

Risk Assessment - Service User - Hydration

A: DETAILS OF SERVICE USER						
Name:		Age:		DOB:		
DISABILITIES:		WEIGHT:		HEIGHT:		
B: HYDRATION ASSESSMENT						
FLUID INTAKE LEVELS		OBSERVATION / POSSIBLE CAUSE		✓	Sign	Date
A	INCREASED FLUID INTAKE	1	Due to hot weather			
		2	Due to a medical condition such as pyrexia, a pressure sore, exudate from a wound, etc			
B	REDUCED FLUID INTAKE	1	Difficulty in swallowing fluids			
		2	Does not feel thirsty (this is not uncommon in the elderly)			
		3	Due to consistently not finishing drinks despite assistance or support			
		4	Difficulty in communications / requesting the need for drinks			
		5	Disinclined to drink due to concerns about incontinence or accessing the toilet			
C: ACTION PLAN						
Person conducting Assessment: _____ Position: _____ Signature: _____ Date: _____						