



Hospital / Health Service WACHS Neonatal / Paediatric Intravenous Fluid Treatment WARD: _____ DOCTOR: _____	SURNAME		UMRN / MRN	
	GIVEN NAMES		DOB	GENDER
	ADDRESS			POSTCODE
				TELEPHONE

To be used for ordering IV fluids administered by peripheral or central route. Do NOT bolus fluids containing additives.
 Check each shift that the pressure alarm limits on Braun pumps are set as follows:

Age	Infusomat (Volumetric Pump)	Perfusor (Syringe Pump)
Neonates <1 month	(Level 1) 225 mmHg	(Level 1) 75 mmHg
Paediatrics <12 years	(Level 3) 394 mmHg	(Level 3) 281 mmHg
Adolescents ≥ 12 years / Adults	(Level 5) 563 mmHg	(Level 5) 487 mmHg

Neonatal Fluids – Use as a guide only. Consider gestation, age and clinical picture.
See overleaf for suggested fluid types in infants and children

Weight	= _____	kg	Maintenance Fluid Needs			
Maintenance fluid (24hr)	= _____	ml	Age > 1 month		Term Neonate 0-28 days	
Deficit fluid	= _____	ml	100 ml/kg/day for first 10kg + 50 ml/kg/day for next 10kg + 20 ml/kg/day for remaining kg	4 ml/kg/hr for first 10kg + 2 ml/kg/hr for next 10kg + 1 ml/kg/hr for remaining kg	Day 1	60ml/kg/day
Total fluid (24hr)	= _____	ml			Day 2	80ml/kg/day
Deficit Fluid Calculations in mL per 24 hours (all age groups). Body weight (kg) x % dehydration x 10 Review IV orders daily					Day 3	100ml/kg/day
					Day 4	120ml/kg/day
					Day 5+	140-150 ml/kg/day

Date	Bag No.	Type of Fluid	Vol. mL	Rate ml / h	Additive & Dose	Doctor Sign	Time		Nurse Sign
							Start	Fin.	

SAMPLE ONLY - DO NOT PRINT
 Order from IPROC on 186679W

MR 176P WACHS Neonatal / Paediatric Intravenous Fluid Treatment

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This table outlines the recommended intravenous fluid solutions for neonates and children across WA Country Health Service (WACHS) sites. If you are unsure which fluid to use, or don't have electrolyte values available, it is generally safe to administer **5% Dextrose / 0.9% NaCl** (except in the neonatal period).

Fluid Type	Volume	Use / Comment	Na+ (mmol/L)	Cl- (mmol/L)	K+ (mmol/L)	Lactate (mmol/L)	Ca++ (mmol/L)	Mg mmol/L	Acetate mmol/L	Gluconate mmol/L	Glucose (gram/L)
5% Glucose / 0.9% NaCl	1000 ml	*Standard paediatric IV FLUID in WACHS* Standard, preferred maintenance fluid of choice for unwell children beyond the neonatal period, where serum K+ and Na+ are normal. Appropriate for acute neurological conditions, meningitis, gastroenteritis, bronchiolitis, pneumonia and sepsis.	150	150	-	-	-	-	-	-	50
0.9% NaCl (Normal Saline)	500 ml / 1000 ml	Isotonic, no glucose. Used for initial resuscitation (shock, hypovolaemia). Not recommended as paediatric maintenance fluid, but may be used for KVO in small volumes (ie for IVABs).	150	150	-	-	-	-	-	-	-
5% Glucose / 0.9% NaCl with 20mmol KCl	1000 ml	Maintenance fluid of choice for unwell children beyond the neonatal period, where serum K+ is low.	150	150	20	-	-	-	-	-	50
5% Glucose / 0.45% NaCl	1000 ml	Maintenance fluid of choice for unwell children beyond the neonatal period, where serum Na+ is elevated.	150	77	-	-	-	-	-	-	50
5% Glucose / 0.45% NaCl with 20mmol KCl	1000 ml	Maintenance fluid of choice for unwell children beyond the neonatal period, where the serum Na+ is elevated, and the serum K+ is low.	150	77	20	-	-	-	-	-	50
5% Glucose	500 ml	Not a maintenance fluid in infants or children. Sometimes used in neonatal population.	-	-	-	-	-	-	-	-	50
10% Glucose	500 ml	Not a maintenance fluid in infants/children beyond the neonatal period. Used as initial fluid (day 1-5 of life) in newborns.	-	-	-	-	-	-	-	-	100
10% Glucose / 0.22% NaCl	500 ml	Maintenance fluid for newborns beyond the first few days of life (usually after day 3). Not typically used as a maintenance fluid in children.	38	38	-	-	-	-	-	-	100
Compound Sodium Lactate (Hartmann's Solution)	500 ml / 1000 ml	Isotonic – no glucose. Not generally used as a maintenance fluid in infants or children. Typically used intra operatively due to its low glucose content.	130	110	5	30	2	-	-	-	-
Plasma-Lyte 148 / 5% Glucose	1000ml	Maintenance and rehydration fluid for children with metabolic acidosis and electrolyte imbalance. Seek Paediatrician guidance on use in children. Not available in all WACHS regions.	140	98	5	-	-	1.5	27	23	50

Do not use fluids containing KCl in oliguric, hypertensive, oedematous or DKA patients until electrolyte values have been determined. Take into account oral intake when prescribing fluids and calculating rates. Avoid adding additives (ie glucose / KCl) to bags wherever possible. Consider oral over IV K+ supplementation if feasible. Never bolus fluids containing additives.

See PCH Guideline reference on 5% Glucose / 0.9% NaCl:

<https://healthpoint.hdwa.health.wa.gov.au/policies/Policies/CAHS/PCH.PHARM.IntravenousFluidsConsensusStatementGuideline.pdf>