# Fluid Monitoring

# Westmorland and Furness Care Services

## Policy

The monitoring of service user fluid intake and output is very important to the care of the individual. Ensuring an individual is taking enough fluid can prevent dehydration, urine infection, constipation and many other illnesses. It will also reduce hospital admissions.

## Procedure

1. Staff should be aware that a low intake of fluids can result in dehydration. This may cause headaches, confusion, irritability, constipation, loss of appetite and urinary tract infections. Loss of body water can influence several bodily functions, including swallowing.
2. Staff must encourage the service user to drink fluids at regular intervals. Each service user should drink a minimum of 1.5 litres of fluid per day (equivalent to 8-10 teacups).
3. Please note in warm weather more fluids must be offered to service users.
4. If a member of staff becomes aware that a service user is not drinking sufficient amounts, this must be recorded in the service user’s daily record and the matter reported to the supervisor on duty.
5. If fluid intake appears to be low and is deemed a health matter, a monitoring form Appendix 1 must be used to record all fluid taken which should be totalled daily.
6. Output should also be recorded on this Appendix 1 form for loose bowel movements / passing urine or other reasons such as vomiting if there is a health need.
7. If the fluid intake levels remain low and the service user deteriorates, this should be reported to the service user’s GP and where appropriate, family. This should also be recorded in the actions taken on the back of the form as appropriate and the care plan updated.
8. Any advice received from health professionals must be followed and recorded in the service user’s daily records. If there is no improvement, further advice must be sought.

### Recording

* When recording is required the quantity the service user actually drank must be recorded as accurately as possible.
* There is a guide to how much a full item is e.g. jug, cup, and beaker on the monitoring form. An approximate amount can be entered e.g. only a sip taken
* Recording should take place of abnormal bowel movements and when the person passes urine.
* When on monitoring the input must be totalled daily and must be discussed in handover. Monitoring should only be continued whilst there are concerns about the service user’s fluid / bowel management.