

HYPODERMOCLYSIS

MEANS OF SLOW RE-HYDRATION INTO SUBCUTANEOUS TISSUE FOR MILD TO MODERATE DEHYDRATION.

ADVANTAGES:

- *MAY BE USED WHEN IV ACCESS CANNOT BE READILY ACHIEVED OR MAINTAINED
- *MAY BE USED AS PART OF PALLIATIVE CARE
- *EASE OF USE
- *LOWER RISK OF FLUID OVERLOAD THAN IF ADMINISTERED INTRAVENOUSLY
- *MAY DECREASE HOSPITALIZATIONS
- *PROFICIENCY IN IV INSERTION IS NOT REQUIRED

DISADVANTAGES:

- *LIMITS THE VOLUMES OF FLUID THAT CAN BE ADMINISTERED
- *NO ADDITIONAL MEDICATIONS MAY BE ADMINISTERED THROUGH HYPODERMOCLYSIS
- *EDEMA

SUBCUTANEOUS SITES:

- *ABDOMEN GREATER THAN 2 INCHES FROM UMBILICUS
- *ANTERIOR CHEST WALL
- *POSTERIOR AND LATERAL UPPER ARM
- *LOWER BACK
- *SUBSCAPULAR AREAS
- *ANTERIOR OR LATERAL THIGH

CONSIDERATIONS:

- *MOST COMMON SOLUTIONS USED ARE THE FOLLOWING:
 - 0.9% SODIUM CHLORIDE
 - D5 ½ NS
 - LACTATED RINGERS
 - D5 NS
 - D5LR
 - D5 ¼ NS
- RECOMMENDED 1.5 L/24 HRS PER INJECTION SITE
- UP TO 3L/DAY PER 2 SITES
- MOST COMMON RATE 60 ML/HR OR LESS

NURSING:

- *RESITE WHEN 1500 ML INFUSED AT SINGLE INSERTION SITE
- *RESITE EVERY 24-48 HOURS AWAY FROM PREVIOUS SITE
- *NEEDLE INSERTION-45 DEGREE ANGLE
- *ADEQUATE FAT FOLD-2.5 CM BETWEEN THUMB AND FOREFINGER
- *ASSESS SITE EVERY 2 HOURS