

BEST PRACTICE: INPUTTING AND UPDATING PATIENT WEIGHTS

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HIGHLIGHTS

- ▶ ALL weights are to be documented in metric units
- ▶ A patient's weight can be: MEASURED, REPORTED or ESTIMATED
 - Measured Weight: is an actual weight obtained with an appropriate scale for the patient
 - Reported Weight: is a stated weight from patient or caregiver
 - Estimated Weight: is determined utilizing a clinical tool or calculation
- ▶ A DOSING weight is taken from one of the sources listed above and is used for weight-based medication dosing

Where do inputted weights show/flow in CST Cerner?

- ALL documented weight types can be viewed in **Results Review** under multiple tabs including *Recent Results*, *Vitals - Recent* and *Vitals - Extended*
- The most recently documented **DOSING WEIGHT** will also appear in the *Banner Bar* (including the date it was inputted) and pulls into the *Dosage Calculator* (if inputted within the last 30 days – if greater than 30 days, a new dosing weight will need to be entered)
- **Only MEASURED WEIGHT (and height)** will populate *Growth Curves*
- *BMI*s will be either a *Measured BMI* or *Estimated BMI* and are viewable in results review and iView; **ONLY Measured BMI**s are viewable on *Growth Curves*. Height and Weight must be entered at the same time. *Measured BMI*s are calculated when both height and weight are inputted as MEASURED. *Estimated BMI*s will come if weight is either ESTIMATED or MEASURED and height is ESTIMATED (Note: when there is a MEASURED height and ESTIMATED weight, a BMI will NOT be calculated).

What is the difference and who can input MEASURED, REPORTED or ESTIMATED weights?

- A **MEASURED** weight is the gold standard for weights. Completing a **MEASURED** weight is a fundamental skill and can be completed by all Health Care Professionals (HCP) including Care Aides, RNs, dieticians, etc.
- Determining and entering an **ESTIMATED** weight is for a HCP with knowledge and skill to utilize the clinical tool/calculation to complete the task. **ESTIMATED** weights are used when unable to obtain a measured weight or when a measured weight may be inappropriate for use. (e.g. ED trauma patients, overweight/obese patients or some patients with kidney disease).
- Entering **REPORTED** weights is a fundamental skill and used within specific workflows when unable to obtain a **MEASURED** weight. Please ensure that reported weight is entered in metric units.

Who inputs or updates DOSING weights?

In most situations a measured weight is the preferred dosing weight source and is inputted by regulated health care professionals including Providers, Pharmacists and Nurses. There are times when a measured weight is not possible or is higher than the recommended range for age or height and clinical judgment is needed to determine the most appropriate dosing weight.

Inputting and Updating:

Practice Pointer

CST Cerner Weights

- In **acute care, initial Dosing Weight** is typically inputted by nursing at the point of entry to hospital (i.e. ACU/ED/UCC) (weight source: measured; however, estimated or reported weights can be used in special circumstances. Complete a measured weight when appropriate and able; communicate with team to review and update the previously entered dosing weight as needed).
For direct admissions, dosing weight is inputted from the nursing admission PowerForm with a measured weight.
- **Updating an inpatient Dosing Weight** is only done after a team discussion when a patient's weight has changed enough to warrant a dosing weight change and medication adjustments.
This is typically done by provider or team pharmacist; but can be done by nursing only after team discussion.
Note: Current medications requiring adjustments will need to be discontinued and reordered for the new weight/dose to be reflected (done by provider or team pharmacist).
- **Dosing Weight: Outpatient Clinics**
 - ▶ A dosing weight is inputted and updated as needed by providers; considering date of last dosing weight and change in overall patient weight/condition. It may be completed by team pharmacist or nurse clinician after team discussion/rounds.
 - ▶ Nurse clinicians, who have completed an actual measured weight, can input dosing weight during clinic intake assessment as part of an agreed upon workflow within a specific program.
 - i.e. Neurophysiology Diagnostics and Cardiology Clinic
 - ▶ HCPs will communicate with the provider if dosing weight used in orders are greater than 90 days old, acute symptom changes, or significant weight change causing medication outside dosing goal (i.e. mg/dose).

*Documenting dosing weight is not to be completed by care aides

Additional Resources

- Video: [Reviewing and Documenting Patient Weights in CST Cerner Powerchart](#)
- [CST Cerner Help: Growth Chart](#)
- [Growth Measurements: Height and Weight Measurements](#)
- [Medication Administration Policy](#)

Who do I contact for further information?

- Area Leaders and Educators
- Learning and Practice Team (CWCSTPractice@cw.bc.ca)