

Facts About Dehydration

Dehydration

Dehydration is a condition in which the body's loss of water far exceeds its water intake. We need water for our bodies to function normally. On average, a person can live only four days without water. A few ways water helps our bodies are:

- Regulating our body temperature through sweating
- Maintaining an adequate blood pressure
- Eliminating waste from our bodies

Age-related reasons causing dehydration:

- A decrease in the ability to regulate our body's water balance and maintain adequate fluids
- A decreased sense of thirst
- Retaining less water in our bodies
- Forgetting to drink enough fluids
- Limited access to water due to decreased mobility from a stroke or Parkinson's Disease
- Altered mental status because of dementia or the use of sedatives and narcotics

Risk factors

Dehydration is a serious problem in the elderly and can lead to confusion and illness. Risk factors for dehydration in the elderly include:

- Acute illnesses such as pneumonia and urinary tract infections
- Multiple chronic illnesses
- Fever, diarrhea and vomiting
- Any major surgery
- Gastrointestinal bleeding
- Certain medications such as water pills, laxatives and some heart medications
- Alcohol usage
- Swallowing disorders

Symptoms

Dehydration is not always easy to recognize and diagnose. Since many of the symptoms for dehydration may actually be caused by other reasons, hospitalization for its treatment may occur when dehydration is not present.

Symptoms of dehydration may include:

- Decrease in urine output or constipation
- Confusion (can be secondary to hundreds of other causes)
- Increase in falls or problems with walking
- Significant weight loss
- Inability to sweat
- Dizziness or headaches
- Dry mouth and tongue (can also be a normal sign of aging due to various medications or illnesses)
- Significant drop in blood pressure upon standing

Treatment

Fluids can be replaced by mouth (orally), in the veins (intravenously), or through a tube in the stomach depending on the person's condition and wishes for care.

In a study of terminally ill persons, few experienced hunger or thirst. In addition, there was no evidence suggesting that tube feeding increased the comfort of persons with dementia.

At the end of life, dehydration may be a natural part of the dying process for some people.

Prevention

Identifying dehydration early and preventing it before it occurs or before it becomes severe is one of the nursing staff's most important goals. If a resident is thought to be dehydrated the nursing staff will offer water, liquids and food high in water content as appropriate. Keep in mind that if a person is found to be dehydrated it does not mean that the person has not been given adequate fluids.

Precautionary measures that may be taken include:

- Offering fluids and juices
- Monitoring weight
- Assessing the resident after any significant change in condition
- Re-evaluating medications, especially laxatives and diuretics
- Monitoring for changes in mental status

What you can do to help

- Tell the nursing staff your loved one's food and beverage preferences and eating routine at home.
- Inform the nursing staff when your loved one is making a request for food or drink.
- Bring in favorite foods if approved by the dietary department and the nursing staff.
- Assist your loved one if he or she drinks better for you.
- Offer your loved one something to drink several times during your visit.
- Inform the nursing staff if you note changes in mental status.
- Provide us with accurate telephone numbers for family members or responsible parties.

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