Dehydration

Prevent dehydration:

- Are you sure that your residents are getting enough fluid through the day?
- Check the resident's daily fluid requirements according to their weight.
- The allowance includes wet or watery food e.g. milk on cereals, soup, jelly, ice lollies, custard, ice cream

Daily	Fluid	req	uireme	nt
acc	ording	to	weight.	

according to weight.				
Fluid in mls				
1950				
2025				
2100				
2175				
2250				
2325				
2400				
2475				
2550				
2625				
2700				

Check for signs of dehydration

Headache



- Dizziness
- •Irritability or lethargy
- Low Blood pressure
- More than 1% weight loss
- Low urine output

Have they got a low urine output or dark coloured urine?



= OK

= Dehydrated

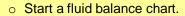
= Very Dehydrated

YES

Increase fluids:

- 150 mls per hour for 8 hours
- o If the resident cannot drink large amounts try regular small sips
- Use a larger cup- they are likely to drink more from a large cup than a small cup

Monitor fluid intake and output:





Review after 24-48 Hours

YES



Has the resident improved?

NO

Prevent further dehydration:

- Ensure residents receive the correct daily requirement of fluid according to their weight
- Teach the importance of good hydration -e.g. helping to prevent constipation;

stabilising blood pressure; maintain good skin elasticity Complete a new delirium checklist for up to date information.

Call the GP and use the checklists to describe the symptoms



