

Resident Name: Allan Finnigan

Resident Location: 6 426 - A

## Extra Hydration

Start Date: 12/30/2025

|                 | 12/30/2025 | 12/31/2025 | 1/1/2026   | 1/2/2026   | 1/3/2026   | 1/4/2026   | 1/5/2026   |
|-----------------|------------|------------|------------|------------|------------|------------|------------|
| Extra Hydration | RR, RR, RR | 2, 250, wt | 2, 200, ju | 2, 250, ju | 2, 550, ju | 2, 500, ju | 2, 250, wt |
|                 | 07:54      | 13:30      | 13:25      | 13:34      | 13:36      | 13:34      | 08:03      |
|                 | RR, RR, RR | 2, 250, ju | 2, 300, ju | 2, 400, ju | 2, 400, ju | 2, 125, ju | 2, 100, ju |
|                 | 20:31      | 19:42      | 20:16      | 21:04      | 20:53      | 20:37      | 20:27      |
|                 |            |            |            |            |            |            |            |
|                 |            |            |            |            |            |            |            |
| Total By Day    | 0.0        | 500.0      | 500.0      | 650.0      | 950.0      | 625.0      | 350.0      |

Resident Name: Wayne Jessop

Resident Location: 6 424 - B

## Extra Hydration

Start Date: 12/30/2025

|                 | 12/30/2025 | 12/31/2025 | 1/1/2026   | 1/2/2026   | 1/3/2026   | 1/4/2026   | 1/5/2026   |
|-----------------|------------|------------|------------|------------|------------|------------|------------|
| Extra Hydration | 2, 500, wt | XX, XX, XX | XX, XX, XX | XX, XX, XX | 2, 125, ju | 2, 250, wt | 2, 500, wt |
|                 | 13:01      | 13:12      | 09:32      | 13:34      | 13:14      | 13:30      | 13:06      |
|                 | 2, 200, af | XX, XX, XX | XX, XX, XX | 2, 500, wt | 1, RR,     | 2, 500, wt |            |
|                 | 21:34      | 16:22      | 16:24      | 21:02      | 21:35      | 20:40      |            |
|                 |            |            |            |            |            |            |            |
|                 |            |            |            |            |            |            |            |
| Total By Day    | 700.0      | 0.0        | 0.0        | 500.0      | 125.0      | 750.0      | 500.0      |

Resident Name: Denise Labadie

Resident Location: 6 431 - A

## Extra Hydration

Start Date: 12/30/2025

|                 | 12/30/2025 | 12/31/2025 | 1/1/2026 | 1/2/2026 | 1/3/2026 | 1/4/2026    | 1/5/2026 |
|-----------------|------------|------------|----------|----------|----------|-------------|----------|
| Extra Hydration |            |            |          |          |          | 2, 1000, wt |          |
|                 |            |            |          |          |          | 16:05       |          |
|                 |            |            |          |          |          |             |          |
|                 |            |            |          |          |          |             |          |
|                 |            |            |          |          |          |             |          |
| Total By Day    | 0.0        | 0.0        | 0.0      | 0.0      | 0.0      | 1000.0      | 0.0      |

**EXTRA Hydration****Did the resident consume EXTRA fluids or fluid substitute that was offered outside of meal or snack time?****Effective Date: Current**

2 Yes

1 No

XX Resident Not Available

RR Resident Refused

NA Not Applicable

NR Response Not Required

**Fluids Taken in ml's****Effective Date: Current**

0 Numeric Response(s)

XX Resident Not Available

RR Resident Refused

NA Not Applicable

NR Response Not Required

**What fluid or fluid substitute did the resident consume?****Effective Date: Current**

pf Popsicle/Freezie

ic Ice Cream

jp Jello/Pudding

af Applesauce/Fruit Cup

YS Yogurt/Smoothie

wt Water/Flavoured Water

ju Juice

mk Milk/Milkshake

ct Coffee/Tea

hc Hot Chocolate

XX Resident Not Available

RR Resident Refused

NA Not Applicable

NR Response Not Required

**Follow Up Question Sequence:****Effective Date: Current**

1 Did the resident consume EXTRA fluids or fluid substitute that was offered outside of meal or snack time?

2 Fluids Taken in ml's

3 What fluid or fluid substitute did the resident consume?