### CLIENT TEACHING: Promoting Fluid and Electrolyte Balance

- Consume six to eight glasses of water daily.
- Avoid excess amounts of foods or fluids high in salt, sugar, and caffeine.
- Eat a well-balanced diet. Include adequate amounts of milk or milk products to maintain bone calcium levels.
- Limit alcohol intake because it has a diuretic effect.
- Increase fluid intake before, during, and after strenuous exercise, particularly when the environmental temperature is high, and replace lost electrolytes from excessive perspiration as needed with commercial electrolyte solutions.
- Maintain normal body weight.
- Learn about and monitor side effects of medications that affect fluid and electrolyte balance (e.g., diuretics) and ways to handle side effects.
- Recognize possible risk factors for fluid and electrolyte imbalance such as prolonged or repeated vomiting, frequent watery stools, or inability to consume fluids because of illness.
- Seek prompt professional health care for notable signs of fluid imbalance such as sudden weight gain or loss, decreased urine volume, swollen ankles, shortness of breath, dizziness, or confusion.

Fluids and consume a balanced diet, but they may not understand the potential effects when this is not done. Nurses can promote clients’ health by providing wellness teaching that will help them maintain fluid and electrolyte balance.

### CLIENT TEACHING: Home Care and Fluid, Electrolyte, and Acid–Base Balance

**MONITORING FLUID INTAKE AND OUTPUT**

- Teach and provide the rationale for monitoring fluid intake and output to the client and family as appropriate. Include how to use a commode or collection device (“hat”) in the toilet, how to empty and measure urinary catheter drainage, and how to count or weigh diapers.
- Instruct and provide the rationale for regular weight monitoring to the client and family. Weigh at the same time of day, using the same scale and with the client wearing the same amount of clothing.
- Educate and provide the rationale to the client and family on when to contact a health care professional, such as in the cases of a significant change in urine output; any change of 5 pounds or more in a 1- to 2-week period; prolonged episodes of vomiting, diarrhea, or inability to eat or drink; dry, sticky mucous membranes; extreme thirst; swollen fingers, feet, ankles, or legs; difficulty breathing, shortness of breath, or rapid heartbeat; and changes in behavior or mental status.

**MAINTAINING FOOD AND FLUID INTAKE**

- Instruct the client and family about any diet or fluid restrictions, such as a low-sodium diet.
- Teach family members the rationale for the importance of offering fluids regularly to clients who are unable to meet their own needs because of age, impaired mobility or cognition, or other conditions such as impaired swallowing due to a stroke.
- If the client is on enteral or intravenous fluids and feeding at home, teach and provide the underlying rationale to caregivers about proper administration and care. Contact a home health or home intravenous service to provide services and teaching.

**SAFETY**

- Instruct and provide the rationale to the client to change positions slowly if appropriate, especially when moving from a supine to a sitting or standing position.
- Inform and provide the rationale to the client and family about the importance of good mouth and skin care. Teach the client to change positions frequently and to elevate the feet on a stool when sitting for a long period.

- Teach the client and family how to care for intravenous access sites or gastric tubes. Include what to do if tubes become dislodged.

**MEDICATIONS**

- Emphasize the importance of and rationale for taking medications as prescribed.
- Instruct clients taking diuretics to take the medication in the morning. If a second daily dose is prescribed, they should take it in the late afternoon to avoid disrupting sleep to urinate.
- Inform clients about any expected side effects of prescribed medications and how to handle them (e.g., if a potassium-depleting diuretic is prescribed, increase intake of potassium-rich foods; if taking a potassium-sparing diuretic, avoid excess potassium intake such as using a salt substitute).
- Teach clients when to contact their primary care provider, for example, if they are unable to take a prescribed medication or have signs of an allergic or toxic reaction to a medication.

**MEASURES SPECIFIC TO CLIENT’S PROBLEM**

- Provide instructions and rationale specific to the client’s fluid, electrolyte, or acid–base imbalance, such as:
  - Fluid volume deficit.
  - Risk for fluid volume deficit.
  - Fluid volume excess.

**REFERRALS**

- Make appropriate referrals to home health or community social services for assistance with resources such as meals, meal preparation and food, intravenous infusions and access, enteral feedings, and homemaker or home health aide services to help with ADLs.

**COMMUNITY AGENCIES AND OTHER SOURCES OF HELP**

- Provide information about companies or agencies that can provide durable medical equipment such as commodes, lift chairs, or hospital beds for purchase, for rental, or free of charge.
- Provide a list of sources for supplies such as catheters and drainage bags, measuring devices, tube feeding formulas, and electrolyte replacement drinks.
- Suggest additional sources of information and help such as the American Dietetic Association, the American Heart Association, and the American Lung Association.

### Enteral Fluid and Electrolyte Replacement

Fluids and electrolytes can be provided orally in the home and hospital if the client’s health permits, that is, if the client is not vomiting, has not experienced an excessive fluid loss, and has...