

DEH - Dehydration

DEH-AP ANATOMY AND PHYSIOLOGY

OUTCOME: The patient/family will understand anatomy/physiology of dehydration.

STANDARDS:

1. Explain that the human body is made of 70-80% water.
2. Explain that water from food and drink is absorbed through the small and large intestines.
3. Discuss that the kidneys regulate fluid status and under normal conditions initiate a thirst reflex. In some situations (vomiting, diarrhea, extreme heat, overexertion), the thirst reflex is not enough to replace fluid losses and dehydration may result.

DEH-C COMPLICATIONS

OUTCOME: The patient/family will understand the complications of untreated dehydration.

STANDARDS:

1. Explain that untreated, severe dehydration can lead to shock and damage to vital organs such as the kidneys. This may result in death.
2. Discuss that milder dehydration may result in confusion, headache, dizziness, decreased urination. Explain that these symptoms should prompt a visit to a healthcare provider.

DEH-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the specific cause of the patient's dehydration and its symptoms.

STANDARDS:

1. Explain that dehydration occurs when the body loses too much fluid or fluid losses are not replaced.
2. Discuss the possible causes of dehydration: strenuous exercise, vomiting, diarrhea, profuse diaphoresis, draining wounds, ketoacidosis, hemorrhage, prolonged heat exposure.
3. Enumerate some of the symptoms of dehydration, e.g., weight loss; thirst; poor skin turgor; dry skin, dry mucous membranes and tongue; soft and sunken eyeballs; sunken fontanel in infants; apprehension and restlessness or listlessness; concentrated urine, low-grade fever; lack of tears, headache, irritability.

4. Explain that tired muscles, leg cramps or faintness are signs of more severe dehydration that can progress to hypovolemic shock. Explain that these symptoms should prompt a visit to a healthcare provider.
5. Explain that consumption of caffeinated or heavily sugared beverages (such as cola or other soft drinks) may cause or contribute to dehydration and should not be substituted for water intake.
6. Discuss, as appropriate, that free water should be used with caution for infants under six months of age (may cause electrolyte abnormalities).

DEH-EQ EQUIPMENT

OUTCOME: The patient/family will understand and demonstrate (when appropriate) the proper use and care of equipment.

STANDARDS:

1. Discuss the indications for and benefits of the medical equipment.
2. Discuss the types and the features of the medical equipment as appropriate.
3. Explain that the various alarms are to alert the medical personnel of the patient's status and/or the function of the equipment.
4. Emphasize the importance of not tampering with any medical device.

DEH-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up in the treatment of dehydration.

STANDARDS:

1. Discuss the importance of follow-up care.
2. Discuss the procedure for obtaining follow-up appointments and that follow-up appointments should be kept.
3. Emphasize that full participation of the treatment plan is the responsibility of the patient/family.
4. Discuss signs/symptoms that should prompt immediate follow-up.

DEH-HM HOME MANAGEMENT

OUTCOME: The patient/family will understand the home management of dehydration and make a plan for implementation.

STANDARDS:

1. Discuss the home management plan and methods for implementation of the plan.

2. Explain the importance of following a home management plan for fluid and electrolyte replacement to decrease complications.

DEH-L LITERATURE

OUTCOME: The patient/family will receive literature regarding dehydration and its treatment.

STANDARDS:

1. Provide the patient/family with literature on dehydration and its treatment.
2. Discuss the content of the literature.

DEH- MNT MEDICAL NUTRITION THERAPY

OUTCOME: The patient/family will understand the specific nutritional intervention(s) needed for the treatment of dehydration.

STANDARDS:

1. Explain that Medical Nutrition Therapy (MNT) is a systematic nutrition care process provided by a Registered Dietitian (RD) that consists of the following:
 - a. Assessment of the nutrition related condition.
 - b. Identification of the patient's nutritional problem.
 - c. Identification of a specific nutrition intervention therapy plan.
 - d. Evaluation of the patient's nutritional care outcomes.
 - e. Reassessment as needed.
2. Review the basic nutrition recommendations for the treatment plan.
3. Discuss the benefits of nutrition and exercise to health and well-being.
4. Assist the patient/family in developing an appropriate nutrition care plan.
5. Refer to other providers or community resources as needed.

DEH-N NUTRITION

OUTCOME: The patient/family will understand the role of nutrition correcting or preventing dehydration.

STANDARDS:

1. Review the normal nutritional needs and daily fluid intake needed for optimal hydration.
2. Discuss current nutritional habits. Assist the patient in identifying unhealthy nutritional habits. Refer to a registered dietitian for MNT as appropriate.

3. Discuss nutritional modifications as related to dehydration.
4. Explain that excessive caffeine, alcohol, sugar beverages may lead to worsening dehydration.

DEH-P PREVENTION

OUTCOME: The patient/family will understand and develop a plan to prevent the development of dehydration.

STANDARDS:

1. Explain that taking/giving adequate water or oral electrolyte solutions (not caffeinated or alcoholic beverages) is essential to the prevention of dehydration, particularly in a hot/humid environment or during strenuous activity. This is especially important for babies, small children, pregnant women, and older adults.
2. Explain that clothing that contributes to excessive sweating may cause dehydration.
3. Explain that sometimes it is necessary to replace fluids with liquids containing electrolytes to prevent dehydration with electrolyte abnormalities.
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DEH-TE TESTS

OUTCOME: The patient/family will understand the test(s) to be performed, the potential risks, the expected benefits, and the risks of non-testing.

STANDARDS:

1. Explain test(s) that have been ordered (explain as appropriate):
 - a. method of testing
 - b. necessity, benefits, and risks of test(s) to be performed
 - c. any potential risk of refusal of recommended test(s)
 - d. any advance preparation and instructions required for the test(s)
 - e. how the results will be used for future medical decision-making
 - f. how to obtain the results of the test
2. Explain test results:
 - a. meaning of the test results
 - b. follow-up tests may be ordered based on the results
 - c. how results will impact or effect the treatment plan
 - d. recommendations based on the test results

DEH-TX TREATMENT

OUTCOME: The patient/family will understand the treatment for dehydration.

STANDARDS:

1. Explain that the treatment plan for dehydration is fluids. However, the type, rate, amount and delivery mode of the fluids will depend on the cause and severity of the dehydration.
2. Usually, fluid replacement will include electrolytes. Commercial rehydration solutions may be advised (Pedialyte, Infalyte, or other balanced electrolyte solutions). **Refer to GE-TX.**
3. Discourage the use of caffeinated beverages because they are mild diuretics and may lead to increased loss of water and sodium.
4. Discourage the use of alcoholic beverages (including beer and wine coolers) as they actively dehydrate via enzymatic activity.
5. Explain that the fluid replacement via the intravenous route may be necessary if dehydration is severe or oral fluids are not tolerated.