LTC Dehydration Risk Assessment

Resident Name: ___________________________________________________ Date: ____________________

Check all conditions that apply to this resident. The greater the number of items checked, the greater the risk for dehydration. Initiate a plan of care if necessary based on your findings.

**Medical Conditions/History:**
- Diabetes
- CHF
- CVA
- Dementia
- Depression
- Major Psychiatric Disorder
- Renal Disease
- > 4 Chronic Conditions

**History of:**
- Repeated infections
- Dehydration
- Malnutrition
- Constipation

**Current Status:**
- Age ≥ 85
- Female gender
- Language/speech difficulties
- Cognitive Impairment
  - Unable to request fluids
  - Unaware of thirst
- Recent change in mental status
- Any physical immobility
- Recent change in ability to carry out ADLs
- Restraints
- Falling episodes
- Urinary incontinence
- Decreased urinary output
- Constipation or diarrhea
- Current fever and/or infection
- Vomiting
- Recent rapid weight loss (>3% / 30 days)
- Draining wound
- Lethargy/weakness
- Increased combativeness/confusion
- Readmission from > 1 day hospital stay
- Lab/Studies involving NPO or dyes

**Medications:**
- ≥ 4 medications
- Diuretics
- Laxatives
- Steroids
- ACE inhibitors
- Psychotropics/antipsychotics
- Antianxietyotics
- Tricyclic Antidepressants or Lithium

**Intake Ability Status**
- Swallowing difficulties
- Refuses fluids
- Dislikes fluids/foods offered
- Fluid restriction
- Requires assistance to eat/drink
- Poor eater (eats < 50% of each meal)
- Holds food/fluid in mouth
- Drools
- Spits out food/fluid
- Spills fluids
- Tube fed
- IV fluid therapy

**Laboratory Abnormalities:**
- (or steady increase even if within normal range)
  - Urine Specific Gravity
  - Urine color dare yellow > 4
  - BUN/Creatinine > 20:1 -or-
    - ↑ in BUN + stable Creatinine level
  - Serum Sodium
  - Serum Osmolality
  - Hematocrit > normal
  - BMI < 2 or > 27

**Knowledge Issues:**
- Lack of understanding about fluid needs
- Lack of understanding about causes of dehydration
- Cultural barriers about hydration, reporting thirst, end of life issues

Comments: ____________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

Nurse’s Signature: ____________________________________________________________

Document available at www.primaris.org

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