CVH-671
New 5/18

CONNECTICUT VALLEY HOSPITAL
NURSING DEHYDRATION ASSESSMENT

Patient Name: _____

[ ] Addiction Services Division
[ ] General Psychiatry Division

MPI #: _____ *Print or Addressograph Imprint*

***Instructions*:** Assess for signs and symptoms of Dehydration. The RN shall calculate patient **specific fluid requirements** in consultation with the ACS Provider and/or Dietician. Check yes/no below to indicate patient symptoms and complete all indicated Nursing Interventions.

☐ **NO SIGNS or SYMPTOMS of DEHYDRATION**

☐ **Notification** of this finding in Progress Notes and on ACS Medical Rounds Board

Is Patient on **LITHIUM**? ☐ **NO** ☐ **YES** ***Most recent Lithium Level:** _____ **(0.8 –1.2mEq/L); Date drawn:**_____

Signs and Symptoms of DEHYDRATION	Yes	No
Complaints of increased thirst		
Dry mucous membranes		
Dark yellow urine		
Loss of appetite/ nausea/ vomiting		
Complaints of being tired/fatigued		
Dry, flushed, tented, mottled, or shriveled skin		
Chills		
Constipation		
Decreased urinary output		
Increased heart rate above baseline		
Increased respiratory rate above baseline		
Elevated temperature		
Muscle cramps		
Tingling of extremities		
Low blood pressure		
Muscle Spasms		
Impaired Vision		
Confusion		
Chest or abdominal pain		

NURSING Interventions and Notifications

☐ Fluid Requirement:_____ mL

☐ Assess Vital Signs:
T: _____ P: _____ R: _____ BP: _____

☐ Offer fluids every 30 mins and document on I & O form

☐ Notification of ACS Provider via Telecommunication Dispatcher page and documentation on unit Medical Rounds Board. ACS Provider_____

☐ Specific Nursing Interventions added to the Nursing Plan of Care

☐ Notification of Nursing Supervisor and Unit Director

☐ Document all findings in the Progress Notes and Inter-Shift Report, including all communication with ACS Provider , Nursing Supervisor, and Unit Director

☐ Other: _____

RN completing Assessment:

_____	_____	_____	_____ AM/PM
Signature	Print Name	Date	Time

File in date order with Progress Notes