

Admission Heights and Weights

Translating Research Into Practice (TRIP)

What does the evidence say?

All patients are to be assessed on admission to the hospital.
Accurate height and weight are part of that assessment.
Heights and weights are needed to calculate medication doses.
Estimated heights and weights may be inaccurate.
Over/underestimation can lead to inaccurate dosing of medications

Goal: 90% of in-patients will have **actual** height and weight documented within 24 hours of admission.

References:

1. Bloomfield, R. et al. Accuracy of weight and height estimation in an intensive care unit: implications for clinical practice and research. *Critical Care Medicine*, 2006; 34 (8): 2153-2157. (level IV)
2. Hendershot, K. et al. Estimated height, weight, and body mass index :implications for research and patient safety. *Journal of American College of Surgeons*, 2006 ;203 (6): 887-893. (level 4).
3. Kahn, C. et al. Can ED staff accurately estimate the weight of adult patients. *The American Journal of Emergency Medicine*, 2007; 25: 307-312. (level 4)

Change in practice?

•Patients admitted via ED or direct admit to unit

▶ RN or RN delegate on the unit will weigh patient upon admission and document in Care Manager (in kg). Height (in cm) to be included.

•Patients admitted from IR/EP/Cath lab

▶ RN on unit will check flow sheet for documentation of height and weight and place in Care Manager

• Patients admitted through Pre-Op/PACU

▶ Pre-op RN or RN delegate will obtain actual weight and height of each patient on admission and document on the Pre-Procedure and Admission Screenings sheet (back side) . Current date of admission will be placed next to height and weight values. RN on in-patient unit will check and place values in Care Manager.

•Weights are to be placed in the “ADMIT WEIGHT” field in Care Manager (NOT the daily weight field).

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