

Peritoneal Dialysis: Hypovolemia

Site Applicability

VCH

Delegated Task

A trained peritoneal dialysis nurse may perform this task.

Background Information

Peritoneal dialysis patients are taught to use varying strengths of dialysis solution to maintain goal weight (known as dry weight). The dry weight is reassessed at clinic visits. Excessive fluid removal can be caused by:

- using hypertonic solutions.
- poor fluid balance calculations
- increased insensible losses especially sweating in the summer heat
- restrictions in fluid and salt
- vomiting, blood loss, diarrhea
- decrease oral intake

Problem Statement

Hypovolemia can lead to hypotension, dizziness, fatigue, fainting, muscle cramping, nausea, poor skin turgor, tachycardia and vomiting.

Goal

The PD patient will maintain fluid balance.

Intervention

1. Take patient history of solutions used, and other fluid losses such as vomiting or diarrhea and monitor vital signs and weight.
2. Fluid replacement is usually achieved quickly by
 - a. increasing fluid and salt intake,(Salty soup)
 - b. decrease use of hypertonic solutions.
 - c. Lengthen dwell time
3. Occasionally patients may require either the use of 0.5% solutions or IV fluid therapy.

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Documentation

Patient teaching should be charted on Progress and nurses notes

ASSOCIATED GUIDELINES / FORMS / EDUCATIONAL MATERIAL:

References

Core Curriculum for Nephrology Nursing, Fourth Edition. American Nephrology Nurses Association.

Module Caring for the Patient requiring Peritoneal Dialysis.

UNIT(s) OF ORIGIN: Peritoneal Dialysis Unit, May 2005

Alternate Search Terms

PDU