Reference Card: Subcutaneous Hydration

Resident requires hydration

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Medical examination required to assess cause and whether subcutaneous hydration is appropriate

No →

If patient has:
- Shock
- Severe dehydration
- Fluid overload
- Hypotension
- Clotting disorder

Consider calling an Ambulance and transferring to hospital or refer to 'Advance Care Plan'

Yes →

If suitable – Assemble equipment required:
- Fluid for administration (1 litre Normal Saline)
- 21 G Saf-t-intima s/c needle
- Alcoholic swab
- Semi-permeable dressing (eg, Opsite / Tegaderm)
- Standard IV giving set
- IV pole
- Non-sterile gloves
- Fluid balance chart

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Procedure:
1. Ensure orders for s/c fluids have been documented on drug chart
2. Explain procedure and gain resident/agent consent
3. Choose site for s/c needle (lower abdomen/thigh/between shoulder blades
4. Wash hands and put on gloves
5. Cleanse site with alcoholic swab and allow to dry
6. Insert s/c needle (and withdraw metal needle to leave plastic cannular)
7. Dress site to secure cannular
8. Prime IV giving set
9. Attach to s/c needle
10. Document procedure

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ACH staff to monitor site each shift to ensure no signs of inflammation and document. Change s/c needle site every 24 - 72 hrs or if absorption/inflammation is a problem.