

Table 8
Identifying the Nature of a Fluid/Electrolyte Imbalance

- ***Primarily fluid deficit (hypertonic dehydration):*** More water than salt is being lost (e.g., because of excess diuretic use, infections, fever, or diabetes insipidus).
- ***Primarily sodium deficit (hypotonic dehydration):*** More salt than water is being lost (e.g., because of diuretics or salt-wasting renal disease).
- ***Combined water and sodium deficit (isotonic dehydration):*** Both salt and water are lost proportionately (e.g., because of diuretics or severe or prolonged diarrhea or vomiting).
- ***Excess water retention or intake:*** Water is retained inappropriately (e.g., because of syndrome of inappropriate antidiuretic hormone secretion) or excess free water is ingested to correct isotonic fluid loss.
- ***Excess water and salt retention:*** Both water and salt are retained inappropriately (e.g., because of heart or liver failure).

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Table 11
Laboratory Tests That May Help to Characterize the Nature and Severity of Fluid/Electrolyte Imbalance

- ***Highly recommended:*** sodium, potassium, chloride, bicarbonate (electrolytes), BUN, creatinine
- ***Recommended:*** calcium, glucose, hemoglobin, hematocrit, serum osmolality
- ***Optional:*** urinalysis, urine sodium, urine osmolality

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