Practice SAMP – Dehydration

Gena Smith, an 82-year old nursing home resident is brought by ambulance to the emergency room. Her medications include furosemide and [Donepezil](http://www.alzheimer.ca/english/treatment/treatments-aricept.htm%22%20%5Ct%20%22_blank). She is febrile and has had no urine output today. On exam, a left leg cellulitis is noted. Blood and wound cultures are obtained and an appropriate antibiotic is started.

1. What historical features put Mrs. Smith at risk for dehydration (volume depletion). **LIST 3**
2. What signs on physical examination would suggest dehydration. **LIST 4**
3. Mrs Smith is complaining of thirst and has an intact swallowing mechanism. How would you treat her dehydration? **LIST 1**
4. A decision was made to treat Mrs. Smith with IV fluids. What, if any, laboratory investigations should be ordered to guide rehydration? **LIST 3**

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ANSWERS

1. Infection

Use of diuretic

Nursing home resident (impaired access to fluids)

Dementia

Age (impaired thirst mechanism)

1. Hypotention

Tachycardia

Postural hypotension

Decreased urine output.

Change in mental status

Decreased skin turgor

Dry mucous membranes

Sunken Eyes

Flat JVP

1. Oral Rehydration Therapy
2. Creatinine or BUN

Sodium

Potassium

Bicarbonate

Hemoglobin