Dehydration in Long Term Care: The Nurse’s Role in Guiding the Interdisciplinary Team
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Presenter

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Objectives

1. Participant will identify the four major hydration habits among residents in long term care.

2. Participant will list ten essential conditions that must be addressed on a resident’s plan of care to guide the interdisciplinary team in addressing hydration requirements for residents.

3. Participants will be prepared to instruct and guide direct care givers to recognize and report signs and symptoms of dehydration.
Objectives

4. Participant will identify five areas for intervention that should be addressed by the interdisciplinary team.

5. Participant will discuss one issue associated with those who elect withholding fluids at end of life and one issue associated with opponents for withholding fluids at end of life.
Dehydration

- A serious problem for long-term care facility residents
- 1/3 of residents in Long Term Care facilities experience a dehydration episode in a 6 month period
Way More Than Fluid Rounds
How Serious?

• The most serious consequence of dehydration is death.
• Dehydration is a “sentinel event”
A sentinel event is an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof.
Objective 1

- Participant will identify the four major hydration habits among residents in long term care
Four Major Categories for Hydration Habits for Residents in LTC

1. Can Drink-
   » Functionally capable of accessing and consuming but may be cognitively impaired, forget to drink, don’t know importance

2. Can’t Drink
   » Physically incapable of accessing or safely consuming

3. Won’t Drink
   » Concerns about reaching the toilet

4. End of Life
   » Terminally ill
Objective 2

• Participant will list ten essential conditions that must be addressed on a resident’s plan of care to guide the interdisciplinary team in addressing hydration requirements for residents.
Causes For Dehydration in the Elderly

- Age - increased age increased risk
- Decreased content of body water
- Decreased thirst response
- Physical or mental inability to consume fluids
- Depression, alteration in mood or cognitive status
More Causes

- Renal changes
- Dysphagia
- Poor dietary intake
- Lack of available fluid
- Warm environmental temperature
Important Contributing Factors to Inadequate Hydration

- Fever
- Infection
- Nausea, Vomiting, Diarrhea
- Excessive activity
- Excessive perspiration
- Wound Drainage
More Contributing Factors

- Medications that cause fluid loss
- Tube feedings
- Uncontrolled Diabetes
- Shortness of breath/mouth breather/ventilator
- Enemas
Can We Identify Residents at Greatest Risk?

- Female
- Bedridden
- Acute Illness
- Age 85 or older
- Resident takes four or more meds per day
- 4 or more chronic illnesses
# Risk Assessment Tool

## DEHYDRATION RISK APPRAISAL CHECKLIST

**Patient ID:**

The greater the number of characteristics present, the greater the risk for hydration problems. Please check all that apply.

- **>85 years**
- **Female**
- **BMI <21 or >27**
  \[\text{BMI} = \frac{\text{weight (kg)}}{\text{height (m)}^2}\]

### Significant Health Conditions

- Dementia/+ screen for cognitive impairment
- Depression/+ screen for depression
- CVA
- Diabetes
- Urinary Incontinence
- Renal Disease
- Cardiac Arrhythmias
- Malnutrition
- History of Dehydration
- History of repeated infections

### Medications

- >4 medications
- Laxatives
- Steroids
- ACE Inhibitors
- Diuretics
- Psychotropics: Antipsychotics, Antidepressants, Anxiolytics

### Intake Behavior

- Requires assistance to drink
- Has difficulty swallowing/Chokes
- Can drink independently but forgets
- Poor eater (eats <50% of food)
- Semi-dependent with feeding
- Fluid intake of <1,500mL/day
- Spills
- Receives tube feedings

### Laboratory Indicators

- Urine specific gravity >1.020
- Urine color dark yellow
- BUN/Creatine >20.1
Objective 3

• Participants will be prepared to instruct and guide direct care givers to recognize and report signs and symptoms of dehydration.
Signs and Symptoms

- Sunken cheeks
- Sunken eyeballs
- Dry, brown tongue, mucous membranes
- Dry, inelastic skin
- Weight loss
- Concentrated urine
- Constipation and impaction
More Signs and Symptoms

- Nausea and anorexia
- Abnormal lab values: elevated hemoglobin and hematocrit, potassium, chloride, sodium, albumin, BUN-
Signs and Symptoms

- Postural hypotension
- Hypotension
- Increase pulse
- Elevated temperature
- Weakness - upper body
- Mental Confusion
Even More S&S

- Greater than 3 pound weight loss within 7 days
- Delusions, dizziness, delirium
- Unsteady gait
- Headache
- Flushed appearance
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Interventions to Prevent Dehydration

Objective 4

- Participant will identify five areas for intervention that should be addressed by the interdisciplinary team.
Cultural Differences

• Social Service and Dietary Departments
  » Interviews with residents regarding preferences and input into care plan
    • Examples here are afternoon tea
    • Warm liquids
    • Concerns about incontinence
    • Food/fluid preferences
Effect of Food on Hydration

- Lettuce – (96%)
- Asparagus- (92%)
- Chicken- (63%)
- Potatoes- (80%)
- Bread- (36%)
Medication Passes

- RN, LVN, Medication Aides
Med Passes

- Policy and consistent amount of fluid to be administered with each med pass.
Special Note

• Antipsychotic medications may blunt thirst response
• Residents with dysphagia – poor palatability of thickened liquids
• NPO- fasting too long for procedures
Medications

- The body uses water as a dilutent and vehicle for medications.
- MEDICATION TOXICITY IN RESIDENTS WHO ARE DEHYDRATED?
- Diuretics
- Laxatives
Providing Liquids Between Meals

• Nursing Assistants and Activity Coordinators
Interventions

- Be Creative
Working with Dietician

- Resident likes and dislikes
- Beverages and snacks with activities
- Jello, soup, sherbet
Training

- Water Pitchers at the bedside
- Within reach of the resident
- Feeding assistance
- Weighing accurately
- Observation for signs and symptoms of dehydration
Fluid Intake Includes:

• All fluids consumed
  • Includes fluids on meal trays
  • Fluids given during medication pass
  • Fluids consumed during activities
Residents with Physical Disabilities

- Unable to reach fluids
- Difficulty opening containers
Minimum Fluid Needs to Prevent Dehydration

- **Daily requirements**
  - Intestines: 125 mL
  - Breathing: 335 mL
  - Lungs: 500 mL
  - Skin: 500 mL
  - Kidneys: 1,375 mL
I&O Monitoring

- All residents receiving tube feeding
- Residents with catheters
- Residents with Urinary Tract Infections
- Physician orders
- Residents with known dehydration or at risk
- Certain Kidney/Renal Conditions
- Residents receiving IV fluids
I&O

Any Resident with:

- Fever
- Vomiting
- Diarrhea
- with a non-febrile infection
- Unexplained weight loss or gain
Quality Assurance

- Trends to identify risks for dehydration
  - Noted infections
  - UTI’s
  - Falls
  - Pressure Ulcers
  - Quality Indicators
  - MDS
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Objective 5

- Participant will discuss one issue associated with those who elect withholding fluids at end of life and one issue associated with opponents for withholding fluids at end of life.
Withholding fluids at the end of life is still a controversial issue

- Proponents-dehydration in terminally ill is not painful and lessens excessive pulmonary secretions, nausea, edema and pain
- Opponents-suggest that associated symptoms of dehydration, such as confusion, delirium are stressful and reduce quality of life
Residents with Dementia

- Forget to drink
- Need cueing
- May consume more sweet fluids
- May have excessive locomotion and increase needs for more fluids
## Evaluation

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<td>Online (self-paced)</td>
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Resources

- Texas Department of Aging and Disability Services, Quality Assurance and Improvement, Quality Monitoring Program Resources, Dehydration

  http://qmweb.dads.state.ts.us?Dehydration.asp

Thank You!
De Clerck tries to dehydrate Marcel Vervloesem to death

Jacqueline de Croÿ - 24 décembre 2009

While the Belgian Prime Minister requests an "ongoing effort" to fight against corruption and for the implementation of Human Rights from the new AFGHAN government and he renews the mission of his minister of justice to murder Marcel Vervloesem, jailed for having provided the evidence of the corruption that covers-up the sexual exploitation of children and the massive swindling. The doctors have instruction to "avoid the hospitalisation", which means at this hour, to ensure a diabetic coma by dehydration, and destroy his kidneys, for if ever he survives to his heart failure.

Marcel Vervloesem presents the clinical signs of dehydration that requires urgent intensive care: when the patient goes blind and his skin loses its elasticity, to the point that when it is pulled-up, it shape folds in the skin that does not flatten when it is released. He has lost eight kilos in three weeks and the glucose level of his blood exceeded the threshold of diabetic coma for twelve days. He vomits and hardly can stand up.

The control of the press has achieved a massive psycho-economical lobotomy. More the civil servants are assigned responsibilities, the greater is the distance between the prisoners, the more they dehumanize. The brainwash shows-up by the same sentences they repeat one after the other, from one office to the other. Only the prison warders and the prison nurses are furious. Their job is to ensure a fair and humane community life to the prisoners, and not to monitor a man's murdered by dehydration.

In 2005, Laurette Onkelinx, then Minister of Justice and now Minister for Health, had failed in a first murder attempt by forbidding the hospitalisation of Marcel Vervloesem. At the request whether if it was normal to wake-up a heart patient every fifteen minutes, a civil servant had replied: "No, we do not wake him up every quarter of an hour: we just check if he is not dead."
Dehydration

Medical Author: Benjamin C. Wedro, MD, FAAEM
Medical Editor: Melissa Conrad Stöppler, MD

- What is dehydration?
- What causes dehydration?
- What are the signs and symptoms of dehydration?
- How is dehydration diagnosed?
- How is dehydration treated?
- Can I treat dehydration at home?
- What are the complications of dehydration?
- How can dehydration be prevented?
- Dehydration: At a Glance
- Pictures of Dehydration: Slideshow

What is dehydration?

The majority of the body is made up of water, with up to 70% of the body's weight being water.
Dehydration Pictures Slideshow: Causes, Symptoms and Tips to Stay Hydrated

Our Body of Water
The majority of the body is made up of water with up to 75% of the body's weight due to H2O. Most of the water is found within the cells of the body (intracellular space). The rest is found in the extracellular space, which consists of the blood vessels (intravascular space) and the spaces between cells (interstitial space).

75% of the body's weight is due to H2O

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