

iView and eMM



General Principles

The Basics:

- The same practice that currently occurs on paper should occur in eMM, eg, If the pump is off for ½ hour the total should be modified.
- IV site checks **must** be checked hourly and site checks documented in eMR
- For accuracy, best practice is that the fluid balance chart is updated hourly.
- At handover the RN's **must** go to the bedside to confirm the fluid balance chart is accurate and the appropriate fluids are prescribed. If the fluid balance is not accurate the appropriate section on the fluid balance chart should be modified

General Principles

Pump totals and fluid balance- **essential for all patients on a strict fluid balance chart**

Hourly infused volume = (Pump reading for the current hour) – (pump reading from previous hour)

- Hourly infused volume should be documented instead of accepting what is automatically populated into the cell
- If there is a minimal difference between the hourly infused volume and the volume that appears in the cell when double-clicked (i.e. the commenced rate), the volume can be accepted (this can vary depending on the clinical situation)
- ***At midnight the pump total must be reset***
- For situations when the RN was unable to document on time, the total volume infused since the last entry can be divided by number of missed hours

General Principles

Fluid Balance- Standard Patients:

- There may be cases where a strict fluid balance on the patient is not required.
- In these situations confirming the pump totals to input into the fluid balance chart each hour may not be required.
- The RN however **must** check the pump totals are similar to their fluid balance regularly throughout their shift.
- The RN **must** accurately document the hourly total by either modifying or accepting the auto populated result

Standard Flush Volumes (based on product information)

- Standard flush volumes **must** be used across all areas.
- This will ensure consistency with volumes and an accurate fluid balance chart

What lines, burette etc	mL
Infusion Pumps	
Alaris line, Ball Burette, inc typical extension sets	35
Baxter line, Ball Burette, inc typical extension sets	25
Baxter Blood line, Ball Burette, inc typical extension sets	30
Baxter line, Baxter Burette, inc typical extension sets	20
Baxter Blood line, Baxter Burette, typical extension sets	20
Syringe Drivers (most common sets)	
Lines and typical extension sets	3

General Principles: Venous Access Devices

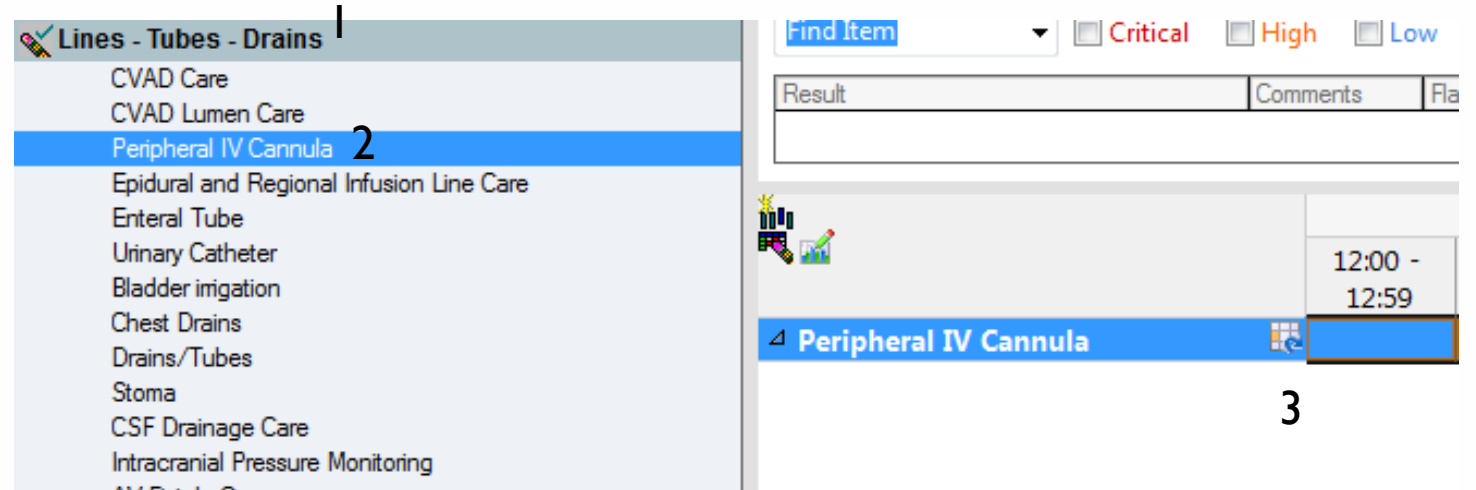
- If you have inserted IVC or accessed a CVAD it **must** have a dynamic group activated from the lines-tubes-drain section of iView. This is to enable documentation of site and pump checks from the fluid balance chart
 - Peripheral IV Cannula
 - CVAD Care
- If you receive a patient from another hospital that has an IVC insitu or a CVAD accessed you **must** create a dynamic group from the intake section on iView
 - Peripheral IV cannula
- Any patient that has central line lumen care attended **must** have a dynamic group/s created from the lines-tubes-drain section or the Intake section of iView
 - CVAD Lumen Care
- Any patient that has an IV Push Medication **must** have a dynamic group/s created from the intake section of iView

DOCUMENTING VENOUS ACCESS DEVICES



iView: Peripheral IV Cannula

- 1) Click on Lines- Tubes-Drain
- 2) Select Peripheral IV Cannula
- 3) Click on Calendar and “add dynamic group”



The screenshot shows the iView software interface. On the left, a menu titled "Lines - Tubes - Drains" is open, with "Peripheral IV Cannula" selected and marked with a "2". The menu items include: CVAD Care, CVAD Lumen Care, Peripheral IV Cannula, Epidural and Regional Infusion Line Care, Enteral Tube, Urinary Catheter, Bladder irrigation, Chest Drains, Drains/Tubes, Stoma, CSF Drainage Care, and Intracranial Pressure Monitoring. On the right, there is a search bar labeled "Find Item" with a dropdown arrow, and three checkboxes for "Critical", "High", and "Low". Below this is a table with columns "Result", "Comments", and "Fla". Further down, there is a calendar view showing a time slot from 12:00 to 12:59, with "Peripheral IV Cannula" selected in the calendar and marked with a "3".

iView: Peripheral IV Cannula

4) Complete the appropriate fields and click OK

Peripheral IV cannula site:

- Arm
- Cubital fossa
- Femoral vein
- Foot
- Hand
- Scalp vein
- Arterial line
- Other

Peripheral IV cannula laterality:

- Right
- Left

Peripheral IV cannula gauge:

- 14g (Orange)
- 16g (Grey)
- 18g (Green)
- 20g (Pink)
- 22g (Blue)

OK

5) Complete fields and sign off

Peripheral IV Cannula		12:59
◀ <Arm Right 20g (Pink)>		
Parent/carer verbal consent obtain...	Yes	
Inserted date/time	06/11/201...	
Inserted by	Mickey	
Insertion number of attempts	1	
Insertion analgesia agents	Topical a...	
Blood sample collected	Yes	
Dressing applied on insertion	Sterile oc...	
Comment		
Site check	Cannula p...	
Set changed		
Pump pressure check		
Removed date/time		
Removed by		
Peripheral IV Cannula comment		
◊ Extravasation identified		

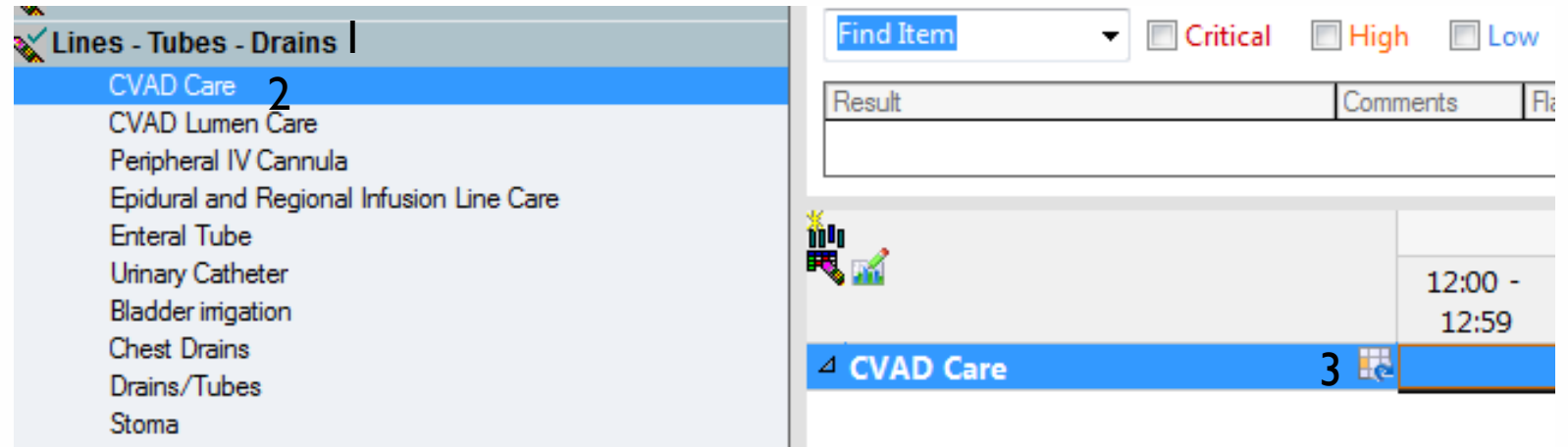
The cannula will now appear on the fluid balance chart.

6) Document site check and pump pressure each hour

		06/11/2019		
		12:00 - 12:59	12:00 Subtotal	1
Intake Total				
◊ IV flushes				
◊ Peripheral IV Cannula				
◊ Arm Right 20g (Pink)				
	Site check	Cannula p...		
	Pump pressure check			
	Comment			
◊ Milk/Formula Check-out				

iView: CVAD Care

- 1) Click on Lines- Tubes-Drain
- 2) Select CVAD Care
- 3) Click on Calendar and “add dynamic group”



The screenshot displays the iView interface. On the left, a menu titled "Lines - Tubes - Drains" is open, with "CVAD Care" selected and a count of 2. Below it are other categories: CVAD Lumen Care, Peripheral IV Cannula, Epidural and Regional Infusion Line Care, Enteral Tube, Urinary Catheter, Bladder irrigation, Chest Drains, Drains/Tubes, and Stoma. On the right, there is a search bar labeled "Find Item" and three filter checkboxes: "Critical", "High", and "Low". Below these is a table with columns "Result", "Comments", and "Fla". At the bottom right, a calendar view shows a time slot from 12:00 to 12:59, with "CVAD Care" scheduled for 3 units.

iView: CVAD Care

4) Complete the appropriate fields and click OK

CVAD type ward care:

CVC tunnelled cuffed
CVC tunnelled uncuffed
CVC non-tunnelled - percutaneously inserted
IVAD - Port (Implantable Vascular Access Device)
PICC (Peripherally inserted Central Venous Catheter)
Vascath
Midline
Second CVAD
Umbilical 4

CVAD lumen ward care:

Single
Double
Triple

OK

iView: CVAD Care

5) Complete appropriate fields and sign off

Some tips!

- Leave insertion date blank unless day of insertion of actual line
- Port needle insertion date and port needle size is on both Port and CVC's dynamic groups. Leave these columns blank for CVC's
- To add date of CVC access use comment box

CVAD Care	
△ <CVC tunnelled uncuffed Double>	
CVAD insertion date	
Dressing Type	
Cleansing Agent	
Date Dressing Changed	
Port needle insertion date	
Port needle size	5
Limb circumference	
Site Condition	
Site Condition Intervention	
Integrity Assessment	
Integrity Interventions	
Dressing Intact	
Pump pressure check (CVAD)	
External catheter measurement... cm	
IV set change	
◇ Removed	
Comment	

iView: CVAD Care

The CVAD will now appear on the fluid balance chart.

6) Document site check and pump pressure each hour

Intake Total		
▾ IV flushes		
▾ Peripheral IV Cannula		
▾ CVAD Assessment		
▾ CVC tunnelled cuffed Double		
Site Condition		Clean and...
Site Condition Intervention		
Integrity Assessment		
Integrity Interventions	6	
Dressing Intact		
Pump pressure check (CVAD)		

Creating a dynamic group for IV Push Medications

1) Click on calendar in IV Flushes to create dynamic group

	14:59	
potassium chloride 20mmol/L in glucose 5% & sodium chloride...	mL	
glucose 5% & sodium chloride 0.9% infusion 1000 mL	mL	
IV flushes		

2)
I. Highlight Other
II. Type in "Push Medication"
III. Select IV site
IV. Click "OK"

.label:
Other: Push Medication Hand - Right

IV fluid type:

- NaCl 0.9%
- Glucose 5%
- Glucose 5% NaCl 0.9%
- Glucose 5% NaCl 0.45%
- Other**
- Push Medication

IV site:

- Cubital Fossa - Left
- Cubital Fossa - Right
- CVC - Red Lumen
- CVC - White Lumen
- CVC - Blue Lumen
- CVC - Brown Lumen
- CVC - Purple Lumen
- Femoral Vein - Left
- Femoral Vein - Right
- Foot - Left
- Foot - Right
- Hand - Left
- Hand - Right**
- Portacath (single)

OK

3) IV Push medication is then populated into the fluid balance chart

glucose 5% & sodium chloride 0.9% infusion 1000 mL	mL	
IV flushes		
<Other: Push Medication Hand - Right>		
IV flush amount	mL	
Peripheral IV Cannula		

Overview Fluid Balance Chart



General principles

iView:

- Flows opposite to BTF
(most recent time on the left)
- It is updated at the end of the hour.
 - Eg 10:00-10:59 is updated @11:00 when you confirm the pump totals
- All infusions, medications and IV flushes are on separate sections of the chart.
- The system cannot add the medication section and the continuous infusion sections together.

	12:00 Subtotal	11:00 - 11:59	10:00 - 10:59	09:00 - 09:59
Δ Intake Total	195		70	55
Δ Continuous Infusions	175		70	35
glucose 5% & sodium chloride 0.9% infusion 1000 mL	mL 150		60	30
sodium chloride 0.9% infusion 1000 mL	mL 25		10	5
Δ Medications				
flucloxacillin + glucose 5% NaCl 0.9%	mL			
vancomycin + NaCl 0.9%	mL			
Δ IV flushes	20			20
Δ Other: Push CVC - White Lumen				
IV flush amount	mL 20			20
Δ Other: Push CVC - Red Lumen				
IV flush amount	mL			

Subtotals

Fluid Balance: Subtotals

- 4 hourly subtotals are only for the previous 4 hours.
 - 12:00 subtotal is only the total of fluid from 08:00-11:59
- 24 Hour total gives the intake for the whole day.

	12:00 Subtotal
Intake Total	195
Continuous Infusions	175
glucose 5% & sodium chloride 0.9% infusion 1000 mL	150
sodium chloride 0.9% infusion 1000 mL	25

	24 Hour Total	00:00 Subtotal
Intake Total	465	
Continuous Infusions	465	
glucose 5% & sodium chloride 0.9% infusion 1000 mL	465	

Continuous Infusions: Modifying fluid total


	12:00 Subtotal	11:00 - 11:59	10:00 - 10:59	09:00 - 09:59
∆ Intake Total	195		70	55
∆ Continuous Infusions	175		70	35
glucose 5% & sodium chloride 0.9% infusion 1000 mL	mL 150		60	30
sodium chloride 0.9% infusion 1000 mL	mL 25		10	5
∆ Medications				
flucloxacillin + glucose 5% NaCl 0.9%	mL			
vancomycin + NaCl 0.9%	mL			
∆ IV flushes	20			20
∆ Other: Push CVC - White Lumen				
IV flush amount	mL 20			20
∆ Other: Push CVC - Red Lumen				
IV flush amount	mL			

You should modify the amount each hour to reflect the total volume that has gone through
Changing the number does not change the rate at which the fluids are prescribed at.

The glucose 5% and Sodium Chloride 0.9% is charted to run @60mL/hr

Eg: between 09:00-09:59 the glucose 5% and Sodium Chloride 0.9 %was not running for ½ hour as the cannula was tissued. Only 30 mL went through.

Titratable infusions- modifying fluid balance

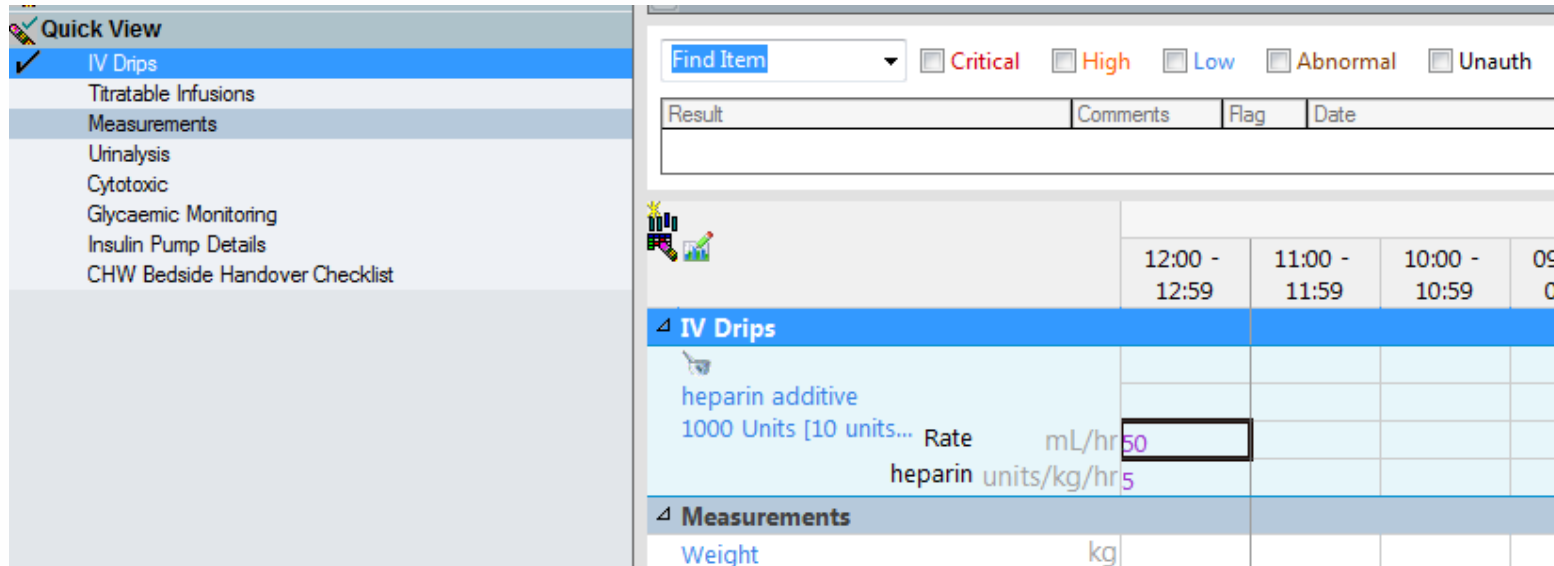
	11:00 - 11:59	10:00 - 10:59	09:00 - 09:59	08:00 - 08:59
Intake Total	50	100	100	85
▾ Continuous Infusions	50	100	100	85
 heparin additive 1000 Units [10 units/kg/hr] + glucose 5% infu... mL	50	100	100	85
▾ IV flushes				

The same applies to titratable infusions:

The heparin infusion is charted @100mL/hr

Eg: between 11:00-11:59 the heparin infusion was not running for ½ hour as the cannula was tissued and only 50 mL went through.

Titratable infusions- Rate Change



Quick View

- IV Drips
- Titratable Infusions
- Measurements
- Urinalysis
- Cytotoxic
- Glycaemic Monitoring
- Insulin Pump Details
- CHW Bedside Handover Checklist

Find Item Critical High Low Abnormal Unauth

Result	Comments	Flag	Date

	12:00 - 12:59	11:00 - 11:59	10:00 - 10:59	09:00 - 09:59
IV Drips				
heparin additive				
1000 Units [10 units... Rate mL/hr				
heparin units/kg/hr				
Measurements				
Weight kg				

To make changes to the rate

- 1) Select "quick view"
- 2) Select appropriate time frame
- 3) Change rate
- 4) 2 nurses need to sign off

Intermittent Infusions- using pumps running continuously

Steps to take:

1. Leave volume next to drug empty
2. Select compatible diluent
3. Add volume of drug and expected flush volume
4. Select site
5. Select appropriate infusion time

What next?

1. Amount entered will automatically populate into fluid balance chart

*flucloxacillin: mg ml

Diluent: ml

*Route: Site:

Total Volume: Infused Over:

	06:00 - 06:59
Intake Total	75
Continuous Infusions	
glucose 5% & sodium chloride 0.9% infusion 1000 mL	mL
Medications	75
flucloxacillin + glucose 5% NaCl 0.9%	mL 75

Push Medications

Steps to take:

1. Leave volume next to drug empty
2. Diluent "<none>"
3. Leave mL next to diluent box empty
4. Select site
5. Do not add infusion time

What next?

1. Amount including flush needs to be entered into "right hand push" line on the fluid balance chart
2. Add comment with amount of drug and expected amount of flush

*ampicillin: mg Volume: ml

Diluent: ml

*Route: Site:

Total Volume: Infused Over:

flucloxacillin + glucose 5% NaCl 0.9%	mL	
IV flushes		30
Other: Push Medication Hand - Right		
IV flush amount	mL	30
Peripheral IV Cannula		

E Comment - EDNURSE7, Patie

IV flush amount: 30 mL

Comment

AMP 20 /FLUSH 10

Maintaining an accurate fluid balance chart

	12:00 Subtotal	11:00 - 11:59	10:00 - 10:59	09:00 - 09:59	08:00 - 08:59	08:00 Subtotal	07:00 - 07:59
Intake Total	195	70	55	70	260	260	
Continuous Infusions	175	70	35	70	15	15	
glucose 5% & sodium chloride 0.9% infusion 1000 mL 60 mL/hr mL	150	60	30	60	15	15	
sodium chloride 0.9% infusion 1000 mL 10 mL/hr mL	25	10	5	10			
Medications						225	225
flucloxacillin + glucose 5% NaCl 0.9% mL						75	75
vancomycin + NaCl 0.9% mL						150	150
IV flushes	20		20			20	20
Other: Push CVC - White Lumen							
IV flush amount mL	20		20				
Other: Push CVC - Red Lumen							
IV flush amount mL						20	20

All medications and fluids were started at 0700 for this patient. At 0800 I updated my fluid balance chart.

@ 0800 my pump reading for glucose 5% + N/S 0.9% was 90 mL but 75ml was Fluclox which is in medications. The remaining 15ml is put in the box for 0700-0759.

@ 0800 my pump reading for N/S 0.9% was 150 mL but 150ml was Vancomycin which is in medications. I do not add anything to the 0.9% box for 0700-0759 as it is already accounted for.

Pump Readings for glucose 5% & sodium chloride 0.9%

White 5%	08	09	10	11
	90	150	180	240

Pump Readings for sodium chloride 0.9%

Red 0.9%	08	09	10	11
	150	160	165	175

What to do if you miss an hour

Example:

The last pump reading done at 0700 was 90ml. You haven't been able to read the pump again until 0900. The pump total is now 170 mL

Step 1: Minus current total from last known total

- $170 - 90 = 80$ mL

Step 2: Divide the result by the number of hours missed

- $80 / 2 = 40$ mL

Step 3: Update fluid balance

- 0700-0759= 40 mL
- 0800-0859= 40 mL

	08:00 - 08:59	08:00 Subtotal	07:00 - 07:59	06:00 - 06:59
Intake Total	40	165	70	95
Continuous Infusions	40	60	40	20
glucose 5% & sodium chloride 0.9% infusion 1000 mL	40	60	40	20
Medications		75		75
flucloxacillin + glucose 5% NaCl 0.9%		75		75

24 hour total- use for handover and checking totals

	Total	St
△ Intake Total	455	
△ Continuous Infusions	190	
glucose 5% & sodium chloride 0.9% infusion 1000 mL	165	mL
sodium chloride 0.9% infusion 1000 mL	25	mL
△ Medications	225	
flucloxacillin + glucose 5% NaCl 0.9%	75	mL
vancomycin + NaCl 0.9%	150	mL
△ IV flushes	40	
△ Other: Push CVC - White Lumen		
IV flush amount	20	mL
△ Other: Push CVC - Red Lumen		
IV flush amount	20	mL

When utilising the 24 hour total to handover and check totals you must be aware of which IV site each fluid bag is running through and where each medication was infused.

Example:

White Lumen: glucose 5% + N/S 0.9%
 You know the fluclox ran through this lumen
 Add 165ml + 75ml = 240ml
 Pump reads 240ml
 This lumen does not require any modification

Red Lumen: N/S 0.9%
 You know the vancomycin ran through this lumen
 Add 25ml + 150ml = 175ml
 Pump reads 174ml
 The 1ml difference does not require modification

My pump wasn't reset at midnight?

- At 0100 my pump total is 420.
- Pump not reset @2400: Pump total and 24 hour total was accurate at 390mL
- Steps to take:
 1. Minus current pump total from the 24 hour total on the 3/11
 - $420 - 390 = 30$ mL
 2. Clear pump
 3. Enter 30 mL into 00:00-00:59 box
 4. For every hour after, the 24 hour total should be 30 mL more than the pump

	03/11,			
	24 Hour Total	00:00 Subtotal	23:00 - 23:59	22:00 - 22:59
glucose 5% & sodium chloride 0.9% infusion 1000 ml	390	180	45	45

	04/11/2015
	00:00 - 00:59
glucose 5% & sodium chloride 0.9% infusion 1000 mL	30

	24 Hour Total
glucose 5% & sodium chloride 0.9% infusion 1000 mL	300

@0700
Pump total=270
Fluid Balance = 300
30mL deficit on pump

Complex Patients



Complex Patient: Multiple Medications and Infusions

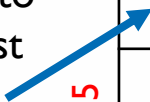
- There will be a number of patients in particular specialty areas that require multiple medications and infusions and a strict fluid balance must be done on these patients
- There are resources available to help keep track of your pump totals e.g. pump reading table which can be used to write out your totals for each pump and keep note of where each medication went

Resource that can be used to help read the pumps hourly on multiple patients

Pump Reading Table

Time→	8	9	10	11	12	1	2	3	4	5	6	7
Pump↓												

Use this column to easily list the infusions that each patient has.



Bed 20
Bed 15
Bed 1

You can list the fluid type or pump channel – whatever is easy for you. This is for your records only

How to input your pump readings

1. If you read each pump @ 1200

Channel A (Hydration) = 114ml

Channel B (TPN) = 91ml

Channel C (Lipids) = 13.4ml

Syringe driver (drug line) = 47ml

2. Deduct the totals from 1100 from these readings to get the total fluid run through in the last hour
3. Input these numbers into the 11:00 – 11:59 box



E.g. Channel A (0.9% N/S + 5% dex) would be:
114ml (1200 total) – 92.6ml (1100 total) = 21.4ml.

No medications went through in this hour so this amount is inputted into the cell for this fluid type


Time→	8	9	10	11	12
Pump↓					
(A) 0.9% N/S + 5% dex	20	49 vanc	74.6 vanc	92.6	114
(B) TPN	19	40	58.8	72.9	91
(C) Lipid	3	5.8	8.7	10.8	13.4
min Vol (R) N/S/5% dex panadol	2.5	30	37 maxalon	38.6 potassium	47 diltiazem

	11:00 – 11:59
Intake Total	68.93
Continuous Infusions	42.1
glucose 5% & sodium chloride 0.9% infusion 1000 mL	21.4
glucose 5% infusion 1000 mL	
parenteral nutrition solution (TPN) 1000 mL	18.1
SMOFlipid 20% 500 mL	2.6
sodium chloride 0.9% infusion 1000 mL	
Medications	10.33
filgrastim + glucose 5%	
metoclopramide + NaCl 0.9%	
paracetamol + NaCl 0.9%	
potassium dihydrogen phosphate + N...	10.33
vancomycin + glucose 5% NaCl 0.9%	

How to input readings into cells

	22/10/2019			
	12:00 – 12:59	11:00 – 11:59	11:00 Subtotal	10:00 – 10:59
Intake Total	56.73	68.93	243.85	61.15
Continuous Infusions	37.4	42.1	124.1	39.4
glucose 5% & sodium chloride 0.9% infusion 1000 mL mL	19	21.4	42.6	22.6
glucose 5% infusion 1000 mL mL				
 parenteral nutrition solution (TPN) 1000 mL mL	16	18.1	66.9	14.1
 SMOFlipid 20% 500 mL mL	2.4	2.6	10	2.1
sodium chloride 0.9% infusion 1000 mL mL			4.6	0.6
Medications	10.33	10.33	91.75	7.75
filgrastim + glucose 5% mL				
metoclopramide + NaCl 0.9% mL			6	
paracetamol + NaCl 0.9% mL			28	
potassium dihydrogen phosphate + N... mL	10.33	10.33	7.75	7.75
vancomycin + glucose 5% NaCl 0.9% mL			50	

When you double click on the cell for that fluid type the prescribed rate will auto populate. You will change this to the amount you have calculated has gone through.

Intake Total		
Continuous Infusions		
 glucose 5% & sodium chloride 0.45% infusion 1,000 mL [125 ... mL	126.25	126.25
Medications		

This means that each hour may have a different amount infused but as long as the bag has been signed off for the prescribed rate, this will not matter.

When medications are running through the drug line

@ 14:00 I work out that my total for that hour is 10.33ml

The potassium dihydrogen phosphate has a pre-populated amount of 10.33ml

I leave the 0.9% NaCl column blank



		22/10/2019			
		12:00 – 12:59	11:00 – 11:59	11:00 Subtotal	10:00 – 10:59
Intake Total		56.73	68.93	243.85	61.15
Continuous Infusions		37.4	42.1	124.1	39.4
	glucose 5% & sodium chloride 0.9% infusion 1000 mL	mL 19	21.4	42.6	22.6
	glucose 5% infusion 1000 mL	mL			
	parenteral nutrition solution (TPN) 1000 mL	mL 16	18.1	66.9	14.1
	SMOFlipid 20% 500 mL	mL 2.4	2.6	10	2.1
	sodium chloride 0.9% infusion 1000 mL	mL		4.6	0.6
Medications		10.33	10.33	91.75	7.75
	filgrastim + glucose 5%	mL			
	metoclopramide + NaCl 0.9%	mL		6	
	paracetamol + NaCl 0.9%	mL		28	
	potassium dihydrogen phosphate + N...	mL 10.33	10.33	7.75	7.75
	vancomycin + glucose 5% NaCl 0.9%	mL		50	

@1200 I work out that my total for that hour is 8.35ml

Because this drug was commenced $\frac{3}{4}$ way through this hour it has auto populated to 7.75mls.

0.6mls needs to be accounted for and is inputted into the 0.9% NaCl box

If you want to check that your fluid balance chart matches your pumps

	24 Hour Total
Intake Total	590.49
Continuous Infusions	321
glucose 5% & sodium chloride 0.9% infusion 1000 mL	mL 100
glucose 5% infusion 1000 mL	mL
 parenteral nutrition solution (TPN) 1000 mL	mL 187
 SMOFlipid 20% 500 mL	mL 27.4
sodium chloride 0.9% infusion 1000 mL	mL 6.6
Medications	180.99
filgrastim + glucose 5%	mL 8
metoclopramide + NaCl 0.9%	mL 6
paracetamol + NaCl 0.9%	mL 56
potassium dihydrogen phosphate + N...	mL 30.99
vancomycin + glucose 5% NaCl 0.9%	mL 50
IV flushes	19
Other: push medications CVC - Re...	
IV flush amount	mL 19

At 4pm if I scrolled to the left to the 24 hour total to ensure my pump totals were correct I would be doing the following calculations

White Lumen:

0.9% N/S + 5% dex – Showing 100ml but my Vancomycin also went through this line which was 50ml = 150ml (this will show on this pump)

TPN – 187mls has been calculated and my pump reads 193mls (The 5ml difference is acceptable)

Lipids – 27.4ml has been calculated and my pump reads 28.2ml (The 0.8ml difference is acceptable)

Red Lumen:

Minimal volume with 0.9% N/S / 5% dex –6.6mls has been calculated + add the medications that have gone through this line (8 + 6 + 56 + 30.99) = 107.59ml. The pump reads 106mls (The 1.59ml difference is acceptable)

Pump Reconciliation

- If an accurate fluid balance is maintained “Pump Reconciliation” does not need to occur.
- It is recommended this practice not be implemented due to the complexities of adding and then having to remove “other output” and “other input” sources.
- Instructions for how to “pump reconcile” are available on Learning.Kids