

### Introduction

This is a tool to help identify individuals at risk for dehydration. It is to be completed quarterly by placing check marks in the appropriate boxes.

A Care Plan for Dehydration Risk should be completed for any individual with 2 or more check marks

### Physiological signs

- ☐ Insufficient Fluid Intake
- ☐ Diuretic Therapy
- ☐ Meds (laxative, NSAIDS, anti- Psychotics, steroids, etc)
- ☐ Acute Disease (fever, infection, vomiting)
- ☐ Constipation/Diarrhea
- ☐ Swallowing Problems including the need for thickened liquids

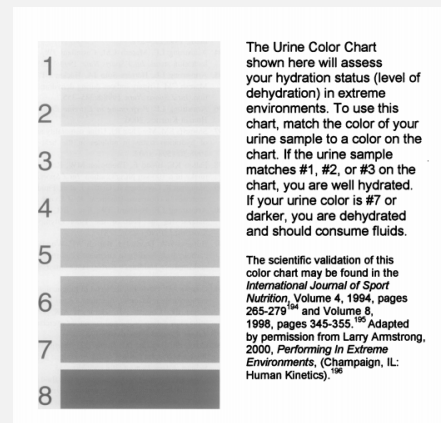
### Clinical Signs

- ☐ Hx of unintended weight loss
- ☐ Recent or hx of UTI
- ☐ Tube Feeding
- ☐ Fluid Restriction
- ☐ Terminal illness
- ☐ Uncontrolled Diabetes Mellitus
- ☐ Decreased kidney function
- ☐ Advanced age >85 yrs

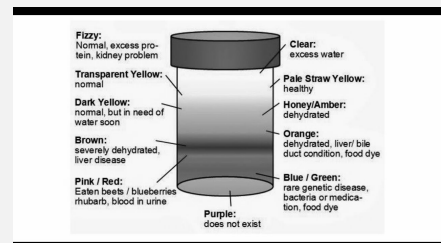
### Functional Signs

- ☐ Functional Impairment i.e. hand dexterity, blindness
- ☐ Cognitive Impairment
- ☐ Urinary Incontinence
- ☐ Impaired decision making
- ☐ Unaware of need to drink
- ☐ Decreased thirst
- ☐ Dependence for ADLs
- ☐ Physical mobility - wandering
- ☐ Unable to make needs known

### Urine Analysis



### Color Of Urine



### Dehydration

