Key Physical Assessment Parameters and Action Points for Adults

Assess	**What to look for**	**High Risk**	**Action**
Heart rate	Bradycardia Postural tachycardia	HR < 40 bpm Symptomatic postural tachycardia	Nutrition ECG
ECG	Alternate cause for bradycardia (e.g. heart block) Arrhythmia Check QTc time (use Bazzet's formula**) Check electrolytes QT dispersion	Prolonged QTc Arrhythmia associated with malnutrition & electrolyte disturbances >.04 milliseconds between QT intervals	Nutrition and correct electrolyte abnormalities QTc>450 msec: bed rest, Consult cardiologist Medication unlikely to be helpful unless symptomatic or tachycardic
Blood pressure	Hypotension	Marked orthostatic hypotension with ↑ in pulse 20 bpm or ↓ blood pressure of 20 mmHg upon standing	Nutrition Bed rest until improved Echo likely to be abnormal while malnourished
Hypothermia	Temperature < 35.5 C and accompanied with other features	If lower than 35° C	Nutrition, blankets, warming jacket Consult internal medicine, emergency or intensive care unit, rule out hypoglycemia or drug toxicity
Dehydration	Hypotension and bradycardia related to malnutrition usually not acute dehydration; elevated blood urea nitrogen (BUN) and creatinine	Significant dehydration and malnutrition BUN/creatinine ratio greater than 20 to 1	Fluid replacement with sodium solutions, for severe cases use intravenous intervention, check electrolytes and renal function
Metabolic Alkalosis/ Acidosis	Elevated serum bicarbonate due to vomiting or diuretic abuse or low bicarbonate level due to laxative abuse	Severe >33-35 mEq/l	Intravenous infusions of sodium chloride at slow rate; milder cases with oral hydration; prevent vomiting

Hypokalemia	Low serum potassium level < 3.0 mmol/l **Normal electrolytes Level does not exclude medical compromise**	Potassium level < 2.7 mEq/l	Intravenous supplementation if < 2.7 at rate of 10 mEq/l per hour*** and continuous cardiac monitoring ECG
Hypernatremia or Hypernatremia	Consider water loading	< 130 mmol/l admit, consider ICU if < 120-125 mmol/l	Must be corrected slowly
Other electrolyte abnormalities	Check PO4, Magnesium, Calcium, ECG		
Hypoglycemia		Rare finding **Admit** Brief hypoglycemia occurs with re-feeding after meals but should normalize	Oral or NG correction (sugar drink, hypostop). IV dextrose bolus if severe (altered conscious or mental state, seizures): 5 mls/kg of 10% dextrose. Consider ongoing IV dextrose if no oral input or input unlikely in presence of initial hypoglycemia. Be aware of rebound hypoglycemia after IV dextrose bolus. Glucagon in malnourished patients may not be effective as glycogen storages are likely to be low
Features of severe malnutrition	Lanugo hair Dry skin Skin breakdown and/or pressure sores		Nutrition, specialist wound care for skin breakdown or pressure sores