Recognizing and Treating Dehydration with Rehydration

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Disclosures

• None.
Overview

• What Causes Dehydration
• How to Recognize Dehydration
• What You Can Do
• When to Call
Causes of Dehydration

- Decreased fluid intake
- Fluid loss from Diarrhea
- Fluid loss from Vomiting
- Fluid loss from tubes or drains
- Increased sweating
- Increased urine output (high sugar)
Recognizing Dehydration

• Be alert for ↑ stool, vomiting, sweating
• Lightheadedness on standing
• Fatigue, sleepiness, exhaustion
• Increased thirst
• Low urine volume
• Darker urine
• Headache
• Muscle weakness or cramping
• Increased heart rate
• Confusion
• Seizures and coma
Understanding Fluid Absorption
Understanding Fluid Absorption - 2
Understanding Fluid Absorption

- **Active Transport** – Glucose and sodium absorption linked
- **Passive Absorption** – Sodium moves to maintain equal concentration
- Sodium and water can move in either direction
- Higher glucose level in the bowel can cause diarrhea
Oral Rehydration Principles

- Avoid very concentrated liquids
- Avoid very dilute liquids
- Sip slowly and gradually
- Use liquids with balanced sodium and glucose (sugar) content (Oral Rehydration Solutions)
Oral Rehydration Solutions

- 20-25 g glucose per liter (quart)
- 1.6 g sodium (3/4 tsp) per liter (quart)
  (Divide by 4 for 8 oz serving)
- Commercial Solutions - most also have potassium
- Homemade Solutions
Homemade Oral Rehydration Solutions

WHO Recipe

• 1 liter of water
• ½ tsp table salt
• 2 Tbsp table sugar
• Add sugar-free flavoring

(Can add ½ tsp baking soda +/or ¼ tsp salt substitute)
When To Call

- ORS don’t improve symptoms
- No urine output for 8 hours
- Lightheadedness
- BP is lower than usual
- Cold and clammy Skin
- Skin pinch test “tenting”
- Don’t wait longer than 24 hours!
Skin Tenting
Questions and Discussion

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