

Nutrition and Hydration Care Plan - Isolation

Date Initiated: _____

PROBLEM	GOALS	TARGET DATE	APPROACHES/INTERVENTIONS	DISCIPLINES
I am at risk for unplanned weight loss/gain, dehydration and nutritional imbalance secondary to in room dining related to isolation.	I will not experience avoidable weight loss/gain, signs, and symptoms of dehydration/nutritional imbalance		☐ Staff will encourage me to consume fluids throughout the day ☐ I will ask for assist devices to be modified as needed to allow me to consume meals and fluids independently ☐ The dietitian will assess my diet to identify the need for modifications quarterly and with change in condition ☐ Staff will provide me with visual cues for strategy implementation during dining ☐ I will consume my meals seated in a chair versus in bed ☐ I will demonstrate appropriate hand hygiene techniques before and following meals ☐ Staff will encourage conversation during meals ☐ I will be provided with communication devices to allow me to "dine" with family and friends	

RESIDENT NAME _____ ROOM # _____

This work is licensed under the Creative Commons Attribution-No Derivatives 4.0 International License. To view a copy of this license, visit <http://creativecommons.org/licenses/by-nd/4.0/>

This policy and procedure is not intended to replace the informed judgment of individual physicians, nurses or other clinicians nor is it intended as a statement of prevailing community standards or minimum standards of practice. It is a suggested method and technique for achieving optimal health care, not a minimum standard below which residents necessarily would be placed at risk.