement of Commitment

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations. This is a commitment to a strong culture supported by robust policies and procedures to reduce the likelihood of harm to children and young people.

This document should be read in conjunction with this DISCLAIMER

This is a quick reference guide for transportation purposes only.

Type and volume of fluid depends on infant's gestational age and disease process.
As a guide, recommended glucose percentages are as follows:

Gestation	Glucose %
≤ 27 weeks	5% Glucose
>27 weeks	10% Glucose

Typical glucose requirements for term neonates: 4-6 mg/kg/min and preterm neonates: 6-8 mg/kg/min.

Maintenance fluid requirements

- Term neonates require approximately 60mL/kg/day on day.
- Preterm neonates between 27-34 weeks usually require 80mL/kg/day on day 1.
- Extreme Preterm neonate's ≤ 27 weeks usually require 100-120mL/kg/day due to increased insensible fluid losses on day 1.
- **Asphyxiated neonates** are fluid restricted to approximately 40-50mL/kg/day. These patients require higher glucose concentrations. **See special considerations below.**

Volume expansion

- Normal saline 0.9% is used for fluid expansion for neonates who present with shock / functional hypovolemia at 10mL/kg/dose.
    - If patient requires repeated boluses consider other fluids e.g. O-ve blood (ideally CMV negative) or inotropes **after discussion with NETS consultant.**
- For patients who are known to have acute blood loss e.g. Abruption, foetal-maternal haemorrhage volume expand with O-ve blood (ideally CMV negative) at 20mL/kg.

Special Considerations

- Asphyxiated neonates require higher percentage concentrations of glucose due to increased metabolic demand.
- Glucose requirements higher than 12.5% **must** be infused via central line e.g. umbilical venous catheter
    - ***Note**: **avoidance of hypoglycaemia is more important than fluid restriction.** (Formulas for Glucose & Metric conversion)
- Central lines such as umbilical arterial / venous catheters require additional heparin added to fluid to maintain patency of line.
    - **For dual lumen central lines <u>BOTH LUMENS</u> must have fluid running**. ***Please note*: Aseptic Technique in preparation of fluids for administration via umbilical catheters is recommended where possible. (Umbilical Arterial and Venous Catheters: Insertion, Management and Removal)

Heparinising fluid for umbilical catheters

- Dose = Heparin Sodium 0.5 units / mL of fluid

  <u>Preparation</u>: Add 250 units of Heparin Sodium (1000units / mL) to 500mL bag of base fluid = 0.5 units/mL Draw up 50mls fluid into syringe for infusion.

This document can be made available in alternative formats on request for a person with a disability.

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