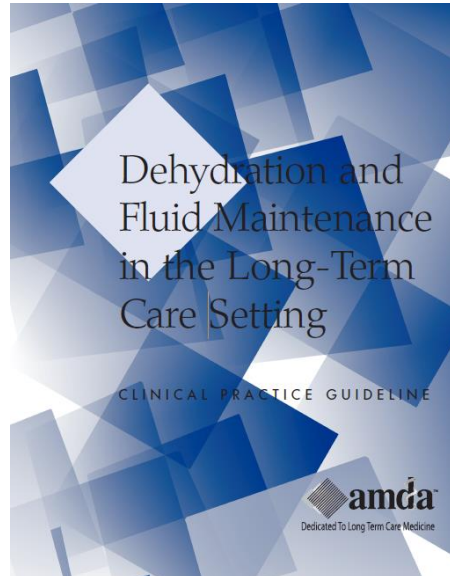


Dehydration and Fluid Maintenance in the Long-Term Care Setting - Clinical Practice Guideline



Continuing Professional Education Self-Study Course

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**AMDA Dehydration and Fluid Maintenance in the Long-Term Care Setting Clinical Practice
Guideline – CPE Self-Study Course**

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Acknowledgements

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Professional Approvals

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We maintain records of course completions for a period of 7 years.



How to Complete this Course and Receive Your Certificate

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This course and test must be completed prior to the expiration date. To obtain your continuing education certificate, you must review the material provided, take and pass an online test, and complete a simple evaluation. You may re-take the online test as many times as needed prior to the expiration date. If you are interrupted and cannot finish the test, you can save the test and come back later to finish it.

Carefully review the contents of this program. Keep in mind the practical applications it has for you in your individual setting. The focus is to increase your knowledge and application of the subject matter. For multiple choice questions select the one best answer from the choices given.

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Course Expiration Date Must be completed prior to this date	Continuing Education Hours	CDR Level
October 3, 2020	1	II

Course Description

Dehydration refers to a complex condition that results in a loss of total body water, with or without salt, at a rate greater than the body can replace it. No universally-accepted definition of dehydration exists, resulting in confusion about the identification of and diagnosis of dehydration in the long term care setting. Dehydration can have severe consequences for the long-term care resident.

The AMDA Dehydration and Fluid Maintenance in the Long-Term Care Setting Clinical Practice Guideline provides guidance on the prevention of, recognition of, assessment of, and treatment of dehydration for clinicians in long-term care settings.

Course Learning Objectives

After completion of this continuing education program, the learner should be able to:

1. State at least 3 strategies to help prevent dehydration of patients in long-term care.
2. Identify at least 3 risk factors for dehydration.
3. Understand the strengths and limitations of using laboratory tests to assess for dehydration.

Suggested CDR Learning Needs Codes

- 2070 Macronutrients: carbohydrate, fat, protein, fiber, water
- 3040 Food Consumption; fluid balance
- 5040 Long-term, intermediate, assisted living
- 5100 Elderly

Additional CDR Learning Needs Codes that may apply: 2100, 3060, 4190, 5430

Suggested CDR Performance Indicators

- 8.1.3 Integrates knowledge of macronutrients and micronutrients for absorption, digestion and metabolism throughout the life span in practice.
- 8.1.4 Demonstrates knowledge of nutrient requirements throughout the life span and their role in health promotion and disease management.
- 10.2.4 Integrates foundational dietetics knowledge with critical appraisal of assessment data to diagnose nutrition problems (using problem solving, etiology, signs and symptoms [PES] statements), which can be resolved or improved through treatment or nutrition intervention.
- 10.2.7 Prioritizes specific nutrition problem(s).

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Additional CDR Performance Indicators that may apply: 10.2.8, 10.4.4

Note: Numerous Other Learning Needs Codes and Performance Indicators May Apply.

Continuing Professional Education Self-Assessment Test and Answer Key

Mr. Barber, age 87, is a long-term resident of a skilled nursing facility. He has a diagnosis of end-stage dementia, type 2 diabetes mellitus, and atrial fibrillation. He was recently diagnosed with a urinary tract infection (UTI). He is unable to ambulate independently and spends much of his day in bed. Mr. Barber is assisted to the dining room (in his wheelchair) for meals and usually feeds himself. His diet is regular with thin liquids. He is usually eats well but his intake has declined in the past few days. His current height is 67 inches and he weighs 144 pounds. His weight has been stable for several months.

Mr. Barber's medications include Coumadin, Metformin, Namenda, Senna, and Cipro.

1. Mr. Barber has which of the following risk factors for dehydration?
 - a. Diuretic use
 - b. Dysphagia
 - c. Decreased cognitive function
 - d. Modified fluid consistency

2. Mr. Barber was seen by the facility nurse practitioner because of his UTI and the staff's concerns that his requests for assistance with toileting had decreased. The nurse practitioner recommended lab tests to evaluate Mr. Barber's hydration status. Which of the following labs should be drawn?
 - a. Prealbumin
 - b. Basic metabolic panel: glucose, calcium, sodium, potassium, carbon dioxide, chloride, bicarbonate, blood urea nitrogen (BUN), and creatinine
 - c. Complete Blood Count (CBC): red blood cell indices and count, white blood cell count, hematocrit, hemoglobin, platelets, and differential blood count
 - d. Hepatic Panel: Total protein, albumin, bilirubin, alkaline phosphatase (ALP), aspartate aminotransferase (AST), alanine aminotransferase (ALT)

3. Mr. Barber's serum sodium and _____ will rise if his dehydration is related to insufficient fluid intake.
 - a. BUN
 - b. Glomerular filtration rate
 - c. Creatinine
 - d. Estimated serum osmolarity

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4. Signs of dehydration, such as _____, are not always good diagnostic criteria in older adults like Mr. Barber.
 - a. Edema
 - b. Poor skin turgor
 - c. Excessive salivation
 - d. Supine hypertension

5. Which intervention might help Mr. Barber consume more fluids?
 - a. Order medication that might increase his appetite
 - b. Provide verbal prompts and/or physical assistance with eating and drinking.
 - c. Offer fluids at meals only so he will be thirsty and drink more at meals
 - d. Offer only sugar-free fluids to avoid elevations in blood sugar