

# Jonathan Rosenfeld's Nursing Homes Abuse Blog

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## Seems Like Common Sense, Yet Many Medical Facilities Continue To Ignore Patients Daily Hydration Needs



By the looks of many nursing home patients' physical appearance, you'd think they were living in the desert. Rather than a weakened appearance due to trekking through the Sahara, most of these patients suffer the effects of dehydration due to improper care and general neglect.

**Dehydration** occurs when the amount of water leaving the body is greater than the amount of water taken in. Water is routinely lost when a person breathes, sweats, urinates or has a bowel movement and as humidified air leaves the body.

Dehydration is caused by too much water being lost, not enough water being taken in, or a combination of the two. Inadequate water consumption can be caused by an inability to drink fluids, which can be caused by a lack of strength to drink adequate amounts. The following can account for fluid loss:

- Diarrhea
- Vomiting
- Sweat
- Diabetes (elevated blood sugar levels cause sugar to spill into the urine with water following, causing frequent urination, which in turn can cause significant dehydration)
- Drainage from wounds and pressure sores

Common signs of dehydration are thirst (to increase water intake) and more concentrated urine (more yellow in color). The following symptoms might also occur:

- Dry mouth

Jonathan Rosenfeld represents victims of nursing home abuse and neglect throughout the country. For more information please visit Nursing Homes Abuse Blog ([www.nursinghomesabuseblog.com](http://www.nursinghomesabuseblog.com)), Bed Sore FAQ ([www.bedsorefaq.com](http://www.bedsorefaq.com)) or call Jonathan directly at (888) 424-5757.

- Fatigue
- Decreased urine output
- Few or no tears
- Body stops sweating
- Muscle weakness
- Electrolyte imbalances
- Muscle cramps
- Nausea and vomiting
- Heart palpitations
- Light-headedness

Severe dehydration can cause confusion and weakness, and if left untreated, even coma and organ failure.

The main treatment for dehydration is fluid replacement. This can be accomplished by replacing fluids by mouth or intravenous fluid (IV). As treatment occurs, urine output increases.

Complications of dehydration may occur either because of the dehydration or because of underlying disease or situations. Dehydration can cause kidney failure; although, if treated early, it is often reversible.

Electrolyte abnormalities may occur as important chemicals (sodium and potassium) are lost through sweat, vomiting, or diarrhea. Seizures can occur when the electrical discharges in the brain become disorganized.

Hypotension (drop in blood pressure) can also occur, causing a patient to go into hypovolemic **shock** (insufficient blood flow through the body resulting in inadequate oxygen reaching tissues). A decreased blood supply to the brain can also cause coma, and if enough organs malfunction, death can occur.

Older adults, people with chronic illnesses, and young children are most at risk for dehydration. As people age, the body's ability to conserve water is reduced, the thirst sense becomes less acute, and persons become less able to respond to changes in temperature. Also, thirst is not a reliable gauge of the body's need for water, especially for elderly persons.

In older adults, the region of the brain that predicts how much water a person needs (the mid cingulate cortex) can malfunction, which helps explain why the elderly are more at risk for dehydration. In Chicago's 1995 heat wave, more than 600 people died in their homes due to heat exposure. It is important that elderly persons be checked on during periods of high heat to ensure proper hydration.

Dehydration can be easily prevented through proper hydration. However, some nursing home patients might be unable to drink adequate amounts of fluid because of forgetfulness, or illness. In addition, many nursing home residents suffer from diabetes, which is an increased risk factor for dehydration. Therefore, it is important that nursing home staff monitor residents to ensure proper hydration and urine output (dark yellow urine usually signals dehydration) in order to prevent serious complications caused by dehydration.

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Proper nutrition and proper hydration are essential elements of maintaining the highest possible health and well-being of nursing home residents. As discussed above, elderly nursing home residents are particularly susceptible to dehydration. The danger of [pressure sores](#) adds a further complication for nursing home residents at risk for dehydration.

Dehydration is a risk factor for the actual development of pressure ulcers because dehydration can reduce blood volume, thus interrupting circulation and blood supply to the extremities. Maintaining tissue health is an important feature in pressure sore prevention; this includes proper nutrition and hydration, pressure relief and management, incontinence management, and wound care. In addition, the pressure sores can also be a major source of fluid loss as the sores drain, causing further dehydration.

Therefore, nutritional intervention is an important element of pressure sore prevention and treatment. Nursing home staff must properly assess the resident's nutritional needs, monitor the resident's food and fluid intake, and make changes to the nutrition plan as changes in the resident's health occur. Early intervention is important when a resident is not eating or drinking enough in order to prevent further health complications such as malnutrition, dehydration, and pressure sores.

#### Resources:

Science Daily – [Brain Malfunction Explains Dehydration in Elderly](#)

Pressure Ulcer Management: [The Importance of Nutrition](#)

[Dehydration Death Costs Nursing Home \\$6.5M](#)

[Autopsies May Help Families Determine If Their Loved One Was A Victim Of Nursing Home Neglect Or Abuse](#)