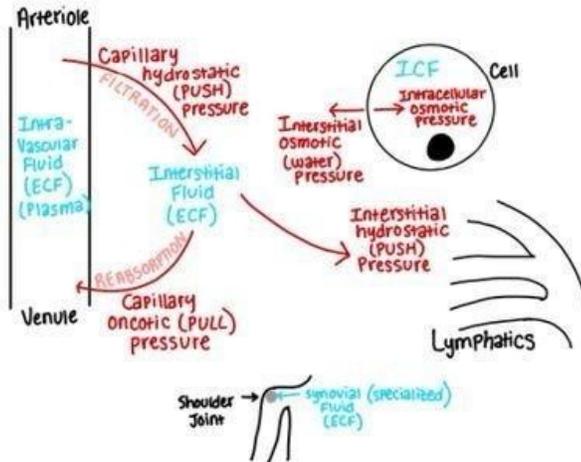


# Movement of Fluid

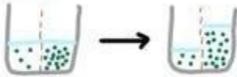
## • Body Water Composition:

- decreases with age due to
  - decreased muscle mass
  - decreased renal function
  - decreased thirst perception
  - ↳ hypothalamus



- Solute = salt or electrolyte
- Solvent = what the solute dissolves in  
↳ water in the body

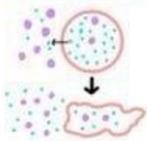
## • Osmosis: WATER moves from high → low concentration



- Osmolarity: concentration of molecules per VOLUME of solution  
↳ OUTSIDE body (urine)
- Osmolality: concentration of molecules per WEIGHT of water  
↳ INSIDE body (blood)

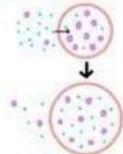
## • Tonicity

### HYPERtonic



- Solution = more solute particles than the cell
- Solution = hyperosmotic to cell

### HYPOtonic



- Solution = less solute particles than the cell
- Solution = hypoosmotic to cell

- Hypoxia → ↓ ATP = fluids & electrolytes affected

# OVERHYDRATION

## "FLUID VOLUME EXCESS"

Too much fluid going in with failure to eliminate.

### ■ Neurologic

- Changes in LOC
- Confusion
- Headache
- Seizures

### ■ Cardiovascular

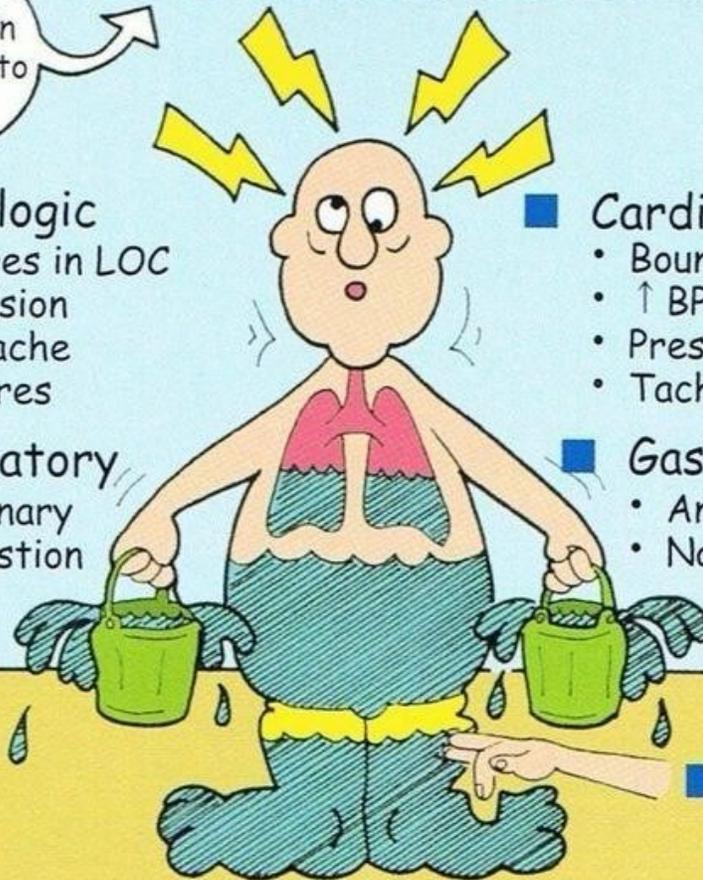
- Bounding pulse
- $\uparrow$  BP  $\uparrow$  JVD
- Presence of S3
- Tachycardia

### ■ Respiratory

- Pulmonary congestion

### ■ Gastrointestinal

- Anorexia
- Nausea



### ■ Edema

- Dependent pitting edema

Sodium concentrations can be decreased, as well as the osmolality, because there is more water than sodium. The hematocrit will be reduced from the dilution of excess water.



Great minds think alike.

CJ MILLER

## NURSING MANAGEMENT OF FLUID VOLUME EXCESS

He sounds wet. We need to do frequent respiratory assessments and check his LOC.

I'm confused.

Watch for edema. We'll need to do skill care, but cardiovascular checks take priority.



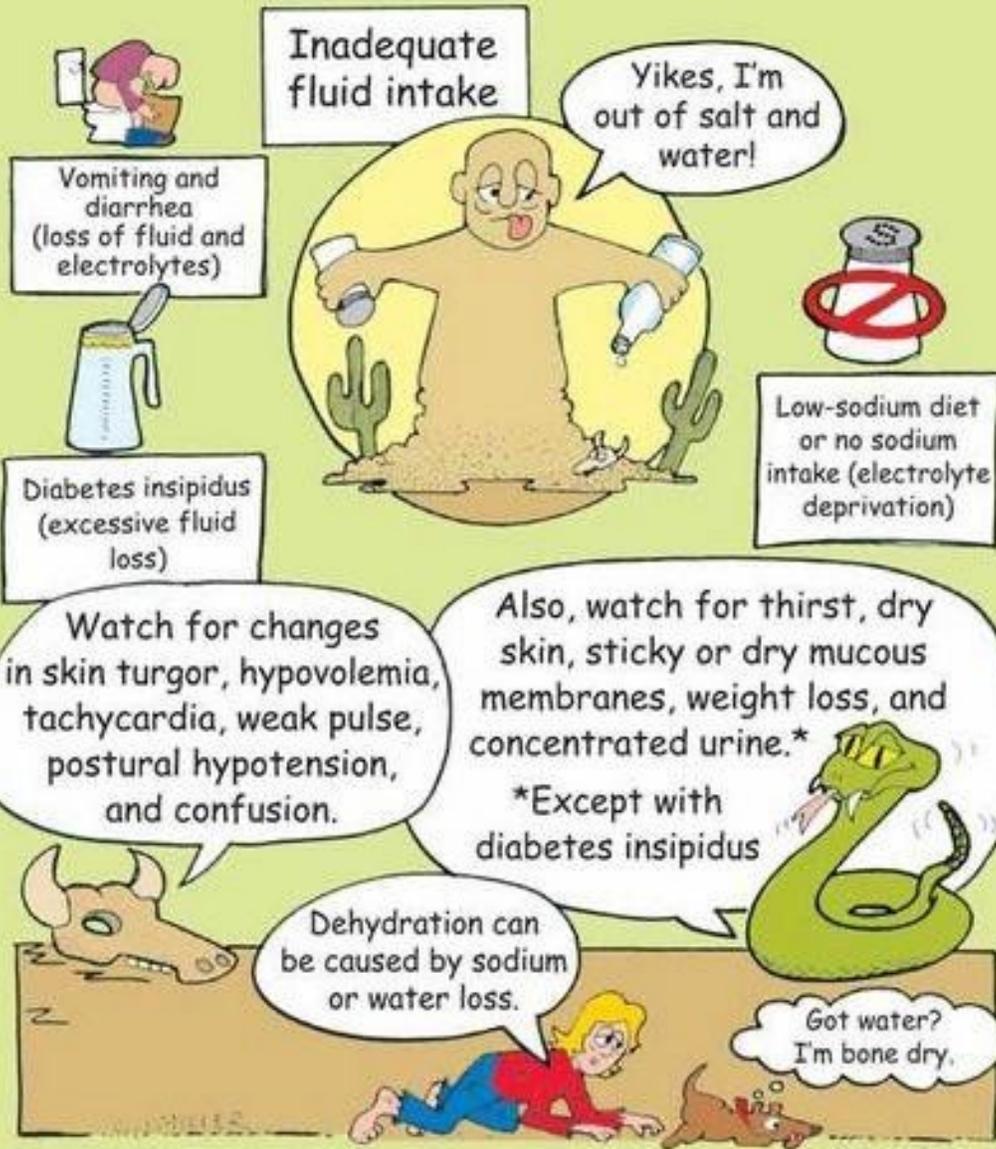
Careful observation and assessment are needed by the nurse. Fluid excess can be life threatening.

I always look and assess to be safe.

CJMILLER

# DEHYDRATION

"NO WATER, NO SALT, OR BOTH"





# IV FLUIDS CHEAT SHEET

BEAUTIFUL NURSING LLC

0.45%  
NS

## hypOtonic

Fluid goes **INTO** cells to expand  $\circ$  cell to  $\uparrow$  total body fluid volume.

**Uses:** We need to **DIG** fluids into the cells.

- D** DKA
- I** Increased Total Fluid
- G** Gastric Fluid Loss

0.9%  
NS

## Isotonic

Fluid replenishes cells from fluid losses without changing shape.

**Uses:** **BAD** Situations

- B** Burns or Blood Loss
- A** Anaphylaxis/Sepsis
- D** Dehydration

3%  
NS

## hypErtonic

Fluid goes **OUT** of cells to shrink cells and  $\downarrow$  fluid levels (dEhydrate).

**Uses:** I need to get the fluid out of my soaked **SOCK**.

- S** Severe Hyponatremia
- O** Overload of Fluid
- C** Cerebral Edema
- K** Ketosis

Note:  $\downarrow$  Gauge =  $\uparrow$  Needle



**GREEN**  
**18 G**

- Rapid Fluid Replacement
- Trauma
- Rapid Blood Transfusion



**PINK**  
**20 G**

- Most Infusions
- Rapid Fluid Replacement
- Trauma
- Routine Blood Transfusions



**BLUE**  
**22 G**

- Most Infusions
- Neonate
- Pediatric
- Older Adults



**YELLOW**  
**24 G**

- Most Infusions
- Neonate
- Pediatric
- Older Adults
- Pediatric Blood Transfusions



**PURPLE**  
**26 G**

- Pediatrics
- Neonate