

CONSIDERATIONS:

1. Weights are tracked primarily on two patient populations:
 - a. Cardiac patients, to determine fluid retention and prevent hospitalization
 - b. Patients who are over/under weight, to identify BMI (body mass index) and to track diet effectiveness
2. To obtain accurate weights:
 - a. Scale must be on a hard flat surface, not directly on a carpet
 - b. Scale must be calibrated
 - c. Weight should be measured at the same time of day each day
 - d. Patient wears same amount of clothing for each weight
 - e. Considers elimination patterns (should be consistent if weight obtained at same time each day)
3. Ideally, weights should be taken after the patient urinates in the morning, in the same clothing and prior to eating any food.
4. For Cardiac Patients:
 - a. Daily weights are an evidence-based strategy for identifying early fluid retention and decreasing hospitalization
 - b. Usual parameters are to alert physician or institute diuretic rescue plan if weight gain is:
 - i. > 2-3 pounds in a day
 - ii. > 5 pounds in a week
 - c. Two pounds over base (dry) weight equals one quart of fluid overload
5. Monitoring weight is an important self-management strategy for controlling heart failure. A chart posted next to the scale, as a daily reminder and a method for tracking fluid gain, helps motivate patients to monitor weight and to adhere to sodium intake guidelines. *See Addendum: Weight Chart.*
6. Patients who have difficulty balancing on a scale can use a walker, placing it around the scale so the patient can balance on the walker until ready to take the weight reading.

EQUIPMENT:

Digital or analog scale
Weight chart (See addendum)
Pen or Pencil

PROCEDURE:

1. Adhere to Standard Precautions and explain the procedure to the patient.
2. Assure the scale is on a flat hard surface in a safe location.
3. Assure the scale is calibrated to zero.
4. Assist the patient to stand safely on the scale.
5. Obtain the patient's weight.

6. Assist the patient to step off the scale safely.
7. Help patient/caregiver to write weight on Weight Chart.
8. If cardiac patient, assist patient with performing arithmetic to determine if a 2 lb. gain in a day or a 5 lb. gain in a week occurred.

AFTER CARE:

1. Document:
 - a. Document the patient's weight in the medical record and comparison with parameters given by physician, if any
 - b. Document any symptoms associated with weight gain, such as increase in dyspnea, ankle edema, tightness of rings/clothes and decreased appetite
 - c. Document all teaching and all communication with physician/team members
2. Teach:
 - a. Teach patient/caregiver how to take weight accurately
 - b. Encourage and coach patient on monitoring weight at each visit, checking weight chart
3. Communicate with physician:
 - a. Request weight parameters, especially for cardiac patients
 - b. Alert about deviation from parameters and obtain orders to resolve problem

REFERENCE:

Heart Failure Society of America (2010). HFSA 2010 Comprehensive Heart Failure Practice Guideline. *Journal of Cardiac Failure*, 16(6), 475-539.

Perry, A., Potter, P. & Elkin, M. (2012). *Nursing Interventions and Clinical Skills*, 5th Edition. St. Louis: Elsevier/Mosby.

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