



Health & Safety Alert #34-08-06

Dehydration

Dehydration continues to be one of the major causes for unplanned hospitalizations and the second leading cause for medical emergencies. It is important to understand who is at risk, ways to monitor and prevent dehydration, and the treatment that is generally required.

There are many causes of dehydration but the basic problem is always either too little fluid in or too much out.

Individuals at risk for dehydration:

- Have difficulty in swallowing (e.g., due to stroke, etc.).
- Are unable to recognize and/or express their sensation of thirst.
- Cannot obtain or drink fluids independently.
- Need more fluids because of their physical activity.
- Take certain medications such as Lithium, diuretics, laxatives, steroids, and psychotropics.
- Have renal (kidney) disease.
- Are ill with elevated temperature (>102 degrees F).
- Exposure to heat and high temperatures (>85 degrees F).
- Repeated vomiting.
- Frequent watery bowel movements
- Have Alzheimer's or other dementias.
- Have major psychotropic disorders or depression.
- Have repeated infections.

It is suggested that county boards, teams, and providers assess individuals at risk for dehydration to determine a course of action as appropriate to mitigate the risk. The plan should be shared with all who help support the individual.

Routine monitoring and prevention of dehydration:

Awareness must be kept high about the food and fluid intake of anyone with a risk factor. Fluids should be offered with meals and between meals. Formal intake of food/fluid and output of urine/stool (I/O) recording should begin at the earliest suspicion for dehydration. It is important that intake reflect the actual amount consumed, not just the amount served. The frequency of any emesis should also be noted on the I/O record.

Signs of Dehydration:

These may include

- a change in the individual's level of responsiveness
- decrease in saliva
- dry mouth or eyes
- decreased urination or presence of dark, foul smelling urine
- change in the normal elasticity of the skin
- increase in body temperature

Any of these signs should prompt you to begin treatment immediately. If seizure activity or loss of consciousness occurs in addition to any of the above signs, transfer the individual to an emergency facility for evaluation and treatment.

Treatment of Dehydration

- Start oral re-hydration with frequent, small amounts of fluid (one tablespoon every 15 minutes), and increase fluids as tolerated to a minimum of 48 ounces/day per individual.
- Increase the free water flushes for a person receiving enteral feeding.
- Monitor electrolyte balance to avoid sudden changes or over-correction.
- Adjust medication doses as needed until fluid balance is restored.
- Oxygen supplementation may be helpful if hypotension is present.
- Intravenous fluids and hospitalization may be needed if oral re-hydration has not been started early enough or if the individual cannot tolerate adequate fluids orally.

The prognosis for recovery is excellent when treatment is provided in a timely manner. If oral re-hydration does not start early enough or if the individual cannot tolerate adequate fluids orally, transfer to an acute care facility should not be delayed. Untreated or poorly treated severe dehydration may result in seizures, permanent brain damage, collapse and death.

For questions or comments regarding the above Alert, please contact the MUI/Registry Unit at (614) 995-3810.

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