

SIP BEFORE YOU DIP
HYDRATION SHEET

RESIDENT NAME _____ **DATE** _____

Document the amount of fluids given during the 24 hour period resident is being monitored. Be sure to offer fluids when making rounds during the day and at night. You do not have to wake a resident, but do not miss an opportunity to provide fluids when you are giving care.

0100 _____

1300 _____

0200 _____

1400 _____

0300 _____

1500 _____

0400 _____

1600 _____

0500 _____

1700 _____

0600 _____

1800 _____

0700 _____

1900 _____

0800 _____

2000 _____

0900 _____

2100 _____

1000 _____

2200 _____

1100 _____

2300 _____

1200 _____

2400 _____

Target Intake _____

24 Hour total _____