

Hydration assessment form

- Nurse to assess all patients for hydration status within 3 hours of admission.
- All patients should be reviewed at least once a day before 10am or when their condition changes to assess if a hydration chart, a fluid-balance chart or no monitoring is required.
- Tick appropriate factors only. If the patient has ticks in **both** the red and yellow sections, commence a fluid-balance chart.

Name:		Hospital number:	
Date of birth:			

Clinical assessment and risk factors. Tick appropriate items only.	Date	Date	Date	Date	Date	Date
COMMENCE A 24-HOUR FLUID-BALANCE CHART	Drowsy, limp, cold, sweaty and/or comatose. Eyes very sunken, mucous membranes dry, tears absent = severe dehydration or shock. Escalate immediately to medical team and commence fluid resuscitation as directed.					
	Acute kidney injury and/or sudden decrease in urine output					
	Sepsis					
	Intravenous fluids, nasogastric or percutaneous endoscopic gastrostomy feed or total parenteral nutrition					
	Diarrhoea or high stoma output					
	Patient less than 48 hours postoperatively (excluding day case)					
	Nil-by-mouth status					
	Fluid restriction (exclude long-term restrictions, for example, dialysis)					
	Chemotherapy					
	High-drainage wounds					
	Increased vomiting or high nasogastric output					
	Short-term catheter or catheter removed less than 24-hours ago					
	Request by clinical team					
COMMENCE HYDRATION CHART	Thirsty, restless, or lethargic, but irritable when touched. Eyes slightly sunken, mucous membranes sticky, decreased tears = dehydration.					
	Decreased or restricted mobility					
	Diuretics					
	Diabetes					
	Delirium					
	Constipation					
	Febrile patients (temperature >38C)					
	Decreased appetite					
	Consuming clear or free fluids only					
	Urine colour score above 3					
	Long-term catheter					
NO MONITORING REQUIRED	General appearance, eyes and tears normal, mucous membranes moist = not dehydrated.					
	None of the above risk factors					
	Medically fit patients awaiting discharge					
	Daily weights deemed appropriate for monitoring hydration					
	Monitoring not required after discussion with medical staff and/or nurse in charge					

Modified from: Central Manchester University Hospitals Trust Hydration Assessment in Assessing and documenting fluid balance procedures: Central Manchester University Hospitals NHS Foundation Trust (Pinnington, Ingleby, Hanumapura & Waring, 2016). Available from <https://journals.rcni.com/doi/pdf/10.7748/ns.2016.e10432>

Incorporating Clinical Dehydration Scale from Friedman JN, Goldman RD, Srivastava R, Parkin PC (2004) Development of a clinical dehydration scale for use in children between 1 and 36 months of age. J Pediatr 145: 201–207.