Facility Checklist

1) Is it possible to obtain actual weights in patient care locations?
   Metric scales (floor scales, stretchers and beds with built-in scales, and standing, chair, and/or wheelchair scales) are available. Consider:
   - Catheterization lab
   - Dialysis
   - Emergency department
   - Endoscopy
   - Intensive care units
   - Labor and delivery units
   - Medical-surgical units
   - Neonatal intensive care units
   - Newborn nursery
   - Oncology units
   - Outpatient ambulatory care clinics
   - Pediatric units
   - Post-anesthesia care unit (PACU)
   - Radiology
   - Same-day surgery/pre-op
   - Other: ______________________

2) Are all patients weighed on arrival to the facility or as soon as clinically possible?
   - Yes
   - No

3) How can you ensure weights are done in metric?
   - If scales can measure in both pounds and kilograms/grams, the scale should be modified to lock out the ability to weigh in pounds.
   - If purchasing or replacing scales, buy new scales that measure in, or can be locked to measure in, metric units only.

4) Where are weights documented or mentioned?
   Electronic:
   - Computer information system and device screens (e.g., EHRs, CPOE, pharmacy verification systems, MARs, smart infusion pumps) list or prompt for the patient’s weight in metric units only.
   - “Hard stops” or automated clinical decision support at the time of data entry to alert clinicians when the weight parameter is missing (for weight-based medications) or when the entered patient weight value is not consistent with an expected value.
   - Devices are integrated to enable automatic, accurate, and transparent transmission of patient weight data directly from scales to EHRs, pharmacy information systems, and medical devices
**Paper-based:** Forms (e.g., MARs, Kardex, order forms) list and prompt for the patient’s weight in metric units only.

**Policies and Guidelines:** Policies should include the following:
- Kilograms (and grams) are the standard measurement system used for patient weights throughout the institution.
- Patients’ weights are documented in metric units only in all electronic and written formats.
- Orders for weight-based medications (e.g., heparin, dopamine, vancomycin) cannot be verified, dispensed, or administered until the patient’s recent, actual weight (not stated, estimated, or historical weight) in metric units has been obtained/entered in the computer order entry systems (i.e., orders cannot be verified until the weight field has been populated). Exception: Emergent orders for which a delay in administration could cause patient harm.
- Obtain the patient’s actual weight as part of the mandatory nursing assessment and reweigh the patient as warranted.
- Reassess a patient’s weight when initiating or changing the dose of weight-based medications, in clinical situations in which weight fluctuations are expected, or situations in which a weight variation may impact the course of care.
- Policies clearly define specific criteria for when medications will be dosed by other than actual body weight (e.g., ideal body weight) and delineate where and how this “dosing weight” will be communicated to clinicians to prevent confusion and error.

5) **How are staff educated about these changes?**
- The importance of weighing patients and using metric weights, when patient weights should be obtained, and the types of errors that could occur due to inaccurate patient weights are a part of staff education.

6) **How are weights communicated to patients?**
- Conversion charts that convert from kilograms (or grams for pediatrics) to pounds are available near scales or whiteboards, so that patients/guardians can be told the weight in pounds, if requested.
- Evaluate patient education materials to include the rationale for obtaining actual weights and use of the metric system.