## Purpose

# To monitor and assess fluid intake for residents on fluid restriction

# **Procedure**

1. The physician determines the number off cc's of fluids to be allowed per day
2. Dining and nursing will discuss resident's needs and likes and determine the number of cc's to be served on each tray, the amount needed for medication pass
3. The water pitcher is removed from the resident's room
4. The nurse documents the actual intake of fluids per shift
5. If resident requests, the cc's can be adjusted to allow for minimal amounts of crushed ice
6. Dining will assure that only the allowable fluids are served, counting jello, soup, ice cream, and other fluids
7. The amount of fluids to be served at each meal, each shift, and the 24 hour planned total should be documented on the MAR and in the vital signs section of the EMR
8. General Guideline: fluid restrictions should only be used for short periods of time, so that dehydration does not occur