

A Case to Consider: *Dehydration*

Resident: Dee Hydration (82 y/o F)

PMH: CAD, HTN, Hyperlipidemia, DM, Anemia, Alzheimer's, Incontinent (Bowel & Bladder)

Wishes: POLST-DNR, Limited Additional Interventions

About Dee: Resident for 10 years with a spunky attitude and fun spirit. Enjoys participating in activities and being social with residents and staff members.

Change in Condition:

Staff noticed Dee becoming withdrawn and refusing to take meds, food, and fluids. Episodes of incontinence have decreased to twice daily over 48 hours.

How do we stay above water?

CNA fills out STOP AND WATCH and provides it to the nurse

Nurse assesses resident's hydration status

Nurse communicates assessment to provider using SBAR technique

Provider orders lab work and increased vital sign monitoring

Nurse communicates lab results to provider and telemedicine exam conducted

Provider orders IV fluid initiation and Q8 hour urine output monitoring

Nurse initiates IV fluid administration and documents treatment toleration

Nurse communicates with CNA that treatment has been initiated

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How do we stay above water?

STOP AND WATCH not filled out

CNA fills out STOP AND WATCH and provides it to the nurse

Nurse assesses resident's hydration status

Nurse doesn't complete assessment

Nurse communicates assessment to provider using SBAR technique

Provider orders lab work and increased vital sign monitoring

Provider does not have all of the facts

Can't get IV access

Nurse communicates lab results to provider and telemedicine exam conducted

Provider orders IV fluid initiation and Q8 hour urine output monitoring

Telemedicine not used

Nurse initiates IV fluid administration and documents treatment

NO FOLLOW-UP WITH CNA