Is patient improving after 24 hours?

NO

Monitor labs and vitals

YES

Dehydration New or Worsening Signs & Symptoms
- Change in mental status/delirium
- Decreased urine output
- New/worsening postural hypotension
- Tachycardia
- Dizziness/faintness
- Weakness
- Change in ADLs
- Weight loss

Tests to Consider
- BMP
- Serum osmolality

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Special Considerations

- Risk factors for dehydration: altered thirst, decreased cognitive function, increased fluid losses, limitations in oral intake
- Consider cause and exacerbating factors such as: acute illness, fever N/V/D, medications (diuretics, ACE-I/ARB, etc.)
- Physical exam alone is not diagnostic (dry mucous membranes, sunken eyes, dry axilla, capillary refill, skin turgor)
- Do not correct sodium more than 10meq/L/day
- Water intoxication/overly rapid rehydration can cause cerebral pontine myelinolysis
- Review patient’s goals of care including POST form and hospitalization preferences.

CMS Certification Criteria for Dehydration

<table>
<thead>
<tr>
<th>Fluid/Electrolyte Disorder (up to 5 days)</th>
<th>MUST have:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any acute change in condition</td>
<td></td>
</tr>
</tbody>
</table>

AND Two or more of the following:

- Reduced urine output in 24 hours OR reduced oral intake by approximately ≥ 25% of average intake over 3 consecutive days
- New onset systolic BP ≤ 100 mmHg (lying, sitting or standing)
- 20% increase in BUN (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 going from supine to sitting or standing.