

Healthy Hydration

Care Plan Highlights

A comprehensive person-centered care plan should be developed for anyone experiencing dehydration and for all those at risk – which includes everyone living in the long-term care (LTC) facility. Care plans should be reviewed at least quarterly, with any significant change of condition, or when the goals are not being met. Care plan revision may require a modification in the goals and/or interventions.

Problems/Need

- Identified through the assessment process
- Reflects cause or related issues (related to)

Goals

- SMART = Specific, measurable, achievable, relevant and time-bound with specific dates
- Provides a clear sense of direction

Interventions

- Reflect the person's needs and preferences
- Addresses hydration strategies with special attention to those at higher risk
- Education regarding healthy hydration and interventions to mitigate
- Frequency of hydration assessments
- When to notify the physician

Interdisciplinary Team Members

- The person and his/her chosen representatives are included in the care planning process
- Identify which department and/or staff members are responsible for implementing each approach/intervention

Care Plan Example – Potential for dehydration (dementia/wandering)

Mr. Bolton is 68 years old with dementia and wandering behavior who resides in a secured unit. He is able to feed himself with set-up and verbal cueing. Mr. Bolton is 5'10" tall and currently weighs 148#. He has experienced gradual weight loss, and his BMI has fallen below 22kg/m². The RD calculated his daily fluid needs as 2200 cc (approximately 9½ cups/73.3 ounces).

Date	Problem/Need	Goals	Interventions/Approaches	Team Members	Resolution/ Review
11/14/21	Potential for dehydration related to: Severely impaired decision-making Wandering/increased energy expenditure and fluid needs Unaware of need to drink Fluids are not provided ad lib in the secured unit	Mr. Bolton will drink between 9-10 cups of fluids each day through 2/14/22. Mr. Bolton will not have constipation and will maintain a regular bowel program. Mr. Bolton will improve fluid volume as evidenced by no electrolyte imbalance or decreased urine output. Mr. Bolton will have no sign/ symptoms of dehydration through 2/14/22.	Provide at least two 8 oz beverage preferences with meals such as: iced tea, fruit punch, or coffee with skim milk. Offer 8 oz of fluid with medication pass every shift. Offer 8 oz of fluid with each snack service. Mr. Bolton prefers: fruit punch.	Members Dietary Nursing CNA Nursing CMA CNA Nursing	Review quarterly or with change of condition Review annually or with change of condition Review annually or with change of condition Review quarterly Monitor daily Review monthly
			Offer sips of fluids each time Mr. Bolton passes the nurses' station. Use verbal prompts to cue Mr. Bolton to drink fluids. Discuss how medications, diagnoses, ADL's schedule, weather or others in the facility affect Mr. Bolton's wandering. RD will assess hydration needs annually or as health condition/amount of wandering changes. Discuss need for quarterly laboratory analysis to assess hydration status with physician. Assess for weight change, B/P, hypotension, dry/cracked lips, constipation.	All staff Family IDT Family RD Nursing RD Nursing CNA	

Care Plan Example: Potential for dehydration (thickened liquids)

Mrs. Anderson is 73 years old with left-side weakness and dysphagia due to stroke (CVA). She is able to make her basic needs known. She receives Lasix 20 mg/day for hypertension. Although she cannot swallow thin liquids, she tolerates nectar-thick liquids well. Unfortunately, she does not like the consistency or taste and avoids drinking them. She is 5'2" tall and weighs 103#. The RD calculated her daily fluid needs as 1890 cc. The Dietary Manager spoke with Mrs. Anderson and obtained fluid preferences for naturally thick beverages.

Date	Problem/Need	Goals	Interventions/Approaches	Team Members	Resolution/ Review
01/17/21	Potential for dehydration related	Mrs. Anderson will drink between <u>8-9</u>	Provide naturally thickened beverage preferences such as: <u>buttermilk</u> , <u>apricot</u>	Dietary Nursing	Consumes adequate fluids
4/18/21	to:	<u>cups of nectar</u>	nectar, tomato juice, drinkable yogurt.	CNA	Review
7/18/21	Swallowing problems	thickened liquid each day through <u>04/16/22</u> .	Provide at least two 8 oz beverage preferences listed above with each meal.	Dietary Nursing	quarterly
10/17/21 1/16/22	Insufficient fluid intake due to dislike for nectar thickened	Mrs. Anderson will maintain her normal bowel pattern.	Assist Mrs. Anderson to drink 8 oz of <u>apricot nectar</u> with medication pass every shift.	CNA Family CMA	
	liquids (will only sip) Diuretic use with	Mrs. Anderson will not suffer flavor fatigue from beverage	Offer 8 oz of fluid preferences with snack service such as: <u>tomato juice or drinkable</u> yogurt.	CNA	Overstant.
	potential for excessive fluid loss	preferences. Mrs. Anderson will	Update beverage preferences quarterly.	Dietary manager	Quarterly
		maintain fluid volume as evidenced by no electrolyte imbalance or decreased urine output. Mrs. Anderson will have no sign/ symptoms of dehydration through 04/16/11.	Reassess swallowing ability in 6 months for possible upgrade of consistency.	ST	Review annually
			RD will assess hydration needs annually or as health condition changes or if infection develops.	RD	or with change of condition
			Discuss need for laboratory analysis to assess hydration status with physician. Physician ordered BMP every 6 months. WNL 4/9/21.	RD	Review annually
			Assess for weight changes, B/P, skin turgor, leg cramps, urine color	Nursing CNA	Monitor daily Review monthly

NOTE: These are not actual care plans and should not be copied for use in your LTC facility. These are intended to provide examples of key elements of best practice regarding person-centered care planning for dehydration risk and prevention.