Dehydration in the Elderly

With the warmer temperatures, some of your residents may be spending more time outside in the heat. While time outside is great for the overall well-being of residents, their risk of dehydration and heat stroke increases. It’s important for staff members to recognize this risk and implement prevention strategies.

Dehydration is especially harmful to the elderly, causing harm faster than starvation. Why is this? Younger adults are composed of 70% water, while older adults have only 60% of water content in their bodies. Additionally, the elderly have a lowered thirst response. A safe level of hydration is often compromised if this is coupled with an elder’s physical dependence on others. Furthermore, an elder’s kidneys don’t concentrate urine as well as a younger person’s. Therefore, the kidneys allow vital fluids (glucose and sodium) to escape. Many times, residents with high blood pressure or congestive heart failure may be taking diuretics, which further contributes to a loss of fluid.

There are many other factors that may increase your residents’ risk of dehydration. For example, residents may purposely restrict fluids if they’re dealing with incontinence. Those residents suffering from constipation may take laxatives, which will also cause a loss of needed fluid. Also, consider your residents’ swallowing capabilities, as swallowing disorders may decrease a resident’s intake of vital fluids. Finally, consider your residents’ routines. Many residents go to bed soon after dinner, increasing the time-frame that they are without fluid. Consider encouraging residents to drink fluids at dinnertime and before bed. Additionally, a glass of water should be available during the night.

When dehydration occurs, normal crucial body functions are halted, because the necessary fluid content to perform vital functions isn’t available. Be sure to watch for fatigue; lethargy; muscle weakness; confusion; sunken eyes; nausea; decreased urine output, dark concentrated urine, or concentrated urine odor; body or breath odor; irritability; decreased blood pressure; rapid pulse; temperature; and headache. If you think a resident is dehydrated, the physician should see the resident, or you should call EMS services if the resident is severely dehydrated or unable to ingest fluids.

Dehydration is a serious, sometimes fatal condition. All staff should be trained to monitor for dehydration and should be aware of steps to prevent dehydration. Staff should routinely encourage residents to drink fluids throughout the day and offer foods high in fluid content, such as fruits and vegetables. Consider adding popsicles, Jell-O, and fruit juices to the menu to promote proper fluid intake.

Finally, elderly residents are also at an increased risk of heatstroke, as elderly don’t sweat and regulate body temperature as effectively as younger adults. Heatstroke occurs 12 to 13 times more frequently in persons 65 years and older and is often times fatal. Staff must be trained to monitor residents who enjoy spending time outdoors and help residents to wear appropriate attire and ingest adequate fluids. For more information, read Heat and the Elderly, Dehydration in the Elderly, and Signs of Dehydration in the Elderly.

Survey Tips
You must notify Licensing and Certification within three business days if your administrator leaves employment with the facility. The preferred method of notification is by fax or email, make sure to include the last day of employment. When you hire a new administrator notify us by fax or email, including start date and a copy of their administrator license.

Web Updates
Watch our Web site (www.assistedliving.idaho.gov) for updated Frequently Asked Questions specifically regarding the new rule changes.