PrimeWest Health Best Practice Guidelines For: Dehydration (potential for)

**Change Noted in Resident at Risk for Dehydration**
- Decreased oral intake over 24 hours due to altered mental status or other reason
- Multiple episodes of vomiting or diarrhea over 24 hours
- Dependent on others for fluids (dementia, tube feeding)
- Diuretic use
- Swallowing difficulties

**Take Vital Signs**
- Temperature
- Blood pressure (BP), Pulse (postural if possible)
- Respiration
- For those with diabetes: Finger stick glucose

**Vital Sign Criteria**
- Temp >100.5° F (>38.05° C)?
- Apical heart rate >130?
- Respiratory rate >28/min?
- BP <90 systolic or >20 mm drop systolic?
- Oxygen saturation <90%?
- For those with diabetes: Finger stick glucose >400 or <70?

**Further Nursing Assessment**
- Mental status
- Functional status
- Respiratory
- Gastrointestinal
- Genitourinary
- Skin

**Evaluate Symptoms and Signs**
- Acute mental status change?
- Not eating or drinking?
- Acute decline in activity of daily living (ADL) abilities?
- New cough, abnormal lung sounds?
- Nausea, vomiting, diarrhea, abdominal distention or tenderness?
- New or worsened incontinence, pain with urination, blood in urine?
- New skin condition (e.g., rash, redness suggesting cellulitis, signs of infection around existing ulcer)?

**Notify MD/NP/PA Immediately**
- YES
- Lab tests as indicated
- Transfer to acute care facility as indicated

**Manage in Facility – Options**
- Monitor vital signs and urine output every 4 – 8 hours
- Check vital signs every 4 – 8 hours for 24 – 72 hours
- If on diuretic, consider holding
- Offer frequent small fluids (2 – 4 oz. every 2 hours)
- If on tube feeding, give more water with flushes
- Consider IV or subcutaneous fluids

NOTIFY MD/NP/PA