

DOCUMENTED BUT NOT ACCURATE: AN AUDIT OF FLUID BALANCE MONITORING IN HAEMATO-ONCOLOGY AND STEM CELL TRANSPLANT INPATIENTS AT A UK TERTIARY CENTRE

Rodrigues, Hayen¹; Ladikou, Eleni¹; Mehra, Varun¹

¹Department of Haematology, King's College Hospital NHS Foundation Trust, London, UK

Background: Fluid balance and weight monitoring provide the earliest signal of veno-occlusive disease (VOD), acute kidney injury, fluid overload and nutritional deficits related to intensive therapies in haematological malignancies including allografts. We audited compliance with Trust standards and surveyed staff on care barriers.

Methods: Retrospective electronic record review of 112 adult admissions across four haematology wards (September–December 2025), assessing whether monitoring was documented, accurate and performed daily. Data was collected electronically; a staff questionnaire (n=70) provided qualitative data.

Results: Of 112 admissions (63.4% allograft recipients; median age 52.7years), commonest diagnoses were AML (43.8%), aplastic anaemia (19.6%) and MDS/MPN/MF (17.9%). Median stay was 16 days. Fluid Inputs were documented in 79.5% and outputs in 49.1%, but 88.8% and 81.8% respectively were inaccurate. A 24-hour balance was calculated in 17.0% and accurate in 8.9%. Weights were recorded in 67.9% but truly daily ($\geq 80\%$ of days) only in 27.7%. A monitoring plan was documented in 81.3%, but only 30% translated into daily weights and 20% into a calculated balance. Fluid-related complications occurred in 22.3% (weight gain, heart failure, VOD); but accurately recorded only in 12.0%. Four admissions lasted ≥ 60 days; three with VOD; none had an accurate balance. Compliance was unaffected by ward, month or transplant status. All staff rated fluid balance as important; key barriers were workload (77%), patients unable to record intake (70%), estimation over actual measurement (46%) and lack of prioritisation (30%) and unawareness of electronic tools (44%). Unexecuted plans mainly reflected lack of task ownership and communication.

Conclusions: Fluid balance monitoring can be difficult in practice, often with sub-optimal outcomes in high-risk patients, despite available clinical tools. Staff questionnaire findings indicate systemic barriers rather than lack of engagement. We are implementing fluid balance review at daily board rounds, electronic ordering alerts and targeted staff education, with re-audit planned.