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| **Form A: Hydration care audit sheet** |
| Date: | Home/Unit: | Start time/Stop time: | Rooms/Communal area: |
| Period of observation:[ ]  Breakfast [ ]  Early morning[ ]  Lunch [ ]  Mid-morning [ ]  Dinner [ ]  Mid-afternoon [ ]  Evening | General environment:No. staff/visitors present? Drinks/drinking equipment present? Any scheduled activities? |

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| **General observations of hydration care**Once you have selected the location of your observations (resident’s rooms/communal area) observe all the residents present for the chosen time period. Capturing this data will allow you to see how many drinks residents receive, whether they are offered a choice of drink and if they receive the assistance they require to consume their drink. |
| **Resident (include all who are present)** | **Does the resident need assistance / prompting\*? (A/P)** | **Drink 1** | **Drink 2** | **Drink 3** |
| **Type of fluid** | **Given choice of drink?** | **Given A/P?** | **Type of fluid** | **Given choice of drink?** | **Given A/P?** | **Type of fluid** | **Given choice of drink?** | **Given A/P?** |
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 \*record if the resident needs assistance (A) or prompting (P) to drink

Did every resident receive a drink? Yes [ ]  No [ ]  How many residents received more than one drink? \_\_\_\_\_\_\_\_\_

Did every resident receive the assistance they required to consume their drink? Yes [ ]  No [ ]

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| **Comments**  |
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| **Form B: Hydration care audit sheet** |
| Date: | Home/Unit: | Start time/Stop time: | Rooms/Communal area: |
| **Individual observations**Whilst conducting general observations you can select 1 to 3 residents to record more detailed information. Recording this data captures how much fluid they are provided with and how much they consume, this allows you to see if residents are likely to be at risk of dehydration. |
| **Resident 1:** | [ ]  Independent [ ]  Needs prompting [ ]  Needs assistance |
| **Time fluid served** | **Type of drink or fluid rich food** | **Amount served (approx. ml)** | **Amount consumed (approx. ml)** | **Served by?****(e.g. HCA/visitor)** | **Amount of fluid documented in notes? (ml)** |
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| Total (ml): |  |  |  |  |  |

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| **Resident 2:** | [ ]  Independent [ ]  Needs prompting [ ]  Needs assistance |
| **Time fluid served** | **Type of drink or fluid rich food** | **Amount served (approx. ml)** | **Amount consumed (approx. ml)** | **Served by?****(e.g. HCA/visitor)** | **Amount of fluid documented in notes? (ml)** |
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| Total (ml): |  |  |  |  |  |

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| **Resident 3:** | [ ]  Independent [ ]  Needs prompting [ ]  Needs assistance |
| **Time fluid served** | **Type of drink or fluid rich food** | **Amount served (approx. ml)** | **Amount consumed (approx. ml)** | **Served by?****(e.g. HCA/visitor)** | **Amount of fluid documented in notes? (ml)** |
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