Operations Learning Community Webinar

April 11, 2017
Presenting
Fluid or Electrolyte Disorder/Dehydration/
Fluid Volume Deficit
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OPTIMISTIC
Project RN
### Qualifying Diagnosis

**Fluid or Electrolyte Disorder, or Dehydration**

(maximum benefit duration 5 days)

**THIS**

**TWO or more of THESE**

<table>
<thead>
<tr>
<th>Any acute change in condition</th>
<th>Reduced urine output in 24 hours or reduced oral intake by approximately 25% or more of average intake for 3 consecutive days</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>New onset of Systolic BP $&lt; 100$ mm Hg (Lying, sitting or standing)</td>
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<tr>
<td></td>
<td>20% increase in Blood Urea nitrogen (e.g. from 20 to 24) OR 20% increase in Serum Creatinine (e.g. from 1.0 to 1.2)</td>
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<tr>
<td></td>
<td>Sodium $&gt; 145$ or $&lt; 135$</td>
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<tr>
<td></td>
<td>Orthostatic drop in systolic BP of 20 mmHg or more going from supine to sitting or standing</td>
</tr>
</tbody>
</table>

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**Facility Code:** G9683  
**Practitioner Acute Nursing Facility Care Code:** G9685
Fluid Balance

• Fluids are maintained in the body through a complex process involving the BRAIN and the KIDNEYS

• Water and sodium are the key components involved with fluid balance

• Bottom Line:
  – Where sodium goes, water will follow
Sodium >145 or <135

• >145 = “hypernatremia” — TOO MUCH sodium
  – Symptoms include thirst, dry mouth, restlessness
  – Can be caused by too much sodium intake, too little water intake (or too much water loss)

• <135 = “hyponatremia” — TOO LITTLE sodium
  – Symptoms include lethargy, headache, confusion
  – Can be caused by loss of fluids through vomiting and diarrhea, inadequate sodium intake or sodium loss
Dehydration or “Fluid Volume Deficit”

• Caused by sodium or water loss—or both

• Contributing Factors
  – Inadequate fluid intake—loss of salt and water
  – Vomiting and diarrhea—loss of fluid and electrolytes
  – Low or no sodium intake—loss of electrolytes
  – Diabetes Insipidus—excessive loss of fluid

• Watch for
  – Thirst and dry mucous membranes
  – Weight loss
  – Concentrated urine (except in diabetes insipidus)
  – Weak pulse and tachycardia
  – Confusion
Management and Treatment

• Consider fluids in and fluids out
• Labs: electrolytes, CBC, urine specific gravity
• Cardiovascular: assess hypotension, pulses
• Weight: assess for changes
Best Treatment is PREVENTION
Facility Payment for Six Qualifying Conditions: Fluid or Electrolyte Disorder, or Dehydration

Billing Code
- G9683

Facility Services Required to be Available
- Parenteral (IV or clysis) fluids
- Lab/diagnostic test coordination and reporting
- Careful evaluation for the underlying cause, including assessment of oral intake, medications (diuretics or renal toxins), infection, shock, heart failure, and kidney failure

Maximum Benefit Period
- 5 days
• OPTIMISTIC SBAR
  – Thorough assessment of resident concerns, change of condition
  – Excellent tool for PCP communication
OPTIMISTIC SBAR Tool

Situation
Resident Name ____________________  Age _______  Nurse ____________________
Date __________  Symptom/Condition Change: ____________________

Background
Associated medical conditions include (check all that apply):
- [ ] CHF
- [ ] HTN
- [ ] chronic pressure ulcer
- [ ] CAD or hx of MI
- [ ] diabetes
- [ ] COPD/asthma
- [ ] Dementia
- [ ] Hospitalized within past 30 days
- [ ] Surgery within past 30 days
- [ ] Other _________

- [ ] Full Code
- [ ] DNR
- [ ] Do not hospitalize
- POST: Y/N: _________

POST Section B:
- [ ] Comfort Measures
- [ ] Limited Intervention
- [ ] Full Intervention

POST Section C:
- [ ] Use antibiotics only if comfort cannot be achieved fully through other means
- [ ] Use antibiotics consistent with treatment goals

POST Section D:
- [ ] No artificial nutrition
- [ ] Defined trial of artificial nutrition
- [ ] Long term artificial nutrition

If no POST, describe the patient’s/ family’s preferences for treatment if known:

Assessment

<table>
<thead>
<tr>
<th>Temp</th>
<th>Pulse</th>
<th>Resp. Rate</th>
<th>60 Sats</th>
<th>B/P</th>
<th>Blood Sugar</th>
<th>Weight/Change?</th>
<th>Most recent BM</th>
</tr>
</thead>
</table>

Focused physical assessment findings (refer to back for guidance on focused physical exam):

NOTE: Be prepared to describe your findings in more detail.

Mental Status/Mood/Behavior:
- [ ] not pertinent
- [ ] depressed
- [ ] agitated

- [ ] non responsive
- [ ] withdrawn
- [ ] increased aggression (verbal or physical)

- [ ] personality change
- [ ] restless
- [ ] increased confusion

- [ ] hallucinations (worse or new)

Neuro:
- [ ] not pertinent
- [ ] speech irregularity
- [ ] abnormal gait

- [ ] weaker on RUE/RLE/LUE/LLE (circle)
- [ ] facial asymmetry
- [ ] dizzy

- [ ] decreased sensation
- [ ] leaning to right/left side

- [ ] tingling
- [ ] numbness

Head/Eyes/Ears/Mouth/Throat:
- [ ] not pertinent
- [ ] jaundiced eyes

- [ ] pupils unequal
- [ ] headache

- [ ] pupils non-reactive
- [ ] difficulty swallowing

- [ ] mouth lesion
- [ ] ringing in ears

Lungs:
- [ ] not pertinent
- [ ] cough (productive, non-productive)

- [ ] abnormal lung sounds
- [ ] painful deep breaths

- [ ] orthopnea
- [ ] dyspnea on exertion

- [ ] labored
- [ ] shallow

- [ ] short of breath

Heart/Pulses:
- [ ] not pertinent
- [ ] orthostatic

- [ ] irregular pulse
- [ ] weak pulse

- [ ] edema
- [ ] chest pain

- [ ] abnormal heart sound
Abdominal:
- not pertinent
- tender
- change in stool color
- constipated
- distended
- constipation
- hyperactive bowel sounds
- hypactive bowel sounds
- bloody emesis
- absent bowel sounds

Skin:
- not pertinent
- jaundice
- cyanotic
- bruising
- excoration
- blister
- wound
- laceration
- skin tear
- pain
- rash
- localized warmth
- localized swelling
- drainage

Musculoskeletal:
- not pertinent
- falls
- joint pain
- joint swelling
- general weakness

Genital/urinary:
- not pertinent
- new incontinence
- new nocturia
- increased urinary frequency
- dysuria
- hematuria
- abnormal discharge
- lesion

Pain (elaborate on previously mentioned pain or discuss new symptom):
- not pertinent
- location: __________________________
- pain scale (1-10): ____________
- pain quality is sharp/dull/constant/intermittent/other: __________________________
- pain is relieved by: __________________________
- pain is made worse by: __________________________
- any non-verbal signs of pain: __________________________

Review and Notify

Decision:  □ Monitor the patient here  OR  □ Send the patient to the hospital (If going to hospital, STOP here)

Orders:

<table>
<thead>
<tr>
<th>Check if yes</th>
<th>Option</th>
<th>What are the orders?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Labs</td>
<td></td>
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<tr>
<td>Imaging</td>
<td></td>
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<tr>
<td>EKG</td>
<td></td>
<td></td>
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<tr>
<td>Vitals</td>
<td></td>
<td></td>
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<tr>
<td>Medication</td>
<td></td>
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<tr>
<td>6 condition trigger</td>
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</tr>
</tbody>
</table>

When will PCP be contacted again? __________________________

### Symptom-Based Exam Guide

<table>
<thead>
<tr>
<th>Symptom-Based Exam Guide</th>
<th>Do this assessment:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal pain or Nausea/ Vomiting/ Diarrhea/ Constipation</td>
<td>Abdominal/Genital/Urinary</td>
</tr>
<tr>
<td>Chest pain</td>
<td>Lungs/ Heart</td>
</tr>
<tr>
<td>Cough or Shortness of breath</td>
<td>Lungs/ Heart</td>
</tr>
<tr>
<td>Altered mental status</td>
<td>Full Exam</td>
</tr>
<tr>
<td>Fever</td>
<td>Full Exam</td>
</tr>
<tr>
<td>Rash/ Itching</td>
<td>Skin</td>
</tr>
<tr>
<td>Facial droop/ arm or leg weakness, or headache/ blurry vision</td>
<td>Neurological</td>
</tr>
<tr>
<td>Leg swelling</td>
<td>Lungs/ Heart/ Skin</td>
</tr>
<tr>
<td>Hematuria or vaginal discharge</td>
<td>Genital/Urinary</td>
</tr>
<tr>
<td>Fall</td>
<td>Neurological/ Skin</td>
</tr>
<tr>
<td>Muscle or Joint Pain</td>
<td>Musculoskeletal</td>
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</tbody>
</table>

Some content adapted from INTERACT® SBAR