Chris Tattersall RN, BSc
Research & Development Manager

Now published:
www.nursingtimes.net
Vol 112 45/46

Conclusion

• Very little difference between qualified or unqualified staff.

• Very little difference whether employed in a hospital or nursing home.

• Estimates of fluid volume by all staff were poor when faced with estimating consumption from vessels containing a residual fluid.

Nursing staff's ability to gauge fluid intake

Aim:
To evaluate the accuracy of staff's ability to gauge fluid intake in elderly care settings when faced with vessels containing residual fluid.

Method:
Members of staff from elderly care areas in hospital (at mandatory training sessions) and private nursing homes (at handover periods) were asked to estimate the amount of fluid consumed by a fictitious patient from six commonly used containers.

Each container had a representative 'fluid' remaining (solid Polyurethane Resin) in order that all participants assessed the same examples. For each container the participant was asked to estimate how much has been consumed by the patient.

Results:
• 75% of all estimates were outside an acceptable level of error (up to a 10% error in volume estimated).

• There was no significant difference between qualified nurses and care staff (p=0.27).

• There was no significant difference between hospital staff and care home staff (p=0.67).

• Time in healthcare was also not found to be a factor.

Participants	Hospital	Nursing Home
Qualified Nurses	39	19
Care staff	27	38

Result are colour coded red if outside the 10% acceptable error and green if within.

Container type (actual fluid consumed)	Mean estimate (ml)				
	All	Nurses	Carers	Hospital	Home
1 Litre Jug (540ml)	562	565	560	569	554
Tea cup (70ml)	94	90	98	95	94
Tall plastic cup (140ml)	149	130	167	146	153
Mug (150ml)	160	147	172	150	173
Medicine pot (25ml)	31	31	31	33	29
Half pint glass (155ml)	179	170	188	160	202