

SNL - Quick Notes

Fluids

This is a huge back bone of disease processes, so lets know a few basic facts			
FVE fluid volume excess	FVD fluid volume deficit	Solutions	
hypervolemia	hypovolemia	Isotonic	
<p><i>Causes:</i></p> <ul style="list-style-type: none"> • A weak CO - HF • decreased renal perfusion • IVF with Na+ • Aldosterone - retains Na+, then water • (Cushings Disease) • ↑ ADH SIADH 	<p><i>Causes:</i></p> <ul style="list-style-type: none"> • Loss of fluids • Third spacing • DI 	<p><i>types:</i></p> <ul style="list-style-type: none"> • NS • LR • D5W 	<p><i>goes:</i></p> <p>Will go into, and stay in the vascular space because it has the same osmolality as ICF. Will increase your BP.</p>
What is the worst thing first?		Hypertonic	
<p><i>Danger - Watch out for:</i></p> <ul style="list-style-type: none"> • Fluid in the lungs • Pulmonary Edema 	<ul style="list-style-type: none"> • Shock 	<p><i>types:</i></p> <ul style="list-style-type: none"> • D10W, • D5LR • D5 NS • D5NaCl • 3% NaCl • 5% NaCl • TPN • Albumin 	<p><i>goes:</i></p> <p>Will go into the vascular space, but because of the higher osmolality, it will pull fluid into the vascular space along with it. Will increase your BP – watch out for Excess!</p>
Always look at s/s!		Hypotonic	
<p><i>S/S:</i></p> <ul style="list-style-type: none"> • Dist. Neck Veins • Edema • SOB • Crackles • ↑ CVP • ↑ U/O (compensating) • ↑ HR • ↑ BP • ↑ Wt 	<p><i>S/S:</i></p> <ul style="list-style-type: none"> • Small veins • Dry mucous membranes/skin • Cool Extremities • ↓ CVP • ↓ U/O • ↓ HR • ↓ BP • ↓ Wt 	<p><i>types:</i></p> <ul style="list-style-type: none"> • Tap Water • 0.33% NaCl, • ½ NS • ¼ NS • (anything less than 0.9% NS) 	<p><i>goes:</i></p> <p>Will go into the cells because your body will want to equally hydrate the cells. Will not increase you BP, because it doesn't say in the vascular space</p>
Least invasive first – what can you do right now?			
<p><i>Tx:</i></p> <p>Low Sodium Bed Rest Diuretics</p>	<p><i>Tx:</i></p> <p>PO Fluids IV Fluids</p>		