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|  | **Risk Assessment Management Plan – Dehydration Risk Assessment** |

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| **RISK ASSESSMENT** | | | | | | | | | | | | |
| **Name** |  | | | | **Reference Number** | | | |  | | | |
| **Identified Risk** | Risks of Dehydration | | | | | | | | | | | |
| **Assessment Date** |  | | | | | | | | | | | |
| **Risk Factors** | **Likelihood** | | | | | | | **Severity** | | | | |
| Rare | | | | | | 1 | None / Trivial | | | | 1 |
| Unlikely | | | | | | 2 | Minor / No Injury | | | | 2 |
| Likely | | | | | | 3 | Moderate / First Aid | | | | 3 |
| Very Likely | | | | | | 4 | Severe / Medical assistance | | | | 4 |
| Almost Certain | | | | | | 5 | Extreme / Fatal | | | | 5 |
| **Risk Matrix** | **=** | | **Severity** | | | | | | | | | |
| **Likelihood** | | **1** | | | **2** | | **3** | | **4** | **5** | |
| **1** | | 1 | | | 2 | | 3 | | 4 | **5** | |
| **2** | | 2 | | | 4 | | 6 | | 8 | 10 | |
| **3** | | 3 | | | 6 | | 9 | | 12 | 15 | |
| **4** | | 4 | | | 8 | | 12 | | 16 | 20 | |
| **5** | | 5 | | | 10 | | 15 | | 20 | 25 | |
| **Risk Level and Action** | **Level** | | | | | | | **Action** | | | | |
| 1 – 4 | NO CURRENT RISK | | | | | | No further action, but ensure controls are maintained and monitored | | | | |
| 5 – 9 | LOW RISK | | | | | | Develop management plan and review quarterly | | | | |
| 10 – 16 | MEDIUM RISK | | | | | | Develop management plan and review monthly | | | | |
| 16+ | HIGH RISK | | | | | | Develop management plan and review subject to each occurrence | | | | |
| **Assessment Summary** |  | | | | | | | | | | | |
| **Author(/s)** | **Print Name** | | | **Position / Relation** | | | | **Signature** | | | | |
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| **RISK MANAGEMENT PLAN** | | | | | |
| **Purpose** | The purpose of this risk management plan is to identify the risks and measures to be taken to minimise risks associated with Dehydration. | | | | |
| **Proactive Measures** | **The following symptoms need to be considered for people who are considered to be at risk of Dehydration.**   * Constantly feeling thirsty * Dark yellow and strong-smelling urine * Feeling dizzy, lightheaded or feeling tired * A dry mouth, lips and eyes * Passing small amounts of urine and fewer than 4 times a day * Known reluctance to take adequate fluids over 24 hours * Dry skin   **Dehydration can happen more easily for people who may be:**  Elderly and frail, reluctant to eat and drink due to medical conditions such as impaired cognition, frailty, swallowing problems, have vomiting or diarrhoea.  Have become overheated and have a high temperature of 38C or more  Been taking medicines to increase urination (diuretics)  **This list is not exhaustive.**  **Action to be taken to minimise the risk of dehydration:**  Care plans detailing recommended daily amount of fluids to be taken  Monitoring of fluid intake and if necessary, output. (Fluid charts)  Fluids available over the course of the day with a variety of flavours  Food offered with a high water content such as soup, jelly and ice cream or fruit such as Melon.  Awareness of preferred drinks / flavours.  Fluids offered and assisted at mealtimes.  Awareness of heatwave guidance. | | | | |
| **Individual Risk Measures and specific guidance** | *You may want to include some of the following: (this list is not exhaustive)*  *Signpost to policy and procedure for heatwaves.*  *Government guidance*  *Involvement of other health professionals such as SALT, dietician, GP, Dentist, palliative care team, family involvement.* | | | | |
| **Author(/s)** | **Print Name** | **Position / Relation** | | **Signature** | |
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| **Cosignatories**  **(Staff Team)** | **Print Name** | | **Position / Relation** | | **Signature** |
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|  | **RISK ASSESSMENT REVIEW** |  |
| **Date** | **Notes** | **Name & Signature** |
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