

## (2) Primary Care Request for Clinically Assisted Hydration (Sub-Cutaneous Fluid)

### Flow Chart

Patient appears dehydrated on clinical assessment and unable to tolerate adequate oral hydration

Blood test taken for U+Es to determine renal function  
(this could be undertaken by the GP team or the Neighbourhood Team via the urgent bloods pathway, which is available up to 6pm)

Start sub-cut fluids using sodium chloride 0.9% solution - 1l over 12-24 hours (to be agreed /dependent upon Geriatrician advice – see below)

It is safe to start at 1l/12-24 hrs whilst awaiting U&Es

The Neighbourhood Team keep a stock of 1L bags of sodium chloride 0.9% solution

GP instruction to the Neighbourhood Team for sub-cut fluids to be commenced will be recorded within the Primary Care record and the Neighbourhood Team will then transcribe this instruction onto the Medicines Administration Record (MAR Chart)

GP to discuss with Geriatrician via the Advice Line (see below) once UEs back to agree ongoing appropriate fluid regime (You can also call them before starting the fluids)

Follow up and further discussion with geriatrician advice line (see below) as appropriate. Daily review will be required (*most likely NT face to face review/patient visit and a discussion with the GP and/or Geriatrician*) regarding the patient's on-going clinical needs and management plan until sub-cutaneous hydration is no longer required

If the patient is already under the care of the Neighbourhood Team, please contact the team directly to advise of the change of patient status and the urgent requirement for sub-cutaneous hydration and on-going clinical management

New referrals to the Neighbourhood Team should be made to SPUR, requesting a **Rapid Response** for assessment and delivery of sub-cutaneous hydration and on-going clinical management

**Geriatrician Advice Line:** The Geriatrician advice line can be accessed from 9am to 5pm Monday-Friday by calling Leeds Teaching Hospitals Trust switchboard on 0113 2433144 and asking to be put through to the Community Frailty Response Consultant. Outside of these hours the on-call registrar or consultant geriatrician can advise.