including meals and that used to administer medications orally or intravenously. Box 5–3 provides guidelines for clients with a fluid restriction.

Dietary Management
Because sodium retention is a primary cause of fluid volume excess, a sodium-restricted diet often is prescribed. Americans typically consume about 4 to 5 grams (g) of sodium every day; recommended sodium intake is 500 to 2400 mg per day. The primary dietary sources of sodium are the salt shaker, processed foods, and foods themselves (Box 5–4).

A mild sodium restriction can be achieved by instructing the client and primary food preparer in the household to reduce the amount of salt in recipes by half, avoid using the salt shaker during meals, and avoid foods that contain high levels of sodium (either naturally or because of processing). In moderate and severely sodium-restricted diets, salt is avoided altogether, as are all foods containing significant amounts of sodium.

NURSING CARE
Nursing care focuses on preventing fluid volume excess in clients at risk and on managing problems resulting from its effects.

Health Promotion
Health promotion related to fluid volume excess focuses on teaching preventive measures to clients who are at risk (e.g., clients who have heart or kidney failure). Discuss the relationship between sodium intake and water retention. Provide guidelines for a low-sodium diet, and teach clients to carefully read food labels to identify “hidden” sodium, particularly in processed foods. Instruct clients at risk to weigh themselves on a regular basis, using the same scale, and to notify their primary care provider if they gain more than 5 lb in a week or less.

Carefully monitor clients receiving intravenous fluids for signs of hypervolemia. Reduce the flow rate and promptly report manifestations of fluid overload to the physician.

Assessment
Collect assessment data through the health history interview and physical examination.
- Health history: Risk factors such as medications, heart failure, acute or chronic renal or endocrine disease; precipitating factors such as a recent illness, change in diet, or change in medications. Recent weight gain; complaints of persistent cough, shortness of breath, swelling of feet and ankles, or difficulty sleeping when lying down.
- Physical assessment: Weight; vital signs; peripheral pulses and capillary refill; jugular neck vein distention; edema; lung sounds (crackles or wheezes), dyspnea, cough, and sputum; urine output; mental status.

Nursing Diagnoses and Interventions
Nursing diagnoses and interventions for the client with fluid volume excess focus on the multisystem effects of the fluid overload.

Excess Fluid Volume
Nursing care for the client with fluid volume excess includes collaborative interventions such as administering diuretics and maintaining a fluid restriction, as well as monitoring the status and effects of the fluid volume excess. This is particularly critical in older clients because of the age-related decline in cardiac and renal compensatory responses.