

## Dehydration

**Client Name:** \_\_\_\_\_ **#:** \_\_\_\_\_ **Initiated by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Screen

Nutrition Screen diagnosis: Dehydration

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### Assess (Check any/all)

#### Hydration status

- Fluid intake  $\leq$  fluid output
- Diuretics/multiple medications
- Ostomy\*
- Increased environmental temperature/no air conditioning/low humidity

#### Biochemistries

- $\uparrow$  BUN
- $\uparrow$  Serum sodium

#### Weight

- Acute weight loss (1 L body water weighs 1 kg)

#### Complex diet order

- High-protein, high-calorie diet
- Fluid restriction

#### Infection/Wounds

- Fever
- Pneumonia, UTI, URI
- Pressure ulcers, wounds

#### Poor Oral Intake Symptoms

- Anorexia
- Nausea/vomiting\*
- Poor appetite
- Diarrhea\*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**1 or more**

### Goals (check any/all):

- Assure intake of minimum daily water need of \_\_\_\_\_ mL in \_\_\_\_\_ (goal time). (Calculate using **Daily Water Need for Adults.**)
- Maintain or improve hydration status as indicated by weight gain, fluid intake greater than or equal to output; and normalization of biochemistries in \_\_\_\_\_ (goal time).
- Prevent dehydration-related adverse events in \_\_\_\_\_ (goal time).
- Reduce or eliminate dehydration risk factors in \_\_\_\_\_ (goal time).

### Moderate Risk Interventions

(Check any/all)

Getting the Fluid You Need provided and explained

Food Record provided and explained

Obtain Dr. orders as needed:

- RD chart consult
- Monitor weight q: \_\_\_\_\_
- Other: \_\_\_\_\_  
(See notes for documentation.)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Next visit**

None

### High Risk Interventions (Check any/all)

Getting the Fluid You Need provided and explained

Food Record provided and explained

- Assure intake of  $\geq 2$ qt (2L) of appropriate fluids/day

Obtain Dr. orders as needed:

- RD referral for home visit(s)
- Monitor weight q: \_\_\_\_\_
- Monitor I & O q: \_\_\_\_\_
- Oral rehydration fluid if diarrhea, vomiting, ostomy are present

Other: \_\_\_\_\_  
(See notes for documentation.)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Next visit**

1 or more

### Assess Response (Check any/all)

- Weight loss
- Fluid intake less than fluid output
- Onset of new infection
- Dehydration
- Exhibiting Poor Oral Intake symptoms
- Other: \_\_\_\_\_  
(See notes for documentation.)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

None

### Outcomes Achieved

- Hydration status maintained or improved
- Weight maintained or improved
- Nutrition status maintained or improved
- Other: \_\_\_\_\_  
(See notes for documentation.)
- Repeat Nutrition Risk Screen in \_\_\_\_\_ days

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### Assess Response (Check any/all)

- Further weight loss
- Fluid intake less than fluid output
- Onset of new infection
- Dehydration
- Exhibiting Poor Oral Intake symptoms
- Other: \_\_\_\_\_  
(See notes for documentation.)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**1 or more**

None

### Outcomes Achieved

- Hydration status maintained or improved
- Weight maintained or improved
- Nutrition status maintained or improved
- Other: \_\_\_\_\_  
(See notes for documentation.)
- Repeat Nutrition Risk Screen in \_\_\_\_\_ days

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### Outcomes Not Achieved

Notify physician. Reassess/evaluate need for EN/PN (refer to Tube Feeding Nutrition Care Plan). Document on Nutrition Variance Tracking form.

\* Requires replacement of water and electrolytes.