

Resident Name: Luis Barillas

Resident Location: Nash House 120 - 1

## Extra Hydration

Start Date: 10/30/2025

	10/30/2025	10/31/2025	11/1/2025	11/2/2025	11/3/2025	11/4/2025	11/5/2025
Extra Hydration	RR, RR, RR	RR, RR, RR	2, 200, ju	2, 250, wt	RR, RR, RR	RR, RR, RR	1, RR,
	13:34	14:44	10:44	10:06	13:30	13:36	09:32
	1, RR,	1, RR,	1, RR,	1, RR,	RR, RR, RR	1, RR,	1, RR,
	18:12	18:26	18:06	16:08	18:37	16:15	15:19
Total By Day	0.0	0.0	200.0	250.0	0.0	0.0	0.0

Resident Name: Lynn Dennis

Resident Location: Nash House 123 - 1

## Extra Hydration

Start Date: 10/30/2025

	10/30/2025	10/31/2025	11/1/2025	11/2/2025	11/3/2025	11/4/2025	11/5/2025
Extra Hydration	2, 250, wt	2, 200, mk	2, 200, mk	2, 200, mk	1, RR,	RR, RR, RR	2, 200, wt
	14:33	14:22	10:46	13:35	10:18	14:24	14:35
	2, 200, mk	2, 200, wt	2, 200, ju	RR, RR, RR	2, 125, mk	2, 200, wt	2, 200, ju
	19:26	21:05	18:20	18:27	19:17	19:38	20:17
Total By Day	450.0	400.0	400.0	200.0	125.0	200.0	400.0

Resident Name: Shirley Leeson

Resident Location: Nash House 127 - 1

**Extra Hydration****Start Date: 10/30/2025**

	<b>10/30/2025</b>	<b>10/31/2025</b>	<b>11/1/2025</b>	<b>11/2/2025</b>	<b>11/3/2025</b>	<b>11/4/2025</b>	<b>11/5/2025</b>
Extra Hydration	NA, NA, NA	NA, NA, NA	NA, NA, NA	2, 450, wt	NA, NA, NA	2, 125, wt	NA, NA, NA
	01:46	01:57	06:50	06:31	06:52	02:01	04:13
	2, 100, wt	1, RR,	1, RR,	1, RR,	1, RR,	2, 125, wt	2, 125, ju
	13:43	14:08	13:33	13:44	13:44	14:27	13:54
	RR, RR, RR	2, 125, ju	2, 125, ju	1, RR,	2, 100, ju	2, 125, mk	1, RR,
	14:41	14:08	13:33	13:44	13:44	20:58	13:55
	2, 125, mk	2, 125, mk	2, 100, ju	2, 200, ju	2, 125, mk	2, 125, wt	2, 150, ju
	21:22	21:23	18:22	18:29	19:45	20:58	20:24
	RR, RR, RR	2, 125, wt	2, 250, mk	2, 150, ju	2, 125, wt		2, 100, ju
	21:23	21:23	18:22	18:29	19:45		20:24
<b>Total By Day</b>	225.0	375.0	475.0	800.0	350.0	500.0	375.0

Resident Name: Irena Lipski

Resident Location: Nash House 124 - 2

## Extra Hydration

Start Date: 10/30/2025

	10/30/2025	10/31/2025	11/1/2025	11/2/2025	11/3/2025	11/4/2025	11/5/2025
Extra Hydration	RR, RR, RR	2, 125, wt	2, 125, ju	2, 250, wt	RR, RR, RR	2, 125, wt	1, RR,
	14:32	14:15	13:53	10:59	13:24	13:58	14:43
	2, 200, wt	2, 125, wt	2, 200, ju	2, 200, ju	2, 200, mk	2, 200, wt	2, 200, ju
	21:11	21:15	18:24	18:32	19:29	20:02	20:26
Total By Day	200.0	250.0	325.0	450.0	200.0	325.0	200.0

Resident Name: Jennifer Prohaszka

Resident Location: Nash House 118 - 1

## Extra Hydration

Start Date: 10/30/2025

	10/30/2025	10/31/2025	11/1/2025	11/2/2025	11/3/2025	11/4/2025	11/5/2025
Extra Hydration	RR, RR, RR	RR, RR, RR	2, 200, wt	2, 450, wt	RR, RR, RR	RR, RR, RR	1, RR,
	13:40	13:28	10:43	10:07	13:29	13:40	09:29
	2, 100, mk	2, 120, mk	2, 120, mk	2, 120, mk	1, NA,	RR, RR, RR	RR, RR, NA
	18:11	20:31	22:07	20:07	19:34	20:58	21:03
Total By Day	100.0	120.0	320.0	570.0	0.0	0.0	0.0

Resident Name: Lois Wheaton

Resident Location: Nash House 124 - 1

## Extra Hydration

Start Date: 10/30/2025

	10/30/2025	10/31/2025	11/1/2025	11/2/2025	11/3/2025	11/4/2025	11/5/2025
Extra Hydration	RR, RR, RR	1, RR,	2, 100, wt	1, RR,	1, RR,	2, 100, wt	1, RR,
	14:33	14:21	14:18	13:40	13:47	14:24	14:30
	2, 125, mk	2, 125, wt	2, 200, ju	2, 200, ju	2, 125, mk	2, 125, mk	2, 200, ju
	20:40	21:10	18:30	19:17	19:23	19:45	21:11
Total By Day	125.0	125.0	300.0	200.0	125.0	225.0	200.0

**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

RU 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)

RU 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

RU 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?