

☐ Addiction Services Division
☐ General Psychiatry Division
☐ Whiting Forensic 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	NURSING Interventions and Notifications
Complaints of increased thirst			<input type="checkbox"/> Fluid Requirement:_____ mL <input type="checkbox"/> Assess Vital Signs: T: _____ P: _____ R: _____ BP: _____ <input type="checkbox"/> Offer fluids every 30 mins and document on I & O form <input type="checkbox"/> Notification of ACS Provider via Telecommunication Dispatcher page and documentation on unit Medical Rounds Board. ACS Provider_____ <input type="checkbox"/> Specific Nursing Interventions added to the Nursing Plan of Care <input type="checkbox"/> Notification of Nursing Supervisor and Unit Director <input type="checkbox"/> Document all findings in the Progress Notes and Inter- Shift Report, including all communication with ACS Provider , Nursing Supervisor, and Unit Director <input type="checkbox"/> Other: _____
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			

RN completing Assessment:

Signature Print Name Date Time _____ AM/PM

File in date order with Progress Notes