Electrolyte Imbalance
For Staff

What is electrolyte imbalance?
Electrolyte imbalance is the loss of water and sodium from the body. This occurs when a person is not drinking enough fluids to keep up with the body’s needs.

What are the symptoms of electrolyte imbalance?
Residents with electrolyte imbalance may have a poor appetite or complain of feeling dizzy or lightheaded. They also may feel weak or confused.

What are the signs of electrolyte imbalance on an exam?
There are no signs on exam that are specific for electrolyte imbalance. If you see a resident with a dry tongue, axilla, or notice decreased urine output, you may need to evaluate further. Additionally, electrolyte imbalance may present with an elevated heart rate or new orthostatic hypotension or weight loss. If you notice any of these things, talk with the provider.

Who is at risk of electrolyte imbalance?
Residents who have cognitive and functional impairments are at risk for electrolyte imbalance. They may not respond to their own thirst signals or be able to get fluids to drink when they need them. Additionally, residents with an acute illness, particularly those with fever, an elevated respiratory rate, vomiting, or diarrhea are at risk of developing electrolyte imbalance.

How is electrolyte imbalance diagnosed?
Electrolyte imbalance is diagnosed with lab tests. Usually a basic metabolic profile (BMP) will be ordered. Elevated sodium levels are diagnostic of true electrolyte imbalance. Additionally, providers will be looking for changes to the BUN and creatinine levels which may indicate volume depletion.

How is electrolyte imbalance treated?
The treatment of electrolyte imbalance will depend on the resident’s goals of care. Mild electrolyte imbalance can be treated by drinking more fluids. Some residents may benefit from subcutaneous fluids. Residents with more severe electrolyte imbalance may require IV fluids such as normal saline or D5Water. Severe electrolyte imbalance with significant elevation of sodium levels may require hospitalization due to the need to monitor sodium levels closely while the resident is being rehydrated.
How can electrolyte imbalance be prevented?

Electrolyte imbalance can often be prevented with careful attention to how much your residents are eating and drinking. Many residents, especially those with cognitive impairment or dementia, will need to be reminded to drink fluids throughout the day. Also, monitor for changes to the resident’s function and other symptoms that may suggest an acute illness and notify the provider of any changes early on. It is always helpful to check vital signs on anyone you are concerned about.

It is best for the resident to take in as many fluids as possible. This can be done by offering frequent sips to them. They may need to have the drink/straw brought up to their lips for them. Sometimes a speech therapist can help by identifying ways to help the resident eat or drink more easily. However, even the best and most devoted efforts to keep a person hydrated may not be successful. Electrolyte imbalance is a natural part of the illness for a resident with worsening dementia. Unfortunately, even placing a feeding tube is not beneficial to residents with worsening dementia and electrolyte imbalance.