

Acute Rehydration in Adults - POAC

This pathway is specific to dehydration due to vomiting and/or diarrhoea – and may also be used for mild/moderate nausea and vomiting in pregnancy. Do not use this pathway for severe dehydration or hyperemesis in pregnancy.

Caution

Caution should be observed

- Older adults
- Pre-existing heart failure
- Prolonged duration of symptoms
- Significant co-morbidity
- Features of evolving illness
- Recent overseas travel

Assess Dehydration Status

- Assessment should include consideration of duration of symptoms combined with prospective total daily losses:
 - Average 70kg person normal daily losses range 2500 3000mL
 - Average vomit equal or greater than 200mL
 - Average diarrohea equal or greater than 300mL
- For POAC funding clinical notes must give details supporting the diagnosis and degree of dehydration
- The presence of urinary ketones may provide some additional information to assess the degree of dehydration. This test should only be used as part of the information which contributes to the overall clinical assessment - not to be used in isolation:
 - Ketonuria: 0-1 = associated with mild dehydration
 - 1-2 = mild to moderate dehydration
 - 3+ = severe dehydration 0

POAC Provider Resources

Community Early Warning Score (EWS) forms – this is required for all patients observed under POAC.

All patients commenced on either oral or IV rehydration are expected to have regular observations documenting progress and the EWS is required as part of this process

Severe Dehydration

Severe dehydration characterised by:

- Significant thirst
- Confusion
- Cool extremities
- Tachycardia · Reduced skin turgor
- Low pulse volume · Marked hypotension

The Early Warning Score (EWS) can aid in the decision making process

Moderate Dehydration

Moderate dehydration characterised by:

- Significant thirst
- Oliguria
- Sunken eyes Weakness Light headed Dry mucous membranes
- Postural hypotension (>20mmHg)

These are the patients who may be considered suitable for the POAC Pathway utilising either oral or IV fluid replacement.

Mild Dehydration

Trial oral fluids +/- antiemetic Consider a trial of oral rehydration combined with an antiemetic (metoclopramide, prochlorperazine or

Moderate dehydration characterised by:

Mild thirst

required.

Concentrated urine

NB: may have no symptoms

Hospital Admission Recommended

Contact the on-call Medical Registrar to arrange admission on 06 356 9169

POAC

Consider Further Investigations

Investigations may not be necessary. Clinical judgement is recommended following the assessment of each case. Simple tests include:

- Glucose finger prick
- Feacal specimen

adult fluid balance chart

- Weight Pregnancy test
- Urine analysis infection/ketones
- Electrolytes & creatinine (electrolyte disturbances and renal impairment may result from excessive fluid losses and may be especially important in older patients)

Consider Trial Oral Fluids & Antiemetic

Antiemetics include metoclopramide, prochlorperazine or ondansetron. Specific oral fluid solution is at the clinician's discretion. Observe in clinic for up to 60 minutes under POAC. Aim for 3-4L of oral fluid over 24 hours. Use

Discharge Plan

Aim for 3-4L over 24 hour period. Observation not

Consider the following discharge plan:

- Able to manage oral fluids safely at home
- Provide patient with contact / emergency numbers and instructions
- GP Team to consider contacting the patient the following day to check on progress
- Consider referral to DNS for acute nursing support

GP Team Review (as required)

Considerations in pregnancy:

NB: pregnant women may require larger fluid volumes provided there are no other significant medical problems e.g. renal or heart failure -1000ml - 2000ml may be required:

- PNH protocol is to give 1000ml stat and then 1000ml over one hour
- consider taking blood to check serum electrolytes and creatinine if prolonged history of nausea and vomiting
- if inadequate response after 2000ml, discuss with on-call Obstetrics Registrar (06) 356 9169

CentralPH0

If Inadequate Response or Not Appropriate, Commence IV Fluids

- Commence IV fluids and antiemetic (metoclopramide or ondansetron) Normal saline 500mL - 1000mL over 60 minutes (18-20g angiocath)
- Review hydration status utilising observation chart and EWS
- LIMIT 1000mL per consultation if further fluid replacement is

required discuss with ED consultant prior to continuing treatment Considerations in pregnancy – see box to the left

Consider slower rate of infusion and reduce volume with more frequent reassessment of rehydration status for those in the "Caution" category. Use the adult fluid balance chart

Adequate Response

Patient should be reviewed frequently – utilise EWS observation and fluid balance chart. Patient should be observed for a minimum of 60 minutes.

Watch for:

- · Persisting fluid loss
- Signs of evolving illness
- Deterioration of symptoms
- Inadequate response (ongoing diarrhea and/or vomiting)

Non-POAC sites who don't have access to EWS charts, regular documented observation is required showing clinical progress

GP Team Review

The patient should be reviewed frequently throughout the infusion period with assessment of hydration status to guide ongoing fluid requirements utilise EWS & observation and fluid balance chart. The patient should be observed for a minimum of 60 mins. Watch for:

- Fluid overload
- Persisting fluid loss
- · Deterioration of symptoms
- Signs of evolving illness
- Inadequate response (ongoing diarrhoea and/or vomiting)

GP Team Review - Discharge Plan

- Able to manage oral fluids safely at home
- Provide patient with contact/emergency numbers and instructions should their condition deteriorate or further symptoms develop
- Review current medications, adjust as required and arrange appropriate follow-up
- GP Team to make contact with patient the following day to check on progress (can be by telephone)
- Consider referral to District Nursing Service (DNS) for acute nursing support

Not improving - Manage as per specialist advice Seek specialist advice if patient is not improving. Please contact ED or relevant specialty registrar (06) 356 9169

Improving

Able to manage oral fluids safely at home

GP Team Review - Discharge Plan

- Able to manage oral fluids safely at home
- Provide patient with contact/emergency numbers and instructions should their condition deteriorate or further symptoms develop
- Review current medications, adjust as required and arrange appropriate follow-up
- GP Team to make contact with patient the following day to check on progress (can be by telephone)
 - Consider referral to DNS for acute nursing support

