Launch of ViCTOR Statewide Paediatric Fluid Management Chart and educational video

Adjunct Associate Professor Ann Maree Keenan

ViCTOR Fluid Management Charts Project

VPCN FLUIDS FORUM
2nd August, 2018

Jen Sloane RN. MPH
Katie Carradice RN

Safer Care Victoria

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The Royal Children's Hospital Melbourne

QLD Coronial Inquest into the death of:

Summer Alice STEER

Re-design their 24 Hour Fluid Balance Charts and introduce protocols to ensure:

- ✓ *That it is clear where vomit and blood should be recorded.*
- ✓ *To standardise the way in which loss of blood is described (in relation to volume, consistency and colour).*
- ✓ *The form should include the patient's weight.*
- ✓ *A formula for calculating circulating volume.*

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@jen_sloane
#ViCTOR

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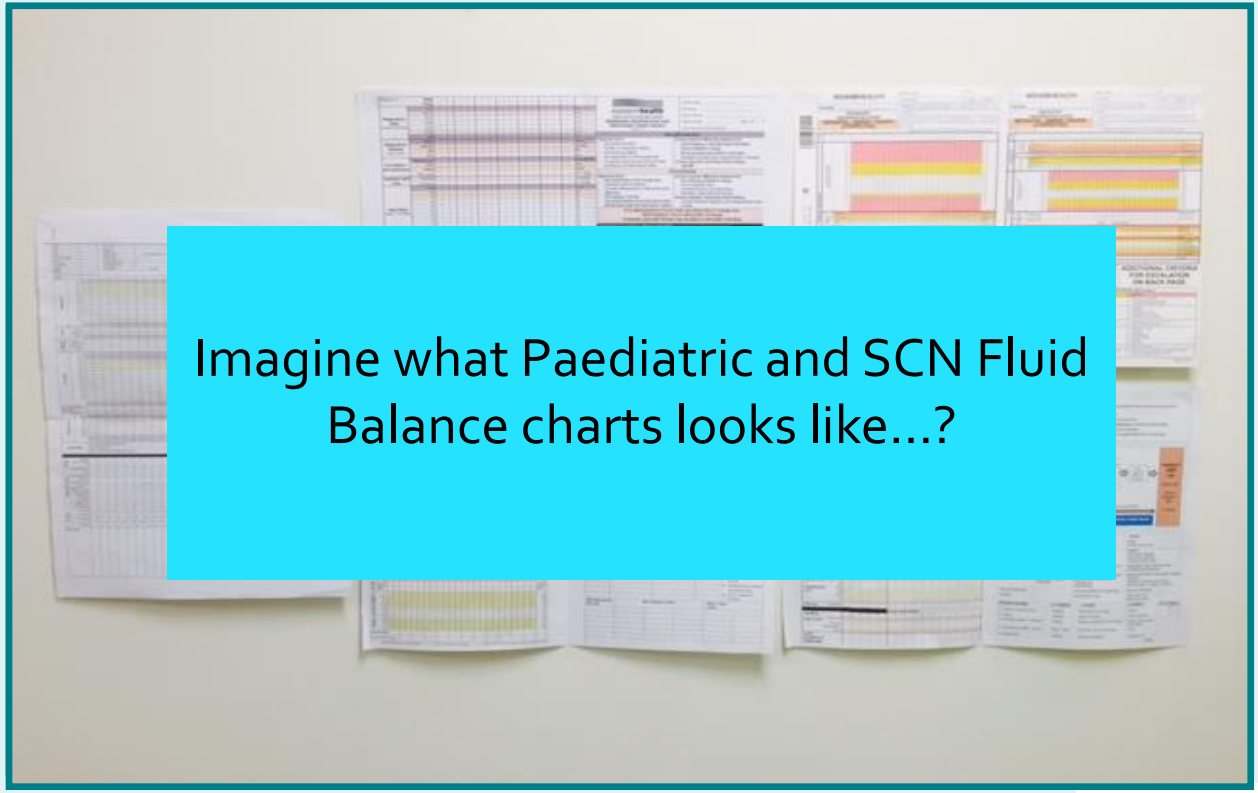
VARIATION IN OBSERVATION PRACTICE Then (2012) …and again…(2016)



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684044 07/11

Date:.....

DAILY FLUID BALANCE CHART

- ☐ Western Hospital
- ☐ Sunshine Hospital
- ☐ Williamstown Hospital
- ☐ Sunbury Day Hospital

Only these following abbreviations should be used on this chart:
IDC - In Dwelling Catheter, **PUIT** - Pass Urine In Toilet , **Incont** - Incontinence, **HNPU** - Has Not passed Urine
NBM - Nil By Mouth, **NGT** - Naso Gastric Tube, **DT** - Drain Tube, **C** - When any bottle/catheter/drain is emptied
SPC - Supra Public Catheter, **FR** - Fluid Restriction, **JP** - Jackson Pratt, **RTW** - Return to Ward,
PEG - Percutaneous Endoscopic Gastrostomy, **BF** Breast Fed, **EBM** Expressed Breast Milk
TOV - Trial of Void
PVR - Post Void Residual.
All other drain tubes to be written in full **(Redivac)**

I.V.
BROUGHT FORWARD FROM PREVIOUS 24 HOURS

Fluid	Fluid
Vol.	Vol.

PATIENT IDENTIFICATION LABEL

ORAL + N/G				LINE A			LINE B			OUTPUT								
Time	Type	Vol.	Total	Fluid	Vol.	Prog. Total	Fluid	Vol.	Prog. Total	Urine	N/G ASP	N/G F/D	Vomit / Faeces	Drains 1	Drains 2	Drains 3	Drains 4	Prog. Total
1200																		
2400																		
Totals																		
						TOTAL INPUT							TOTAL OUTPUT					

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SCN Survey Responses

17 responses

16 are SCN specific chart (94%)

3 measured charts for accuracy in the last 6 month

Clinical indicators:

Once admitted n = 15

Only for IV n = 3

Certain medical condition n = 0

No particular reason n = 0

Other = 4

(previous charts were an all-in-one with observations pre ViCTOR)

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What's happening in Victoria?

Paediatric Survey Responses

18 responses

6 are paediatric specific chart (33%)

1 measured chart for accuracy in the last 6 month

Clinical indicators:

Once admitted n = 6

Only for IV n = 11

Certain medical condition n = 11

No particular reason n = 0

Other = 12 *BF, Bottle fed, < 1, < 2 (n = 3), med staff req, pre post op, no governance, no indicators*

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ViCTOR Fluid Balance Chart 2017/2018 Timeline

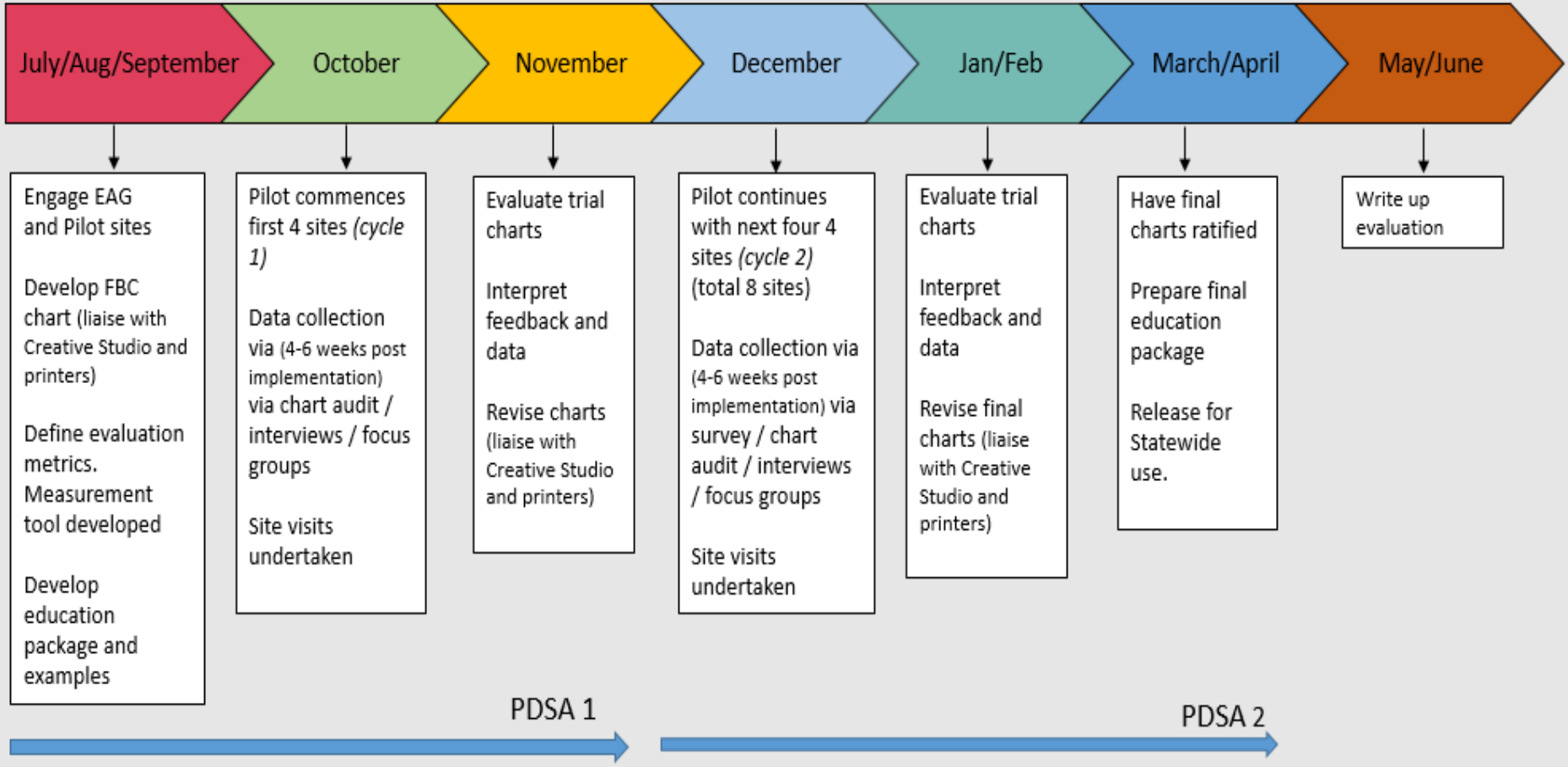

Chart Inclusions (in addition to the coroners reqs)

4 sites went into the piloted the fist cycle charts Nov 17 – Jan 18

Cycle One Summary Results

4 x hospitals, n = 58 clinicians

(comprising 55 x RNs, 2 x medical staff, 1 x student RN) (representing 17 x SCN staff, 41 x Paeds/ED staff)

What's working

1. Colour differentiation
2. 28 rows (extra rows).
3. All in one chart (IV orders and documentation).
4. TFIs appear to have more awareness, especially in SCN
5. Midday to Midday Balance.

What's 'NOT' working

1. Hourly versus Progressive balance. Hourly balance considered confusing
2. Rarely was the chart used to its full capacity
3. Who needed a Fluid Assessment Chart
4. Fluid plan and documentation needs of the SCN patient versus Paediatric Patient
5. Areas on the chart remain unclear, especially TFI in paeds

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Key changes for Cycle 2 chart

- ✓ Focus on progressive totalling
- ✓ More detail re: TFI with distinguished Neonatal and Paediatric TFI ordering areas
- ✓ Change in title to ‘Fluid Management’ from ‘Fluid Assessment’
- ✓ increased to 6 pages
- ✓ All patient groups remain on one chart
- ✓ SCN ‘*taking it for the team*’

All 9 sites commenced on new chart for cycle 2 Jan – May 2018

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Cycle Two Summary Result

SCN

What's working

1. IV orders on the chart (all-in-one)
2. TFI & Birth details at the front
3. Standardising codes/colours for input & output
4. NGT change / details area
5. Use in the sick neonate

Midday to Midday Balance 40% (prefer)

What's 'NOT' working

1. Too much irrelevant information
2. Not enough space to describe behaviour, feeding and cares
3. Layout is confusing / over the top
4. Medical staff not completing TFI / new order
5. Enteral orders confusing / redundant
6. Neonatal scores / codes not on chart

Cycle Two Summary Results

PAEDIATRICS

What's working

1. TFI, 4,2,1 rule and maintenance rates table*
2. IV orders on the chart*
3. Use of colours
4. Layout, including hourly balance*
5. Working well in sick kid

Midday to midday balance = 60%

(except tertiary)*

What's 'NOT' working

1. TFI knowledge not clear therefore low completion rates
2. Chasing medical staff at midday for orders (particularly non-paeds teams)
3. Too complex for the majority of patients
4. Description area missing in IV section
5. Enteral orders limited for rate changes, additional feeds and ongoing feeds
6. Size
7. Poor use of fluid management instructions

Incidental findings C1:

- Medications being written on Enteral orders chart *e.g. Colonlytely*
- Number output descriptions missing (SCN)
- Variety of blood transfusion forms which are primarily adult focused
- Flush quantities – no standardised practice
- TFI in ED versus the ward (role)
- Amount of education required

Incidental findings C2:

- Normal Saline flushes where are these documented?
- Passion of SCN staff towards fluids
- Amount of education *still* required

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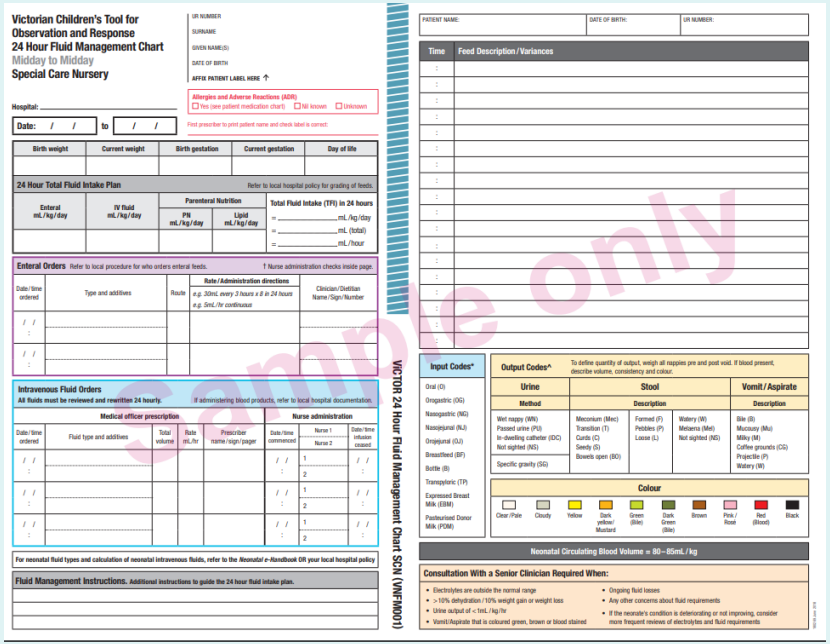
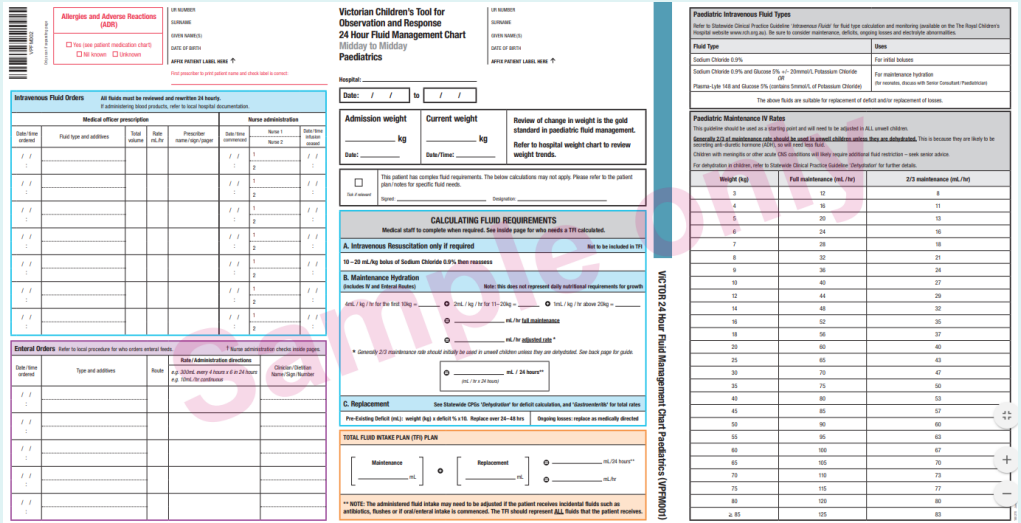
Final Charts



Victorian Children's Tool for Observation and Response
24 Hour Fluid Management Chart
Midday to Midday
Special Care Nursery

VICTOR 24 Hour Fluid Management Chart SCN (VNFM001)



Victorian Children's Tool for Observation and Response
24 Hour Fluid Management Chart
Midday to Midday
Paediatrics

VICTOR 24 Hour Fluid Management Chart Paediatrics (VPFM0001)

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Fluid Management Video

w.victor.org.au/victor-in-action/

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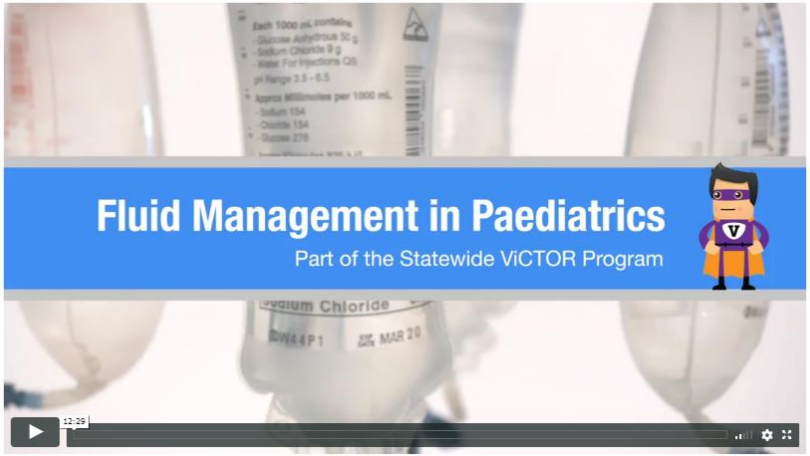
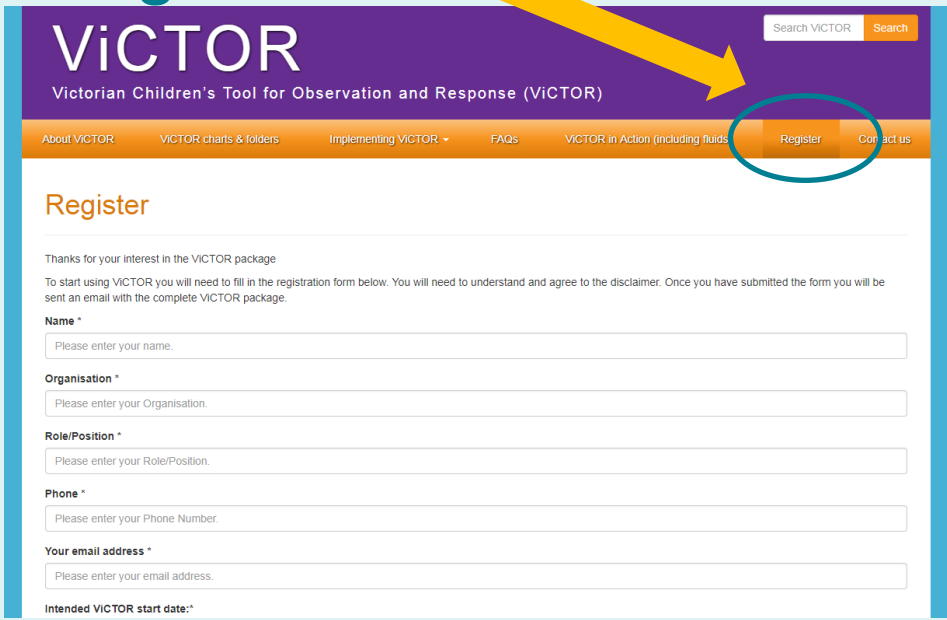
ViCTOR in Action (including fluids)

Fluid Management in Paediatric Inpatients



Registration



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THE END

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