

DEHYDRATION PROTOCOL

Name: _____

CALL 911:

- IF PERSON APPEARS GRAY OR GRAVELY ILL
- IF YOU ARE CONCERNED ABOUT THEIR IMMEDIATE HEALTH AND SAFETY

Other _____

1. Start emergency procedures as trained.

2. Notify: Supervisor Case Manager Physician _____
 R.N. Other _____

3. After the person is stable, document incident in:

Medical notes Incident report Other _____

How do you know this person is at risk for dehydration? Are there any special considerations – e.g.: “stops drinking when routine interrupted”: _____

Prevention: Consider all below and all decided upon

Can this person tell you they are thirsty? Yes No How? _____

Favorite fluids: _____

Record weight Where: Weight record MAR/TAR _____

Record urine output Where: Output record MAR/TAR _____

Record fluid intake Where: Intake record MAR/TAR _____

1. Fluids offered routinely: How and when: _____

2. Offer extra fluids

- If the person has diarrhea or is throwing up
- If the person has a fever
- If the air is hot
- When the person is sick
- Other: _____

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Signs and Symptoms of Dehydration

- Dry mouth Other (specific to this person): _____
 - Rapid weight loss _____
 - Sleepy, difficult to arouse _____
 - Decreased urination _____
 - Sunken eyes _____
 - Strong, dark urine _____
-

Interventions:

If above signs and symptoms are observed,

and/or if fluid intake has been less than _____ in _____ day(s),
and/or if the person has not urinated for _____ hours,
and/or if person has had frequent vomiting or diarrhea,
and/or (specific for the person) _____

1. Call: Supervisor R.N. Physician _____

2. If no response from above call within _____ minutes,

call: _____

or take _____

3. Document incident in: Medical notes Incident Report Other _____

Completed by: _____ Date: _____

Review dates: _____
