

## **Hypodermoclysis (HDC) Therapy in Personal Care Homes**

### **Information for Prescriber Decision Making**

The need for hydration therapy through HCD is determined following a Prescriber assessment of the resident's overall physical and hydration status, including signs and symptoms of dehydration, cause of dehydration, the goals/outcomes of therapy and treatment plan, and their alignment with the resident's goals of care.

#### **Inclusion Criteria**

- Prior to initiation, ensure that Hypodermoclysis meets the resident's goals of care.
- Residents receiving HDC must have a prescriber available for ongoing monitoring and assessment of the resident that may include review of recent laboratory and electrolyte results, ordering of appropriate bloodwork and timely interpretation of the results.
- All residents receiving HDC will be assessed and monitored based on a frequency that is determined by the resident's health status and duration of treatment
- All methods to provide oral hydration will have been exhausted before considering artificial nutrition.
- Prevention of potential dehydration should be considered first
- Hypodermoclysis may be considered for the treatment of a reversible condition/symptom that is determined to be more beneficial than harmful and meets the resident's goals of care and trajectory of disease. For example, HDC is used to treat mild to moderate dehydration which may be related to:
  - Reduced oral intake due to a reversible condition
  - Short-term dysphagia due to neuromuscular weakness or mechanical obstruction
  - Partial bowel obstruction
  - Persistent nausea and vomiting
  - Delirium
  - Febrile illness
  - End stage disease/illness (to reverse effects of toxic metabolites of drugs)

#### **Exclusion Criteria**

- If this treatment does not align with the residents goals of care, wishes and preferences
- If treatment interferes with natural death and end of life care
- If all methods of oral hydration have not been exhausted
- If the resident has a bleeding or coagulation disorder
- Situations that require rapid infusions, emergency fluid replacement, or careful titration of fluids is required
- Resident is high risk of pulmonary congestion (e.g. severe CHF)
- Resident has chronic dysphagia
- Contraindicated resident conditions, such as: gross edema, extreme emaciation, skin conditions that limit site selection, bleeding or coagulation disorders, fluid overload/CHF, severe dehydration, shock/hypotension, severe electrolyte imbalance, acute MI

#### **Prescriber Order:**

A Prescriber's order is required and is to include:

- Reason for therapy (e.g. dehydration related to infection)
- Type of solution
- Route (subcutaneous)
- Volume of solution to be infused, and length of time of infusion
  - 250mL of 0.9% Normal Saline over 8 hours OR
  - 0.9% Normal Saline infused 30mL/hr for 8hrs for total 250mL
- Goal of treatment and plan for reassessment