CONDITION

Dehydration

Dehydration happens when your body loses more fluid than it takes in.

WHAT IT IS
Too little water and fluid in the body

BODY SYSTEM
Whole body, especially kidneys and circulation

MAIN SYMPTOMS
Thirst, dry mouth, dark urine, dizziness

WHAT CAUSES IT
Fluid loss exceeding fluid intake

HOW IT IS DIAGNOSED
Symptoms, examination, sometimes blood or urine tests

MAIN TREATMENT
Replacing fluids and essential salts

CAN IT BE CURED?
Yes - replacing lost fluid usually resolves it

IS IT AN EMERGENCY?
Sometimes - confusion, fainting, or very little urine

LONG-TERM OUTLOOK
Usually full recovery after fluids and cause are addressed

Overview

Dehydration happens when your body loses more fluid than you replace. This can also disturb electrolytes, which are minerals such as sodium and potassium that help nerves, muscles, and organs work properly.

Anyone can become dehydrated. It is more likely during vomiting, diarrhoea, fever, heavy sweating, or hot weather. Not drinking enough can also cause it, especially when illness, disability, or reduced thirst makes drinking difficult.

Mild dehydration is common and often improves after drinking. More serious dehydration can reduce blood flow to the kidneys, brain, and other organs. Babies, young children, older adults, and people with certain medical conditions can become seriously unwell more quickly.

Dehydration is a condition rather than a specific disease. Finding and managing its cause is

important, particularly when fluid loss continues or dehydration keeps returning.

Symptoms

Early symptoms may be mild. You might notice:

Urine colour can offer a rough clue, but it is not a perfect test. Vitamins, medicines, foods, and some health conditions can change urine colour. Pale urine also does not rule out every fluid or electrolyte problem.

As dehydration becomes more severe, symptoms can include weakness, marked dizziness, a fast heartbeat, rapid breathing, confusion, fainting, or passing very little urine. These require prompt medical attention.

Babies and young children cannot always communicate thirst. Possible signs include fewer wet nappies, no tears when crying, a dry mouth, unusual sleepiness or irritability, and sunken-looking eyes. The soft area on a baby's head may look sunken, although this sign should not be used by itself.

Older adults may not feel thirsty even when they need fluid. New confusion, unusual drowsiness, weakness, falls, or reduced urination can be important signs.

- Thirst or a dry, sticky mouth
- Darker yellow urine or urinating less often
- Tiredness, headache, or difficulty concentrating
- Light-headedness, especially when standing
- Dry lips or skin

Causes and risk factors

Dehydration develops when fluid loss is greater than fluid intake. Common causes include vomiting, diarrhoea, fever, heavy sweating, prolonged exercise, and spending time in hot conditions.

You may also become dehydrated if you cannot drink enough. This can happen with nausea, swallowing problems, severe mouth pain, reduced mobility, memory problems, or limited access to drinks.

Some conditions cause the body to lose more water than usual. These include poorly controlled diabetes, kidney problems, and illnesses that lead to frequent urination. Burns and

major skin injuries can cause substantial fluid loss.

Medicines that increase urination, including diuretics or "water tablets like furosemide or hydrochlorothiazide ," can contribute. Laxatives may also increase fluid loss, particularly if they cause diarrhoea. Do not stop prescribed medicine without advice, but seek a medication review if dehydration is recurring.

Risk is higher in:

Alcohol can increase urination and may make it harder to notice or respond to dehydration.

- Babies and young children
- Older adults, particularly those who need help drinking
- People with vomiting, diarrhoea, fever, or heavy sweating
- People with diabetes, kidney disease, or swallowing difficulties
- People with an ileostomy, which brings the small bowel through the abdomen to collect waste
- Athletes and people working or exercising in heat

Diagnosis

Mild dehydration is often identified from your symptoms, recent fluid losses, and a physical examination. A healthcare professional may ask how much you have been drinking, how often you are urinating, and whether you have had vomiting, diarrhoea, fever, or heavy sweating.

The examination may include your heart rate, blood pressure, alertness, mouth moisture, and circulation. Blood pressure may be checked while you are lying down and standing because dehydration can cause a drop when you stand.

Changes in body weight can help when a reliable recent weight is available. This is especially useful for children or people being monitored during illness.

Blood tests are not always needed. They may be used when dehydration appears moderate or severe, the cause is unclear, or you have another health condition. Tests can measure sodium, potassium, glucose, and kidney function.

A urine test may show concentrated urine or help identify another problem. No single urine colour, skin test, or symptom confirms dehydration in every person.

Treatment and management

Treatment replaces lost fluid and, when necessary, electrolytes. It also addresses the cause of the fluid loss.

For mild dehydration, drinking water may be enough. Taking small, frequent sips can be easier if you feel sick. The amount needed is influenced by your size, age, ongoing losses, and medical conditions, so there is no single amount that suits everyone.

An oral rehydration solution contains water, sugar, and salts in proportions designed to help the intestine absorb fluid. It can be particularly useful with diarrhoea or vomiting. Commercial products should be prepared exactly as directed because using too much or too little water changes the salt concentration.

Sports drinks are not the same as oral rehydration solution. They may be suitable during some forms of prolonged exercise, but they are not designed to treat significant fluid loss from diarrhoea.

Breastfeeding can usually continue when a baby is unwell and at risk of dehydration. Children with vomiting or diarrhoea may need an oral rehydration plan based on their age, size, symptoms, and medical history.

Severe dehydration may need treatment in a hospital. Fluids can be given into a vein through an intravenous, or IV, line. Blood tests may guide how quickly fluid and electrolytes are replaced. Careful correction is important because overly rapid changes in sodium can be harmful.

People with heart failure, kidney disease, or another condition requiring fluid limits need tailored advice. Drinking a large amount quickly may not be safe for them.

Anti-vomiting medicine or treatment for the underlying illness may sometimes be appropriate. Antibiotics like amoxicillin or doxycycline do not treat dehydration itself and are not needed for most short-lived stomach infections.

Complications

Most mild cases improve without complications once fluid losses stop and fluids are replaced.

More serious dehydration can reduce circulation and cause low blood pressure. The kidneys may not receive enough blood, leading to acute kidney injury. This is a sudden decline in kidney function that may improve with treatment but can sometimes require hospital care.

Electrolyte disturbances can affect muscles, heart rhythm, and brain function. Severe disturbances may cause confusion or seizures.

Dehydration related to heat can occur with heat exhaustion or heatstroke. Heatstroke is an

emergency involving a dangerously high body temperature and changes in brain function, such as confusion, poor coordination, or loss of consciousness.

Very severe fluid loss can lead to shock, in which organs do not receive enough blood and oxygen. This needs emergency treatment.

Prevention

Not every episode can be prevented. Vomiting, diarrhoea, fever, and unexpected illness can cause rapid fluid loss even when you usually drink enough.

You can reduce the risk by drinking regularly and increasing fluid intake when you are sweating more or losing fluid through illness. Carrying a drink can help during travel, exercise, outdoor work, or hot weather.

During vomiting, small and frequent sips may be easier to keep down than a large drink. Oral rehydration solution can help replace both water and salts when losses are continuing.

Children, older adults, and people who rely on others for drinks may need regular offers of fluid. Accessible cups, preferred drinks, and help with opening or holding containers may make drinking easier.

If you have an ileostomy, recurrent diarrhoea, kidney disease, heart failure, or a condition affecting thirst or urination, ask for a personal plan for illness and hot weather. This may include guidance on fluids, salt replacement, medicines, and signs that need medical review.

Avoid forcing excessive amounts of water. Drinking far more water than the body can remove can lower blood sodium and become dangerous.

Living with it and what to expect

Dehydration is usually short-lived. With mild dehydration, thirst, dry mouth, and dizziness may improve after you replace fluids. Urine may take longer to become more frequent and lighter in colour.

Recovery can take longer if vomiting, diarrhoea, fever, or heavy sweating continues. Tiredness may remain after the fluid balance has improved because the underlying illness is still resolving.

Moderate or severe dehydration may require observation, blood tests, and IV fluids. Recovery then depends partly on the cause and whether the kidneys or other organs were affected.

Dehydration should not usually continue for months or years without an ongoing reason.

Repeated episodes can be linked to medication, diabetes, kidney problems, bowel disease, an ileostomy, swallowing difficulty, or difficulty accessing drinks. Identifying that reason can reduce future episodes.

People with a continuing risk can generally remain active, but may need to plan around heat, exercise, travel, or illness. A written plan can be helpful if you have fluid restrictions or need specific electrolyte replacement.

When to get medical help

Seek emergency help if you or someone else has:

Move a person with possible heat illness to a cooler place while emergency help is arranged. Do not force drinks if they are confused, unconscious, or unable to swallow safely.

Get urgent medical advice if fluids cannot be kept down, vomiting or diarrhoea is continuing, or signs of dehydration are getting worse despite drinking. Blood in vomit or stool, severe abdominal pain, or black, tar-like stool also needs prompt assessment.

Babies and young children should be assessed promptly if they have markedly fewer wet nappies, no tears, unusual drowsiness, a very dry mouth, or difficulty drinking. A baby who is difficult to wake or appears seriously unwell needs emergency help.

Arrange routine follow-up if dehydration keeps returning, you often feel unusually thirsty, you urinate much more than usual, or a medicine may be contributing. Routine advice is also appropriate if you need help making a safe hydration plan for a long-term condition.

- Confusion, collapse, fainting, or difficulty waking
- Very little or no urine with severe weakness or dizziness
- Rapid breathing, a very fast heartbeat, or cold and mottled skin
- Signs of heatstroke, including hot conditions plus confusion or loss of consciousness
- A seizure or other sudden change in awareness

Common questions

How can I tell if I am dehydrated?

Thirst, a dry mouth, darker urine, less frequent urination, tiredness, and light-headedness are common clues. No single symptom confirms dehydration. Severe dizziness, confusion, fainting, or very little urine needs urgent assessment.

Is dark yellow urine always dehydration?

No. Concentrated urine is common with dehydration, but vitamins, medicines, foods, and medical conditions can also change its colour. Look at your other symptoms and whether you are urinating less often than usual.

Is water enough to treat dehydration?

Water may be enough for mild dehydration without major salt loss. Oral rehydration solution is often more suitable when vomiting, diarrhoea, or heavy sweating has caused significant water and electrolyte loss.

How long does dehydration take to go away?

Mild symptoms may start improving after fluids are absorbed, but there is no fixed recovery time. Ongoing losses, severe dehydration, electrolyte changes, and the underlying cause can make recovery take longer.

Can dehydration cause a headache?

Yes. Headache can occur with dehydration, often alongside thirst, tiredness, or dizziness. Headaches have many other causes, so a severe, sudden, unusual, or persistent headache should not automatically be blamed on dehydration.

Can you drink too much water when dehydrated?

Yes. Drinking a very large amount quickly can lower blood sodium, especially during prolonged exercise or when kidney function is reduced. Replacement should be steady, and significant salt losses may require an appropriate rehydration solution.

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