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LEGAL REFERENCES

42 CFR § 482.28(b)
PROFESSIONAL STANDARDS
Provision of Care, Treatment and Services PC.02.02.03
RELATED POLICIES
Diet Orders and Special Diet Management, 03-638
Medical Emergency Response System (MERS) – All Hospitals, 03-205
Observation of Individuals to Ensure Safety, 03-501
Physical and Nutritional Supports, 03-522

DEPARTMENT OF BEHAVORIAL HEALTH
& DEVELOPMENTAL DISABILITIES

MANAGING FLUID RESTRICTIONS

**Learning Brochure for
DBHDD Hospital Staff & Community Providers**

Some individuals in DBHDD hospitals may be placed on a fluid restriction diet due to psychogenic polydipsia, which can be caused by side effects of certain psychiatric medications.

To reduce the likelihood of complications from excess fluid consumption, DBHDD staff members monitor the fluid intake of individuals on a fluid restriction diet.

DEFINITIONS

Hyponatremia – defined as a low sodium concentration in the blood (i.e., excess of water relative to sodium) – sodium serum level <135 milliequivalents (meq) or millimoles (mmol)/Liter. Drugs capable of causing hyponatremia include psychiatric medications such as SSRIs and cardiac medications such as ACE inhibitors.

Polydipsia – excess thirst/excessive water intake.

Psychogenic Polydipsia – polydipsia that is due to the sensation of

FLUID RESTRICTION ORDERS

- Prescribers may order a fluid restriction diet prophylactically or in response to hyponatremia.
- Sodium levels of individuals on a fluid restriction diet are monitored on a routine basis. Frequency of monitoring is based on serum sodium, urine osmolality, fluctuations in weight, diet, and renal function.
- Fluid restriction orders are managed in accordance with Diet Orders and Special Diet Management Policy, 03-638.

MANAGING AND MONITORING FLUID INTAKE

a. Restrict fluids. Fluid restriction in the range of 600 to 1200ml/24 hours is usually adequate.
b. Refer individual for a dietary consult if necessary.
c. Revise orders to increase sodium intake.
d. Monitor input and output.
e. Monitor for signs of neurological changes (e.g., seizure, lethargy, headache, altered status) at a minimum, every 15 minutes.

- If the sodium level has fallen rapidly and the individual exhibits neurological changes, initiate the emergency response process immediately (see Policy, Medical Emergency Response System (MERS) – All Hospitals, 03-205).
  If only the sodium level has fallen, initiate the steps outlined in Change of Medical Status Policy, 03-558.

SIGNS AND SYMPTOMS OF HYPONATREMIA

Signs and symptoms of moderate hyponatremia or gradual onset include:

- confusion
- muscle cramps
- lethargy
- anorexia
- vomiting
- nausea
- changes in blood pressure
- weight gain

Severe hyponatremia or rapid onset may lead to seizures, coma, and/or death.
If an individual...

- is suspected to have moderate hyponatremia or gradual onset, unit staff initiate steps outlined in (Change in Medical Status Policy, 03-558).

- exhibits signs and symptoms consistent with severe hyponatremia, initiate the emergency response process immediately (see Policy, Medical Emergency Response System (MERS) – All Hospitals, 03-205).

OBSERVATION OF INDIVIDUALS ON FLUID RESTRICTION DIETS

- If there is evidence that an individual with a history of hyponatremia is drinking excessive amounts of fluid, a minimum of continuous observation is required. (See Observation of Individuals to Ensure Safety Policy, 03-501.)

- For individuals who require continuous monitoring, the ultimate goal is to help them learn and develop the skills to independently manage their fluid intake.

- Behavioral interventions may include:

  a. Drinking for shorter intervals, taking a certain number of sips, taking smaller sips, holding water in mouth before swallowing, and drinking only at certain times.

  b. Distraction with activity, resisting the urge to drink, playing cards, talking with others, or go going to groups/ activities.

  c. A token system to provide positive reinforcement for individuals when they abstain from excessive fluid consumption for a set period of time.

  d. Self-management. Individuals record fluid intake and symptoms causing thirst or need for fluid intake.

- A medication consultation with the prescriber and pharmacist is sought for individuals exhibiting Psychogenic Polydipsia to rule-out:

  a. Obsessive compulsive behavior as a side-effect of current medications

  b. Obsessive Compulsive Disorder as demonstrated by excessive water consumption in need of medication to address this disorder.

MEDICAL INTERVENTIONS FOR HYPONATREMIA SECONDARY WITH PSYCHOGENIC POLYDIPSIA

EVALUATION

- The first step in evaluation is to rule out a medical cause for decreased serum sodium level. Polydipsia may be caused by several physical conditions unrelated to an individual's psychiatric illness.