

Resident Name: FRANCIS KRULL

Resident Location: Lotus Way 107LW 2 - 2

Extra Hydration

Start Date: 1/3/2026

	1/3/2026	1/4/2026	1/5/2026	1/6/2026	1/7/2026	1/8/2026	1/9/2026
Extra Hydration	2, 375, mk	2, 375, mk	2, 250, wt	2, 250, wt	2, 250, wt	2, 250, wt	2, 375, mk
	13:53	13:59	07:20	09:44	08:09	11:54	13:43
	2, 250, mk	2, 250, ct	2, 180, ct	2, 120, wt	2, 250, wt	1, RR,	2, 200, mk
	20:33	15:09	20:21	20:22	20:27	21:04	20:33
Total By Day	625.0	625.0	430.0	370.0	500.0	250.0	575.0

Resident Name: GARY NOBLE

Resident Location: Lotus Way 107LW 1 - 1

Extra Hydration

Start Date: 1/3/2026

	1/3/2026	1/4/2026	1/5/2026	1/6/2026	1/7/2026	1/8/2026	1/9/2026
Extra Hydration	2, 125, wt	2, 125, wt	NA, NA, NA	NA, NA, NA	NA, NA, NA	NA, NA, RR	2, 125, wt
	07:28	07:14	13:32	13:37	13:34	13:36	07:05
	2, 250, mk	2, 125, ju	2, 500, wt	2, 120, wt	1, RR,	2, 125, wt	
	20:35	14:36	18:54	20:20	20:21	14:52	
Total By Day	375.0	250.0	500.0	120.0	0.0	125.0	125.0

Resident Name: OLIVE SCOTT

Resident Location: Lotus Way 112LW 2 - 2

Extra Hydration

Start Date: 1/3/2026

	1/3/2026	1/4/2026	1/5/2026	1/6/2026	1/7/2026	1/8/2026	1/9/2026
Extra Hydration	2, 125, wt	2, 125, ct	2, 250, wt	2, 250, wt	2, 250, wt	2, 250, wt	2, 375, mk
	13:59	13:59	07:12	07:10	07:59	07:54	13:59
	NA, NA, NA	2, 250, ct	2, 250, ju	2, 120, wt	2, 250, wt	2, 125, ju	2, 200, ju
	20:39	14:33	19:05	20:30	20:26	15:55	20:31
Total By Day	125.0	375.0	500.0	370.0	500.0	375.0	575.0

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?