



Portsmouth Hospitals
and
Portsmouth HealthCare

Compendium of
**DRUG THERAPY
GUIDELINES
1998**

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For ADULT Patients Only

SUBCUTANEOUS FLUID REPLACEMENT

USES

Subcutaneous fluids can be a useful method to correct mild dehydration,
eg:

- (1) to maintain adequate fluid intake after a stroke until swallowing improves.
- (2) in palliative care.

ADVANTAGES

- (1) Does not require venous access
- (2) Little patient discomfort
- (3) Can be used in a restless patient (site beyond the patient's reach)
- (4) Useful for overnight rehydration
- (5) Can be re-sited by nursing staff

CONTRA-INDICATIONS

- (1) Severe dehydration where larger volumes of fluid are required
- (2) Bleeding diathesis
- (3) Generalised oedema
- (4) Skin sepsis

METHOD OF ADMINISTRATION

Clean site with a Medi-swab.

Needle - 19 gauge butterfly.

Site - chest, abdominal wall, sub-scapular, axillary, thigh.

Site and needle must be changed every 48 hours.

Maximum rate of administration - 2 litres in 24 hours.

Hyaluronidase should not routinely be used (see 'Problems' below).

FLUIDS

Sodium chloride 0.9% or glucose 4% with sodium chloride 0.18%.

Dextrose 5% has been used, but is best avoided as it can be irritant.

Potassium chloride may be added, but not more than 20mmol per litre.

PROBLEMS

- (1) Fluid not absorbed after the first 24 hours. Hyaluronidase 1500 units injected s.c. at the site (or added to a litre of saline) may help, but it can be painful and is often ineffective. Hyaluronidase must not be used routinely.
- (2) Erythema or local skin damage.
- (3) Infection (rare).