

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?

\* POC Documentation will always reflect current follow up and pick list configuration regardless of the effective date and time of the Task. Time of Documentation should be used to identify the correct legend for reference.