**HYDRATION COMPLIANCE VALIDATION SHEET**

This form is designed to assist the auditor in determining if the facility is in compliance with the Hydration Protocol as set forth by HCFA.

**Hydration Protocol**

Facility Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Director of Nursing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Did the resident flag the sentinel even for hydration? \_\_\_\_\_Yes \_\_\_\_\_No

2. Does the resident have any of the following QI conditions?

 \_\_\_\_\_Fecal impaction \_\_\_\_\_Urinary tract infections \_\_\_\_\_Weight loss

 \_\_\_\_\_Tube feeding \_\_\_\_\_Decline in ADL’s

3. Does the resident have any of the following risk factors? \_\_\_\_\_Yes \_\_\_\_\_No

Check all that apply:

\_\_\_\_\_ Vomiting/diarrhea resulting in fluid loss \_\_\_\_\_ Elevated temperature

\_\_\_\_\_ Renal disease \_\_\_\_\_ Infectious processes

\_\_\_\_\_ Dependence on staff for the provision of fluid intake \_\_\_\_\_ Dysphagia

\_\_\_\_\_ Hx. of refusing fluid intake or lacking the sensation of thirst

\_\_\_\_\_ Use of medications (including diuretics, laxatives, and cardiovascular agents)

4. Was the resident assessed to identify risk factors that can lead to hydration? \_\_\_\_\_Yes \_\_\_\_\_No

5. Were there abnormal lab values, which may be an indicator of dehydration? \_\_\_\_\_Yes \_\_\_\_\_No

6. Was an interdisciplinary care plan developed utilizing the clinical conditions and risk factors identified? \_\_\_\_\_Yes \_\_\_\_\_No

7. Enteral feeding: Do orders include sufficient amount of free water? \_\_\_\_\_Yes \_\_\_\_\_No

8. Are the water and feeding being administered in accordance with physician orders?

 \_\_\_\_\_Yes \_\_\_\_\_No

9. Have interventions described in the care plan been implemented as described?\_\_\_\_\_Yes \_\_\_\_\_No

10. Are residents with dysphagia provided the correct type of fluids? \_\_\_\_\_Yes \_\_\_\_\_No

11. Is the resident independent with drinking, consuming sufficient fluids? \_\_\_\_\_Yes \_\_\_\_\_No

 If not, are staff assisting as necessary? \_\_\_\_\_Yes \_\_\_\_\_No

12. Is the room temperature contributing to dehydration? \_\_\_\_\_Yes \_\_\_\_\_No

13. If the resident refuses water, are alternative fluids offered? \_\_\_\_\_Yes \_\_\_\_\_No

**HYDRATION COMPLIANCE VALIDATION SHEET**

(Continued)

14. Are resident beverage preferences honored at meal? \_\_\_\_\_Yes \_\_\_\_\_No

15. Does the staff encourage the resident to drink? \_\_\_\_\_Yes \_\_\_\_\_No

* + Are they aware of the resident’s fluid need? \_\_\_\_\_Yes \_\_\_\_\_No
	+ Are they providing fluids during and between meals? \_\_\_\_\_Yes \_\_\_\_\_No

16. Is the facility monitoring resident’s fluid intake and output? \_\_\_\_\_Yes \_\_\_\_\_No

(Residents with indwelling catheters, active acute renal failure, acute congestive heart failure, or physician ordered fluid restriction or intake and output)

17. Did the facility identify causes of the condition or problems? \_\_\_\_\_Yes \_\_\_\_\_No

18. Was the care plan evaluated and revised based on the response, outcome, and needs of the resident? \_\_\_\_\_Yes \_\_\_\_\_No

Points to consider:

* The menu provides ample fluids on the tray with meal service
* Do not count a caffeinated drink
* Coffee has a diuretic effect
* Policy for intake and output will include those residents who have indwelling catheters, active acute renal failure, acute congestive heart failure, or physician ordered fluid restriction or intake and output

Additional Notes:

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