

**ACUTE TEMP CARE PLAN
SIP BEFORE YOU DIP**

PROBLEM	GOAL	INTERVENTIONS
<p>Resident is experiencing vague symptoms which may reflect inadequate hydration:</p> <p>Falls</p> <p>Uncooperative with care</p> <p>_____</p> <p>_____</p> <p>Confusion</p> <p>Behaviors:</p> <p>_____</p> <p>_____</p> <p>Headache</p> <p>Vague physical Complaints</p> <p>_____</p> <p>_____</p> <p>Concentrated urine</p> <p>Cloudy urine</p> <p>Other:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Resident will drink</p> <p>1400 ml.</p> <p>1500 ml</p> <p>1600 ml</p> <p>1700 ml</p> <p>1800 ml</p> <p>1900 ml</p> <p>2000 ml</p> <p>_____ ml</p> <p>Of water over next 24 hours.</p> <p>Resident will have improvement in vague symptoms being monitored.</p>	<ol style="list-style-type: none"> 1. Assess resident to determine if dehydration may be cause of vague symptoms. 2. Document symptoms to be monitored in chart. 3. Notify staff that resident will be on increased hydration for 24 hours and post fluid intake sheet. 4. Assure that water is readily available to residents and offer to assist those that cannot obtain fluids independently. 5. Supply fresh water to residents every 4-6 hours to prevent water from becoming warm and stale. 6. Offer and encourage resident to drink water every hour while awake. 7. Educate resident on the benefits of drinking water and encourage their participation in increasing their water intake. 8. Notify Infection Control at 583 when resident is placed on 24 hour hydration program.

RESIDENT NAME _____ **ROOM #** _____