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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 moreBeen 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 takenMonitoring of fluid intake and if necessary, output. (Fluid charts)Fluids available over the course of the day with a variety of flavoursFood 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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