

DEHYDRATION PROTOCOL***You do not need permission to call 911***

Person's name: _____ Location of use: _____ Date: _____

Describe how you know this person is at risk for dehydration (include diagnosis, history, and special considerations):

SECTION 1: Description of Preventions

● Describe how this person lets you know he/she is thirsty:

● List what this person likes to drink:

● How and when routine fluids are offered:

Offer extra fluids:

- If the person has diarrhea or is throwing up
- If the person has a fever
- If the weather is hot
- When the person is sick

Record weight Where: Weight record MAR/TAR Other: _____

Record urine output Where: Output record MAR/TAR Other: _____

Record fluid intake Where: Intake record MAR/TAR Other: _____

 Other monitoring: _____ Where to record: _____ Other preventions: _____**SECTION 2: Signs and Symptoms of Dehydration**

- Frequent vomiting or diarrhea
- Has missed/refused fluids _____ meals in a row

 Fluid intake has been less than _____ in _____ day(s) or much less than usual

● Strong, dark urine

● Urination less than usual

 Has not urinated for _____ hours

● Dry mouth, if unusual for the person

● Excessively sleepy or more difficult to arouse than usual

● Rapid weight loss

 Weight loss more than _____ pounds in 24 hours Other signs and symptoms of dehydration: _____

Person's name: _____ Location of use: _____ Date: _____

SECTION 3: What to do if any signs and symptoms are observed

- Increase fluid intake (if person has a feeding tube, follow physician's instructions)
- Monitor urine output
- Monitor fluid intake
- Other:

1. Contact and follow any instructions given:

Supervisor Nurse Physician _____

2. Document incident in: Progress notes Incident Report Other: _____

3. Notify:

Work Home Family/Guardian School Other: _____

SECTION 4: *CALL 911 AND START EMERGENCY AND FIRST AID PROCEDURES AS TRAINED, IF ANY OCCUR:*

- Person appears gravely ill or you are concerned about their immediate health and safety
- Person is unresponsive or you are unable to arouse
- Other:

After calling 911,

Contact and follow any instructions given:

Supervisor Serv. Co./Res. Spec. Physician _____
 Nurse Family/Guardian Other: _____

After the person is stable, document incident in:

- Incident Report Progress notes Other: _____

Written by: _____