

My Action Plan to Prevent Dehydration - Ileostomy

Name _____ Date _____

Please bring this plan and a list of your medicines to each health provider or emergency room visit.

Dehydration happens when your body loses too much fluid. This might happen when you do not drink enough fluids, or you lose large amounts of fluids from your ileostomy. **Dehydration** is one of the most common reasons to return to the hospital after surgery and can be life-threatening.

Things I will do each day

- Keep track of fluids in and fluids out.
- Weigh myself daily and write it down.
- Take my medicine and eat foods the way my provider and I discussed.
- Drink at least 8 to 10 cups of liquid every day.
- Drink fluids that are good for me, like water, juice, tea, diluted sports drinks, bouillon, and tomato vegetable juice. No caffeine or alcohol; limit high sugar drinks.
- Always carry a drink with me and sip fluids throughout the day.

I feel normal for me

- I am able to do my normal activities around home.
- I am able to walk normally for me.
- The fluids I drink or eat are about the same as the amount of fluids out in my urine and stool.
- My urine is light yellow in color.
- My stool is thick, like pudding.
- My weight is within 2 pounds of my last weight.

CAUTION – I need to take action

I FEEL WORSE

- I am not feeling well. I feel tired or weak.
- I feel dizzy or lightheaded.
- My thinking is not clear.
- My urine is darker yellow in color.
- My mouth feels dry.
- The fluids I drink or eat are much less than the fluids out in my urine and stool.
- My stool is liquid and not thick.
- I have lost 2 or more pounds.

ACTION

Call my health provider:

Name: _____

Phone: _____

- Use **Home Oral Rehydration Recipe** as discussed with my health provider: 2 Tablespoon of sugar and ½ teaspoons of salt mixed with 1 quart water; add any flavorings
- **Eat foods to thicken stool** as discussed with my health provider (bread, pasta, bananas, rice, pretzels, peanut butter)
- Use **medications to thicken stool** as ordered by my health provider (Imodium, Lomotil, fiber supplements)

DANGER – I will take action immediately

I FEEL MUCH WORSE

- I feel sick or have flu-like symptoms. I feel weak, dizzy, or nauseated. I am vomiting or have a fever.
- I am unable to eat or drink.
- I am feeling confused.
- I have cramps in my belly or legs.
- I have less frequent urination.
- My urine is dark colored.
- My mouth and tongue feel dry.
- The fluids I drink or eat are much less than the fluids out in my urine and stool or vomit.
- I have a large amount of watery stool.

ACTION – I will CALL 911

I will get help right away.

I will call my health provider:

Name: _____

Phone: _____

I WILL NOT drive myself.

I will call a friend or family member to drive me to get the care I need.

Fluid and Weight Diary

Measure and record on this sheet.

Note: Fluids includes drinks, frozen treats and gelatin.

[illegible]