

Thickened Liquids

Mrs. Anderson is 73 years old with Left-side weakness and Dysphagia due to Cerebral Vascular Accident (CVA). She is able to make her basic needs known. Mrs. Anderson 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 of the thickened fluids and avoids drinking them. She is 5'2" tall and weighs 103#. The Registered Dietitian calculated her daily fluid needs as 1890 cc. (approximately 8 cups/or 63 ounces). The Dietary Manager spoke with Mrs. Anderson and obtained fluid preferences for naturally thick beverages.

CARE PLAN

Diagnosis: Dysphagia

Date	Problem	Goals	Approaches/Interventions	Discipline	Resolution/Review
01/17/14	Potential for DHN related to:	Mrs. Anderson will drink between <u>8 and 9 cups of nectar consistency fluid</u> each day through target date.	1. Provide naturally thickened beverage preferences such as: <u>buttermilk, apricot nectar, tomato juice, & drinkable yogurt.</u>	Dietary Nursing/CNA	Individual consumes adequate fluids. Review quarterly
4/18/14	<ul style="list-style-type: none"> Swallowing problems Insufficient Fluid Intake: <ul style="list-style-type: none"> does not like taste or texture of nectar thickened liquids 	Mrs. Anderson will maintain her normal bowel pattern.	2. Provide at least two eight-ounce beverage preferences listed above with each meal.	Dietary Nursing/CNA	
7/18/14	<ul style="list-style-type: none"> will only drink sips of beverages provided 	Mrs. Anderson will not suffer flavor fatigue from beverage preferences.	3. Assist Mrs. Anderson to drink eight ounces of <u>apricot nectar</u> with medication pass every shift.	Family Nursing CMA	
10/17/14	<ul style="list-style-type: none"> Diuretic use: <ul style="list-style-type: none"> potential for excessive fluid loss 	Mrs. Anderson will maintain fluid volume as evidenced by no electrolyte imbalance or decreased urine output.	4. Offer eight ounces of fluid preferences with snack service such as: <u>tomato juice or drinkable yogurt.</u>	CNA	
1/16/15		Mrs. Anderson will maintain fluid volume as evidenced by no electrolyte imbalance or decreased urine output.	5. Update beverage preferences quarterly.	Dietary Manager ST	quarterly
		Mrs. Anderson will have no signs/symptoms of dehydration through target date.	6. Reassess swallowing ability in six months for possible upgrade of consistency.		Review in six months
			7. RD will assess hydration needs annually or as health condition changes or if infection develops.	RD	Review annually or with change of condition
			8. Discuss need for laboratory analysis to assess hydration status with physician. <i>Physician ordered Basic Metabolic Panel (BMP) every six months. WNL 4/9/14</i>	RD	Review quarterly
			9. Assess for __weight change __B/P __skin turgor __leg cramps __urine	Nursing/CNA	Monitor daily. Review monthly