

# CRITICAL SHORTAGE: IV FLUIDS ORAL HYDRATION PROTOCOL MEMO

OCTOBER 2024

## Situation

Hurricane Helene has contributed to a catastrophic shortage of multiple presentations and volumes of intravenous fluids including sodium chloride 0.9%, lactated ringers, PlasmaLyte, and D5W.

## Background and Assessment

Allocations for intravenous fluids are set at 60% of typical utilization which will likely persist for several months.

Mitigation strategies including transitioning to IVP medications, Epic alerts, and duration of therapy limits have already been deployed. There exists a need to prioritize IV fluid therapy to most critical patient populations.

Oral hydration protocols have been studied in various populations including, patients presenting with acute gastroenteritis, hyperemesis of pregnancy, and mild upper respiratory tract infections or pharyngitis.

## Recommendations/Actions

An oral hydration protocol and subsequent order set has been developed for use in the Emergency Departments and Labor & Delivery Units. Upon order, nursing may obtain Pedialyte from standard stock areas.

Instruct patients to take 2 sips (~30mL) of Pedialyte every 3 to 5 minutes. If patient's present with vomiting, wait 10-15 minutes after antiemetic administration to attempt oral hydration.

### Troubleshooting:

- If oral intake is not meeting goals, determine cause and provide supportive care PRN (i.e. antiemetic).
- For pregnancy-related vomiting, oral intake can often help provide crackers and encourage intake.
- Patients with vomiting can be encouraged to maintain a slower rate of intake until they can tolerate the fluid.
- After intake of 250mL has been successfully completed without vomiting and if nausea is controlled, intake can increase to 4 sips (~60mL) every 3 to 5 minutes
- Notify provider if patient experiences persistent vomiting greater than 20 minutes after antiemetic therapy. Notify provider if patient does not meet hydration goals after 60 minutes.

### HYDRATION GOALS

