

Core data set – Weight (Adult – 18 years and over)

NEW PATIENTS (Starting HD or PD since last SRR audit)

Guideline	Comments
<ul style="list-style-type: none"> • HD - An actual pre and post dialysis weight should be available to the SRR for all patients within the first week of starting HD, with date recorded. • PD – A measured body weight should be available to the SRR from the first clinic appointment or home visit after commencing PD. 	<p>When possible all patients should have weights recorded when starting RRT, even if starting acutely. Where this is not possible the first available weight should be used, with date recorded).</p> <p>In most units this is already documented by medical staff electronically at clinics.</p>

EXISTING PATIENTS

Guideline	Comments
<ul style="list-style-type: none"> • HD - the audit weight should be measured pre & post dialysis. • PD - weight can be measured at any time of the day. • PD - weight should be recorded with the PD bag drained out completely and disconnected or the patient can be weighed with PD fluid in-situ and the weight of PD fluid subtracted. • APD – weight minus the last bag fill should be used 	<p>Measurements made for routine clinical care should be used. It should not be necessary to arrange for extra measurements.</p> <p>One litre weighs 1kg.</p> <p>Subtract the weight of the PD fluid instilled at the last fill, not any anticipated fluid removal at the next exchange. It is not feasible to consider UF as this is too variable and subject to error. This may need to be adjusted manually.</p>
<ul style="list-style-type: none"> • Weight should be measured using scales that have been calibrated. 	<p>Scales should be calibrated at least annually.</p>
<ul style="list-style-type: none"> • Weight should be measured using an electronic (strain gauge) scale if possible. 	<p>Conventional balance scales are acceptable provided that staff are adept at using these.</p>
<ul style="list-style-type: none"> • Weight should be recorded in kilograms to one decimal place (eg 42.7 kg). 	<p>This would allow BMI to be calculated</p>
<ul style="list-style-type: none"> • The weight actually measured should be recorded. No changes should be made for estimated fluid loss or oedema. 	
<ul style="list-style-type: none"> • For all adult patients the weight is recorded wearing light clothing, with shoes. 	<p>This is agreed to be the most practical method as all HD units in Scotland currently weigh patients with shoes.</p>

<ul style="list-style-type: none">• Where patients are weighed in a wheelchair or with some other aide, the weight of the chair should be measured separately and subtracted	
<ul style="list-style-type: none">• The weight of an artificial limb should be included if this is normally worn by the patient when they attend the unit.	

Core data set – Height (Adult – 18 years and over)

Guideline	Comments
<ul style="list-style-type: none"> A measured body height should be available to the SRR for all patients commencing RRT for CKD 5 or as soon as possible. This measured height does not need repeated. 	For patients whom this is not possible a reported height should be used. If unknown then use ulna length (1 & 2).
<ul style="list-style-type: none"> For patients able to stand, height should be measured using a stadiometer. 	See above for patients unable to stand.
<ul style="list-style-type: none"> Height, where possible should be measured in a clinic, hospital or haemo-dialysis unit. 	Where this is not possible, see above for alternative
<ul style="list-style-type: none"> Height should be recorded in metres to 2 decimal places. This would allow calculation of BMI if desired 	Use normal practice for rounding up numbers.
<ul style="list-style-type: none"> The date on which height was measured should be recorded 	Only 1 height measurement required
<ul style="list-style-type: none"> Height should be measured without shoes 	Shoes should be removed, if difficulty measuring eg different leg lengths, use reported height or ulna length
<ul style="list-style-type: none"> In patients with bilateral lower limb amputations, height cannot be calculated. 	

Discussion

- Paediatric data cannot be combined or compared to adult data as use completely different measurements therefore suggest going ahead with adult data at present. Paediatrics may decide to use height and weight with ability to adjust using Z scores or standard deviation etc.

References :

Brown JK et al: Cline Nurs Res 2002 Nov :11(4):417-432 Is self reported height or arm span a more accurate alternative measure of height?

Malnutrition Universal Screening Tool – MAG Malnutrition Advisory Group- BAPEN 2003