

FLUID VOLUME EXCESS

Fluid intake or retention is greater than the body's needs

CONTRIBUTING FACTORS

Kidney failure (late phase)

Heart failure

Cirrhosis

Interstitial to plasma fluid shifts (hypertonic fluids, burns)

Excessive water intake

Long term corticosteroid therapy

MANIFESTATIONS

Cough, dyspnea, crackles

Increased BP

Tachypnea

Tachycardia

Bounding pulse

Weight gain (1 L water = 1 kg weight)

Jugular vein distention

Increased central venous pressure

Pitting edema

DIAGNOSTIC PROCEDURES

Serum: Electrolytes, BUN, creatinine, Hct

Urine: specific gravity and osmolarity

Chest x-ray if respiratory complications present

NURSING INTERVENTIONS

Monitor respiratory rate, symmetry, & effort

Monitor breath sounds for signs of pulmonary edema

Monitor for edema

Measure pitting edema on scale of 1+ (minimal) to 4+ (severe)

Monitor dependent edema by measuring circumference of extremities

Monitor for ascites

Measure abdominal girth

Weight pt daily

Maintain strict I&O

Monitor vital signs

Administer diuretics (osmotic, loop) as prescribed

Limit fluid intake

Maintain skin integrity

Use semi-Fowler's position

Reposition every 2 hr

Restrict sodium intake

