

Supplementary Figure 1. The original Intravenous Fluid (IVF) order form

Holes Punched as per AS2828.1: 2012
 BINDING MARGIN - NO WRITING



NH606582 130514



Instructions:

FAMILY NAME		MRN
GIVEN NAMES		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
D.O.B. ____/____/____	M.O.	
ADDRESS		
LOCATION / WARD		
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE		

ADULT FLUID ORDER

Allergies/ADR:


Date (dd/mm/yyyy)	Fluid Type	Volume (mL)	Additive (dose/volume)	Rate (mL/hr)	Route	Prescriber's Name Print & Signature / pager No.	Date/Time Started	Date/Time Finished	Administered Print / Sign	Checked Print / Sign
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Supplementary Figure 2. The revised IVF order form with the following new sections: indication for IVF, fluid restriction status/volume and tick boxes for relevant comorbidities

Holes Punched as per AS2828.1: 2012

BINDING MARGIN - NO WRITING


 SMR120003

NH606582 071117



Facility:

Instructions:

Relevant Comorbidities

Heart Failure
 Kidney Failure
 Liver Failure
 Diabetes
 Nil

Other:

Fluid RestrictionmL
 Nil

* Consider checking bloods / electrolytes where applicable

FAMILY NAME

GIVEN NAMES

D.O.B. ____/____/____ M.O.

ADDRESS

LOCATION / WARD

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

ADULT FLUID ORDER

Allergies / ADR:

Date (dd/mm/yyyy)	Indication	Fluid Type	Volume (mL)	Additive (dose/volume)	Rate (mL/hr)	Route	Prescriber's Name Print & Signature / pager No.	Date/Time Started	Date/Time Finished	Administered Print / Sign	Checked Print / Sign
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SMR120.003

ADULT FLUID ORDER

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Supplementary Figure 3. Poster used to promote and educate medical/nursing staff on revised IVF order form

As many as 1 in 5 patients suffer from complications related to IV fluid Use



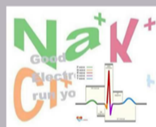
Pulmonary oedema



Increased length of hospital stay



Electrolyte



Abnormalities

A NEW Fluid Order form is being introduced at St George and Sutherland Hospital

Use the NEW section to record why a patient needs fluids such as;

- Sepsis
- Dehydration
- Limited oral intake
- Diarrhoea or Vomiting
- NBM

ADULT FLUID ORDER (TRIAL)				Other: <input type="checkbox"/>
Order	Indication	Fluid Type	Volume	Rate
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Instructions: Nil by mouth - particularly useful when afterhours staff are charting ongoing IV fluids

Use the tick boxes to identify the common comorbidities that may influence fluid prescription .

Easy tick boxes for the common comorbidities that may influence IV fluid prescription

A section to write less common but highly relevant comorbidities for IV fluid prescription e.g. Diabetes insipidus

NSW Health Facility: _____

ADULT FLUID ORDER (TRIAL)

Relevant Comorbidities: Heart Failure Kidney Failure Liver Failure Diabetes

Other: _____

Fluid Prescription: _____ mL _____

Consider ongoing bloods / electrolytes where appropriate

- Heart Failure
- Renal Failure
- Liver Failure

NO INDICATION! NO FLUIDS!