

INTAKE & OUTPUT

Caregivers have the greatest opportunity to look, find and report

INTAKE

Hydration

- Changes to drinking habits
- Very thirsty
- Refusing to drink
- Leaving drinks unfinished
- Unable to reach or hold cup
- Difficulty swallowing
- Coughing/choking when drinking

Nutrition

- Changes to usual eating habits e.g. eating only desserts
- Slower to eat
- Holding food in the mouth
- Refusing to eat
- Leaving food on the plate
- Difficulty chewing food
- Difficulty swallowing food

OUTPUT

Stomach

- Vomiting or nausea
- Heartburn or abdomen pain

Bladder

- Not passing urine
- Dry pad
- No urine in bag
- New urgency
- Frequency passing urine? How often
- Change in amount
- Change in appearance
- Change in odour (smell)
- Pain passing urine or other pain

Bowels

- Change to usual bowel habits
- Last bowel motion 3 or more days ago
- Straining
- Dry and hard motions
- Change in bowel motion e.g. black, pale, blood, mucous
- Pain or discomfort on bowel movement

Behavioural Changes

- Frowning or grimacing
- Taking dentures out
- Spitting food or fluids out
- Needing help to eat or drink
- Loss of interest or mood change
- Change in behaviour e.g. increase in confusion, irritability, decreased level of function
- Holding or rubbing of abdomen
- Refusing medication

Ongoing Observations







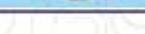
- Dry lips, tongue or mouth
- Other changes to lips, tongue or mouth
- Are they wearing dentures. Do they fit
- Are the dentures comfortable?
- Thickened, increased or coloured secretions
- Weight loss or gain
- Resident hot, flushed or cold to touch
- Changes to usual appearance of the body

PROMPTS

- Have I checked the resident's mouth
- Have I accurately written up the resident's fluid balance chart, bowel chart
- Have I checked the care plan and progress notes
- Have I completed accurately all forms and notes and reported concerns to the RN
- What is the care giver follow up plan after reporting these to the RN
- Have I reported the family's concerns
- Have the family been notified

STOOL FORM CORELATES TO INTESTINAL TRANSIT TIME

BRISTOL STOOL CHART

Slow transit ↓ Rapid transit	Type 1		Separate hard lumps, like nuts (hard to pass)
	Type 2		Sausage shaped but lumpy
	Type 3		Like a sausage but with cracks on its surface
	Type 4		Like a sausage or snake, smooth and soft
	Type 5		Soft blobs with clear-cut edges (passed easily)
	Type 6		Fluffy pieces with ragged edges, a mushy stool
	Type 7		Water, no solid pieces. Entirely liquid