

OPTIMISTIC

TRANSFORMING CARE

Operations Learning Community Webinar

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Presenting
Fluid or Electrolyte
Disorder/Dehydration/
Fluid Volume Deficit



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OPTIMISTIC

Project RN

Fluid or Electrolyte Disorder, or Dehydration

(maximum benefit duration 5 days)

THIS



TWO or more of THESE

Any acute change in condition

- * Reduced urine output in 24 hours or reduced oral intake by approximately 25% or more of average intake for 3 consecutive days
- * New onset of Systolic BP < 100 mm Hg (Lying, sitting or standing)
- * 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)
- * Sodium > 145 or < 135
- * Orthostatic drop in systolic BP of 20 mmHg or more going from supine to sitting or standing

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

REMINDER

- **OPTIMISTIC SBAR**
 - Thorough assessment of resident concerns, change of condition
 - Excellent tool for PCP communication

Situation

Resident Name _____ Age _____ Nurse _____
 Date _____ Symptom/Condition Change: _____

Background

Associated medical conditions include (check all that apply):

- CHF
- chronic pressure ulcer
- diabetes
- HTN
- CAD or hx of MI
- 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: <input type="checkbox"/> Comfort Measures <input type="checkbox"/> Limited Intervention <input type="checkbox"/> Full Intervention | POST Section C: <input type="checkbox"/> Use antibiotics only if comfort cannot be achieved fully through other means <input type="checkbox"/> Use antibiotics consistent with treatment goals | POST Section D: <input type="checkbox"/> No artificial nutrition <input type="checkbox"/> Defined trial of artificial nutrition <input type="checkbox"/> Long term artificial nutrition |
|---|--|--|

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

Assessment

| Temp | Pulse | Resp. Rate | O2 Sats | B/P | Blood Sugar | Weight/Change? | Most recent BM |
|------|-------|------------|---------|-----|-------------|----------------|----------------|
| | | | | | | | |

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
- hallucinations (worse or new)
- increased confusion

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
- labored
- painful deep breaths
- shallow
- orthopnea
- dyspnea on exertion
- short of breath

Heart/Pulses:

- not pertinent*
- orthostatic
- irregular pulse
- weak pulse
- edema
- chest pain
- abnormal heart sound

Abdominal:

- not pertinent* tender distended hypoactive bowel sounds
 new incontinence change in stool color constipation hyperactive bowel sounds
 nausea vomiting bloody emesis absent bowel sounds
 bloody stool

Skin:

- not pertinent* jaundice cyanotic bruising excoriation
 itch 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:

| Check if yes | Option | What are the orders? |
|--------------|---------------------|----------------------|
| | Labs | |
| | Imaging | |
| | EKG | |
| | Vitals | |
| | Medication | |
| | 6 condition trigger | |

When will PCP be contacted again? _____

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

Some content adapted from INTERACT® SBAR.