

Dehydration Nursing Care Plan Template

Patient Information

Name: _____ Age: _____

Gender: _____ Date: ____ / ____ / _____

Medical History and Causes of Dehydration

Past Medical History

Chronic Illnesses: _____

Previous Hospitalizations/Surgeries:

Allergies:

Medications

Current Medications:

Over-the-Counter Drugs:

Supplements:

Lifestyle Factors

Diet:

Hydration Practices:

Alcohol/Tobacco/Drug Use:

Possible Causes of Current Dehydration

- Insufficient fluid intake
- Excessive fluid loss (e.g., sweating, diarrhea, vomiting)
- Fever

Increased urination (e.g., diabetes, diuretics)

Others: _____

Family History

Relevant Family Medical History:

Social History

Occupation: _____

Living Situation:

Social Support System:

Notes:

Nursing Assessment

Vital Signs

Blood Pressure: _____

Pulse: _____

Respiratory Rate: _____

Temperature: _____

Physical Examination

Skin turgor:

Normal

Decreased

Mucous Membranes:

Moist

Dry

Eyes:

Normal

Sunken

Urine Output: _____

Laboratory Findings

Sodium: _____

Potassium: _____

BUN/Creatinine: _____

Other Relevant Labs: _____

Patient Symptoms

Fatigue

Dizziness

Confusion

Dry mouth

Others: _____

Notes:

Dehydration Diagnosis - Types Based on Osmolarity and Severity

Isonatremic or Isotonic Dehydration

Description: Lost fluid is similar in sodium concentration to the blood.

Causes:

Vomiting

Diarrhea

Sweating

Burns

Intrinsic kidney disease

Hyperglycemia

Hypoaldosteronism

Hyponatremic or Hypotonic Dehydration

Description: Lost fluid contains more sodium than the blood (loss of hypertonic fluid). Relatively more sodium than water is lost.

Causes:

- Use of diuretics

Hypertonic or Hypertonic Dehydration

Description: Lost fluid contains less sodium than the blood (loss of hypotonic fluid). Relatively less sodium than water is lost.

Causes:

- Fever
- Increased respiration
- Diabetes insipidus

Primary Diagnosis Notes:

Goals of care

- **Goal: Determine the etiology of the patient's dehydration to provide tailored management.**
- **Identify Underlying Causes of Dehydration**
 - Goal: Determine the etiology of the patient's dehydration to provide tailored management.
 - Actions:
 - Conduct thorough medical history review and physical examination.
 - Order and analyze appropriate laboratory tests to identify potential causes.
 - Consult with specialists as needed for complex cases.
- **Restore Fluid and Electrolyte Balance**
 - Goal: Reestablish the body's fluid and electrolyte homeostasis.
 - Actions:
 - Monitor the patient's fluid intake and output meticulously.
 - Administer IV fluids and oral rehydration solutions as prescribed.
 - Regularly assess and adjust treatment based on the patient's response, including laboratory values and clinical status.

- **Prevent Hypovolemic Shock**

- Goal: Avoid the progression of dehydration to hypovolemic shock, which can lead to compromised tissue perfusion.
- Actions:
 - Continuously monitor vital signs and symptoms indicating worsening dehydration.
 - Implement interventions promptly if signs of shock are observed.
 - Coordinate with healthcare team for immediate response and treatment adjustments.

- **Educate Client and Caregivers**

- Goal: Equip the patient and their caregivers with knowledge to recognize and respond to signs of dehydration.
- Actions:
 - Provide educational materials and instructions about the signs and symptoms of dehydration.
 - Discuss the importance of maintaining adequate hydration and how to do so effectively.
 - Instruct on when and how to seek medical assistance if symptoms of dehydration occur or worsen.

Dehydration Nursing Interventions

Intervention Category	Description	Specific Actions	Notes
Fluid Management	Administer IV fluids as prescribed.	Determine fluid type and rate based on patient condition. Monitor for signs of fluid overload.	
Oral Rehydration	Encourage oral intake of fluids.	Offer water, oral rehydration solutions, and clear broths. Monitor intake and encourage drinking small amounts frequently.	
Vital Signs Monitoring	Regularly monitor vital signs.	Check blood pressure, heart rate, and temperature at regular intervals. Adjust fluid therapy based on changes in vital signs.	
Electrolyte Management	Monitor and manage electrolyte imbalances.	Regularly check electrolyte levels. Administer supplements as ordered.	

Education on Hydration	Educate patient and family about maintaining hydration.	Discuss the importance of regular fluid intake. Provide guidelines on recognizing signs of dehydration.	
Dietary Modifications	Advise on diet that supports hydration.	Suggest foods with high water content. Discuss limiting caffeine and alcohol which can contribute to dehydration.	
Monitoring Urine Output	Keep track of urine output.	Measure and record urine output. Observe for changes in color and volume.	
Skin and Mucous Membrane Care	Monitor and care for skin and mucous membranes.	Assess for signs of dehydration like dry skin and mucous membranes. Apply moisturizers as needed.	

Evaluation

Response to Interventions

Hydration Status:

- Improved
- Unchanged
- Worsened

Details: _____

Electrolyte Levels:

- Improved
- Unchanged
- Worsened

Details: _____

Vital Signs Response:

- Improved
- Unchanged

Worsened

Details: _____

Symptom Relief:

Improved

Unchanged

Worsened

Details: _____

Adjustments to Care Plan

Changes in Fluid Therapy:

Medication Adjustments:

Dietary Modifications:

Other Interventions:

Progress Notes

Date: ____ / ____ / _____

Note:

Additional Entries:

Comments

Additional Observations by Healthcare Team

Clinical Observations:

Concerns/Recommendations:

Follow-up:

Follow-up Date: ____ / ____ / _____

Nurse's Signature: _____ **Date:** ____ / ____ / _____

Physician's Notes and Recommendations

Physician's Signature: _____ **Date:** ____ / ____ / _____

Patient Acknowledgment

I have reviewed the Dehydration Nursing care plan and understand the information provided.

Patient's Signature: _____ **Date:** ____ / ____ / _____