

Resident Name: Marion Campagna

Resident Location: 3 303 - 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, 100, wt			2, 100, wt	2, 150, wt	2, 100, wt	
	01:43			01:13	00:57	00:53	
Total By Day	100.0	0.0	0.0	100.0	150.0	100.0	0.0

Resident Name: Heather Lucier

Resident Location: 3 303 - 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, 100, wt			2, 100, wt			
	01:42			01:13			
Total By Day	100.0	0.0	0.0	100.0	0.0	0.0	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?