



# Improving Adherence to Daily Weight Orders on an Inpatient Pediatric Unit

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**PUBLISHED ABSTRACT**

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## ABSTRACT

**Background:** Weight is a crucial metric in the optimal care of pediatric patients in the inpatient setting. A patient's weight is not only necessary for appropriate medication dosing, but is also often an indicator of fluid and nutritional status. As such, having a documented weight is integral to clinical decision making, and failure to obtain daily weight measurements when needed can result in delays in treatment and discharge plans. The importance of daily weight monitoring as well as the challenges surrounding good adherence to daily weight orders has long been recognized. There is currently no formal standardized process for obtaining daily weights on our inpatient pediatric unit, resulting in suboptimal adherence to daily weight orders.

**Methods:** Our primary outcome measure is adherence to daily weight orders on our inpatient unit of Kravis Children's Hospital 5th Floor, measured as the percentage of all patient-days for which a weight is recorded when there is an active daily weight order in the EMR. Baseline data was established through retrospective chart review of patients admitted to the unit prior to intervention. With the use of process mapping, we created interventions to standardize the method for obtaining weight measurements, to be implemented through standard PDSA cycles; our first intervention established an official time for weight measurements. Biweekly chart audits of all admitted patients were performed to monitor adherence to weight orders as well as identify further opportunities for improvement. We aim to implement 4 adjustments to our current weight measurement process, including further interventions aimed at weight ordering practices, nursing and PCA workflow, as well as continued education and reinforcement for staff.

**Results:** We hypothesize that our intervention will increase adherence to daily weight orders through standardizing and streamlining the workflow to record daily weights. Preliminary baseline data showed that pre-intervention adherence to daily

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weight orders on Kravis Children's Hospital 5th Floor was 73.8%. After our first PDSA cycle, preliminary data suggests improved adherence of 79%. There were also days when weights were obtained in the absence of a daily weight order, as well as days when a daily weight order was missing inappropriately. A balancing measure is to determine whether improved adherence to daily weight orders has any unintended or detrimental effects, such as decreased adherence to other types of weight orders at different frequencies (i.e. biweekly).

**Conclusions:** Current adherence to daily weight orders on Kravis Children's Hospital 5th Floor is inconsistent. Interventions that standardize the process of obtaining weight measurements in accordance with daily weight orders aims to improve adherence. Further directions may include investigating whether improved adherence to daily weight orders results in more clinically appropriate management, as well as identifying needs in standardizing weight ordering practices to only request measurements at frequencies appropriate for the admission diagnosis or clinical situation; minimizing clinically inappropriate daily weight orders may improve daily weight order adherence.

## COMPETING INTERESTS

The authors have no competing interests to declare.

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