## Priority Topic: DEHYDRATION

### Key Features:

1. When assessing the acutely ill patient, look for **signs and symptoms of dehydration** (e.g., look for dehydration in the patient with a debilitating pneumonia).

   **What you should study:**
   - Diagnosing Dehydration 2016

2. In the dehydrated patient, assess the **degree of dehydration** using **reliable indicators** (e.g., vital signs) as some patients' hydration status may be more difficult to assess (e.g., elderly, very young, pregnant).

   **What you should study:**
   - Dehydration in Children AAFP 2009
   - Oral Rehydration Therapy CPS 2016
   - Effective Hydration in the Elderly
   - Oral Rehydration in Children BC Guidelines 2010

   The AAFP article describes how to perform capillary refill and skin turgor properly; the CPS article is otherwise a little better.
3. In a dehydrated patient,
   a) Determine the appropriate volume of fluid for replacement of deficiency and ongoing needs,
   b) Use the appropriate route (oral if the patient is able; IV when necessary).

**What you should study:**
- Oral Rehydration Therapy CPS 2016
- Oral Rehydration Solutions AAFP-sponsored
- Oral Rehydration in Children BC Guidelines 2010

4. When treating severe dehydration, use objective measures (e.g., lab values) to direct ongoing management.

**What you should study:**
- Diagnosis and Management of Sodium Disorders AAFP 2015

5. In a dehydrated patient,
   a) Identify the precipitating illness or cause, especially looking for non-gastrointestinal, including drug-related, causes,
   b) Treat the precipitating illness concurrently.

**Just do it!**

6. Treat the dehydrated pregnant patient aggressively, as there are additional risks of dehydration in pregnancy.

**What you should study:**
- Nausea and Vomiting in Pregnancy AAFP 2014