

## Dehydration Risk Appraisal Checklist

**Instruction:**

The information on this form may be collected from direct observation, from chart review, or from MDS information that has been collected. Many of the items on this checklist have MDS identifiers next to them reflecting that information from MDS can be used to complete this checklist. The total number of risk factors should be totaled. The higher the number of risk factors checked, the higher the risk for hydration problems. Please check all that apply.

Addressograph

- |  |   |
|--|---|
| <input type="checkbox"/> > 85 years<br><input type="checkbox"/> Female | <input type="checkbox"/> BMI < 21 or > 27<br>[BMI = weight (kg)/height (m) <sup>2</sup> ] |
|--|---|

**Significant Health Conditions/Situations**

- |   |  |
|---|--|
| <input type="checkbox"/> Dementia/ + screen for cognitive impairment<br><input type="checkbox"/> Depression/ + screen for depression<br><input type="checkbox"/> CVA<br><input type="checkbox"/> Diabetes<br><input type="checkbox"/> Urinary Incontinence<br><input type="checkbox"/> Major Psychiatric Disorders<br><input type="checkbox"/> Urinary Incontinence<br><input type="checkbox"/> Vomiting<br><input type="checkbox"/> NPO status | <input type="checkbox"/> Renal Disease<br><input type="checkbox"/> Cardiac Arrhythmias<br><input type="checkbox"/> Malnutrition<br><input type="checkbox"/> History of dehydration<br><input type="checkbox"/> History of repeated infections<br><input type="checkbox"/> ≥ 4 chronic health conditions<br><input type="checkbox"/> Fever<br><input type="checkbox"/> Diarrhea |
|---|--|

**Medications**

- |  |  |
|--|--|
| <input type="checkbox"/> > 4 medications<br><input type="checkbox"/> Laxatives<br><input type="checkbox"/> Steroids<br><input type="checkbox"/> ACE Inhibitors | <input type="checkbox"/> Diuretics<br><input type="checkbox"/> Psychotropics: Antipsychotics, Antidepressants, Anxiolytics |
|--|--|

**Intake Behaviours**

- |  |  |
|--|--|
| <input type="checkbox"/> Requires assistance to drink<br><input type="checkbox"/> Has difficulty swallowing/Chokes<br><input type="checkbox"/> Can drink independently but forgets<br><input type="checkbox"/> Poor eater (eats < 50% of food)<br><input type="checkbox"/> Receiving IV fluid therapy<br><input type="checkbox"/> Drools | <input type="checkbox"/> Semi-dependent with feeding<br><input type="checkbox"/> Fluid intake of < 1500ml/day<br><input type="checkbox"/> Spills<br><input type="checkbox"/> Receives tube feedings<br><input type="checkbox"/> Holds food/fluid in mouth<br><input type="checkbox"/> Spits out food/fluid |
|--|--|

**Laboratory Indicators**

- |  |   |
|--|---|
| <input type="checkbox"/> Urine specific gravity > 1.020<br><input type="checkbox"/> Urine colour dark yellow > 4<br><input type="checkbox"/> BUN/Creatinine > 20:1 | <input type="checkbox"/> Serum sodium > 150 meq/L<br><input type="checkbox"/> Serum osmolality >300 mmol/Kg<br><input type="checkbox"/> Hematocrit > normal |
|--|---|

Date of Assessment: \_\_\_\_\_ Assessor: \_\_\_\_\_

**References:**

Mentes, J. C. & The Iowa Veterans Affairs Nursing Research Consortium. (2004). *Evidence-Based Practice Guideline: Hydration management*. Iowa City, IA: The University of Iowa Gerontological Nursing Interventions Research Center Research Translation and Dissemination Core.

Mentes, J. C. & Iowa-Veterans Affairs Research Consortium. (2000). Hydration management. *Journal of Gerontological Nursing*, 6-15.