**CARE PATH**

**Dehydration (potential for)**

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### Change Noted in Resident at Risk for Dehydration
- Decreased oral intake over 48 hrs
- Multiple episodes of vomiting or diarrhea over 24-48 hrs*
- Dependent on others for fluids (dementia, tube feeding)
- Diuretic use
- Swallowing difficulties

### Take Vital Signs
- Temperature
- BP, pulse, apical HR *(if pulse irregular)*
- Respirations
- Oxygen saturation
- Finger stick glucose *(diabetics)*

### Vital Sign Criteria *(any met?)*
- Temp > 100.5°F
- Apical heart rate > 100 or < 50
- Respiratory rate > 28/min or < 10/min
- BP < 90 or > 200 systolic
- Oxygen saturation < 90%
- Finger stick glucose < 70 or > 300

### Further Nursing Evaluation
- Mental Status
- Functional Status
- Cardiovascular
- Respiratory
- Gastrointestinal/abdomen
- Genitourinary
- Skin

### Evaluate Symptoms and Signs for Immediate Notification**
- Acute mental status change
- Not eating or drinking at all
- Acute decline in ADL abilities
- New cough, abnormal lung sounds
- Nausea, vomiting, diarrhea
- Abdominal distension or tenderness
- Inability to stand without severe dizziness or light headedness
- New or worsened incontinence, pain with urination, blood in urine
- Very low urinary output
- New skin condition *(e.g. rash, redness suggesting cellulitis, signs of infection around existing wound/pressure ulcer)*

### Consider Contacting MD/NP/PA for orders *(for further evaluation and management)*
- Portable chest X-ray
- Urinalysis and C&S in indicated
- Blood work *(Complete Blood Count, Basic Metabolic Panel)*

### Tests Ordered

### Evaluate Results
- WBC > 14,000 or neutrophils > 90%
- Infiltrate or pneumonia on chest X-ray
- Urine results suggest infection and symptoms or signs present

### Manage in Facility
- Monitor vital signs, fluid intake/urine output every 4-8 hrs for 24-72 hrs
- Oral, IV or subcutaneous fluids if needed for hydration
- Check results of urinalysis and culture *(if ordered)*
- Consider antibiotic treatment for 7-10 days if culture positive *(check allergies)*
- Discontinue antibiotic if culture negative
- If on diuretic consider holding
- Offer frequent fluids
- If on tube feeding, give more water with flushes
- Speech therapy consult to evaluate for dysphagia *(if indicated)*
- Update advance care plan and directives if appropriate

### Notify MD / NP / PA

### Monitor Response
- Vital signs criteria met
- Worsening condition and/or immediate notification criteria met

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*Refer also to INTERACT GI Symptoms Care Path*

**Refer also to other INTERACT Care Paths as indicated by symptoms and signs**