

## Dehydration Risk Assessment Tool

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.

Risk Factors	1 <sup>st</sup> Quarter Date:	2 <sup>nd</sup> Quarter Date:	3 <sup>rd</sup> Quarter Date:	4 <sup>th</sup> Quarter Date:
<b>Physiological signs</b>				
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				
<b>Clinical Signs</b>				
Hx of unintended weight loss				
Recent or hx of UTI				
Tube Feeding/Enteral Nutrition				
Fluid Restriction				
Terminal illness				
Uncontrolled Diabetes Mellitus				
Decreased kidney function				
Advanced age >85 yrs				
<b>Functional Signs</b>				
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				

Name: \_\_\_\_\_

Room: \_\_\_\_\_

Completed by: \_\_\_\_\_ 1<sup>st</sup> Quarter: \_\_\_\_\_ 2<sup>nd</sup> Quarter

\_\_\_\_\_ 3<sup>rd</sup> Quarter; \_\_\_\_\_ 4<sup>th</sup> Quarter