



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