

## Hydration Risk Assessment

Hydration risk assessment should be completed **monthly** and reviewed if there is a change in residents health and wellbeing. The overall risk should be based on the highest category in which a risk factor is identified.

Name:		Date completed:			
Fluid restriction in place		<input type="checkbox"/> Yes / <input type="checkbox"/> No			
Weight:					
Target fluid intake:		<input type="checkbox"/> Weight > 50kg: 1500–2000ml <input type="checkbox"/> Weight 40 – 50kg: 1200-1500ml <input type="checkbox"/> Weight 35-40kg: 1000-1200ml		<input type="checkbox"/> Or as per fluid restriction:	
	<b>Independent or basic support needed</b>	<b>Risk factors for dehydration / carer support required</b>	<b>Full support needed for oral intake</b>	<b>Complex needs</b>	
<b>Dehydration Risk</b>	<b>Low</b>	<b>Moderate</b>	<b>High</b>	<b>High with additional risk of fluid overload</b>	
<b>Risk Factors:</b>	<b>Please tick all that apply. Follow the risk category dictated by the highest scoring risk factor.</b>				
<b>Assistance for eating and drinking</b>	<input type="checkbox"/> No assistance required.	<input type="checkbox"/> Difficulty handling cups/cutlery, unable to pour their own drinks <input type="checkbox"/> Forgets to eat drink <input type="checkbox"/> Dementia diagnosis <input type="checkbox"/> Difficulty communicating <input type="checkbox"/> Significant visual impairment <input type="checkbox"/> Requires significant encouragement	<input type="checkbox"/> Always needs a carer to give full 1:1 assistance to eat or drink		
<b>Swallow</b>	<input type="checkbox"/> No swallowing issues	<input type="checkbox"/> Requires thickened fluids <input type="checkbox"/> IDDSI levels 1 & 2	<input type="checkbox"/> High risk of choking <input type="checkbox"/> Requires thickened fluid and support <input type="checkbox"/> IDDSI levels 3 & 4		
<b>Clinical issues</b>	<input type="checkbox"/> No significant issues affecting hydration	<input type="checkbox"/> Repeated UTI <input type="checkbox"/> Frequent falls <input type="checkbox"/> Postural hypotension <input type="checkbox"/> Dizziness/light headedness <input type="checkbox"/> Taking water tablets <input type="checkbox"/> Open wounds <input type="checkbox"/> High blood sugars <input type="checkbox"/> Constipation <input type="checkbox"/> Long term catheter <input type="checkbox"/> Urine colour score above 3	<input type="checkbox"/> Diarrhoea or vomiting <input type="checkbox"/> New confusion <input type="checkbox"/> New signs of dehydration <input type="checkbox"/> Temperature > 38C <input type="checkbox"/> Kidney impairment <input type="checkbox"/> Wounds with high drainage	<input type="checkbox"/> Fluid restriction e.g. renal dialysis <input type="checkbox"/> Enteral or parenteral feeding <input type="checkbox"/> High stoma / ileostomy output <input type="checkbox"/> Recent chemotherapy <input type="checkbox"/> Excessive losses	
<b>Monitoring</b>	Verbally check with resident. Observe general well-being	Complete hydration record in residents where hydration goal cannot be met with simple interventions	Complete hydration record.	Recording of full fluid balance of intake and output	
Date:	Risk status:	Date:	Risk status:	Date:	Risk status: