PROTOCOL #7 - Maternal Fetal Medicine, University of New Mexico

FLUID MANAGEMENT OF THE HIGH RISK PATIENT

A. General

Management of high-risk patients with the diagnosis of preterm labor, preterm rupture of membranes and preeclampsia can often include fluid hydration through the oral or parenteral route; bedrest; and often the initiation of tocolytic agents or magnesium sulfate.

Tocolytic agents, particularly Beta adrenergic receptor agonists, can be associated with significant maternal complications including development of pulmonary edema. Pulmonary edema is even more likely with the combination of Beta adrenergic receptor agonists and/or glucocorticoids and uterine infection. Other risk factors include multiple gestation and underlying cardiac disease.

Therefore, the appropriate management of fluid balance in the high risk patient is critical in preventing the onset of pulmonary edema.

B. Specific Recommendations

1. Admission weight followed by every other day weights is mandatory.
2. Strict recording of intake and output every shift with twenty-four hour total daily.**
3. Total intake (IV plus oral) should not exceed three liters per day.
4. IV fluid boluses require the order of a physician and should not exceed 500 ml in thirty minutes.
5. The patients' state of hydration can be assessed using urine specific gravity.
6. When patients are transferred from 4M to Labor and Delivery, and vice versa, take careful note of the intake and output for the prior twenty-four hours and manage accordingly.

   a. For the patient on $MgSO_4$, I&O's are recorded q 1h.
   b. Intravenous piggy back solutions are to be counted as part of any fluid restriction plan.
   c. Intake and output recorded during any operative procedure should be recorded in the nursing I&O flow sheets.

CONSULTATION: Twenty-four hour consultation is available by calling the Maternal Fetal Medicine service at the University of New Mexico Hospital. 1-888-866-7257.