

Name & ID

Date

7 Day DMC (Daily Monitoring Chart)

Fluid Restriction NO / YES enter MLS
Swallow Problem NO / YES
Drinking and Eating Aid Needed NO / YES
 if YES to any of above, refer to care plan for details

Summary of 24 Hour Overview of Daily Intake and Output

Day	1	2	3	4	5	6	7
Date							
Nil by Mouth > 4 hours (✓)							
Non-oral fluids mls							
Type e.g. s/cut / IV / PEG							
ROC to Drink Rating (circle)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Oral Fluids > 1600 mls							
1400 - 1600 mls							
1200 - 1400 mls							
1000 - 1200 mls							
800 - 1000 mls							
600 - 800 mls							
400 - 600 mls							
200 - 400 mls							
SIPS only							
✓ if 1-2 hourly Mouthcare given							
Overview of 24hr Food Intake Very Good/Fair/Poor/None							
Frequency of Bowels							
Overview of 24hr Urine Output Good/Poor/None/MLS							
Initial	INITIAL	INITIAL	INITIAL	INITIAL	INITIAL	INITIAL	INITIAL

Hydration Review							
Has Primary Carer circled 'C'	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO
Has Secondary Carer circled '2'	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO
Has Secondary Carer circled '3'	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO

7 Day Review:

Does person still require ongoing detailed daily monitoring?
 If YES, continue using DMC.
 If NO, start using ROC Daily Hydration Review for minimum level of monitoring.

Refer to Person Centered Care Plan for drink and food preferences.

Key for recording drinks on DMC overleaf

T = Tea S = Squash N = Nutritional supplement
 C = Coffee J = Juice (✓) = Drink taken with medications
 W = Water M = Milk based

ROC Reliance On a Carer

			Refer to ROC Assessment Grid. Circle and initial at start of morning shift
			INITIAL

Simple Measures™

DMC

Daily Monitoring Chart for Drinks, Meals, Contenance

Name & ID

Date

Carer's Initial																					
Time	6	7	8	9	10	11	12	13	14	15	16	17	18	19	NIGHT	NIGHT	NIGHT	NIGHT	NIGHT	TOTAL MLS	
Mouth care <input checked="checked" type="checkbox"/>																					
sips																					
25ml																					
50ml																					
75ml																					
100ml																					
125ml																					
150ml																					
Feedback Code																					
175ml																					
200ml																					
>200 enter mls																					

Add up the 24 hour total and enter on the Overview Hydration Chart and initial

INITIAL **24hr total mls**

Urine Output If recording urine output in MLS tick this box

enter total at the end of each day

Dry																				
Damp																				
Wet																				
MLS																				
Checked Pad (<input checked="checked" type="checkbox"/>)																				
Changed Pad (<input checked="checked" type="checkbox"/>)																				
To Toilet (<input checked="checked" type="checkbox"/>)																				
Bowels = B																				
Vomit = V																				
Carer's Initial																				

											Circle usual portion size: SMALL MED LARGE			Time taken to eat		
Time	Meals and Snacks								M'fuls	1/4	1/2	Feedback Code	3/4	All	MINS	Initial

Hydration Review	After Breakfast				After Lunch				After Supper				Night Shift				'A' - Alright 'B' - Bit Bothered 'C' - Concerned 1 - No concerns noted 2 - Update ROC 3 - Escalate Concern
	Primary Carer	A	INITIAL		Primary Carer	A	INITIAL		Primary Carer	A	INITIAL		Primary Carer	A	INITIAL		
		B	INITIAL			B	INITIAL			B	INITIAL			B	INITIAL		
Secondary carer	1	2	3	INITIAL	1	2	3	INITIAL	1	2	3	INITIAL	1	2	3	INITIAL	

If C or 3 has been circled then record details on the separate 'Hydration Communication Chart'

ROC Reliance On a Carer

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				INITIAL

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DMC

Daily Monitoring Chart for Drinks, Meals, Continence

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Time																					
Mouth care ✓																					TOTAL MLS
sips																					
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Urine Output If recording urine output in MLS tick this box

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Dry																					
Damp																					
Wet																					
MLS																					
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Changed Pad (✓)																					
To Toilet (✓)																					
Bowels = B Vomit = V																					
Carer's Initial																					

Time	Meals and Snacks	Circle usual portion size: SMALL MED LARGE					Feedback Code	3/4	All	MINS	Initial		Time taken to eat
		M'fuls	1/4	1/2									

Hydration Review	After Breakfast			After Lunch			After Supper			Night Shift			'A' - Alright 'B' - Bit Bothered 'C' - Concerned 1 - No concerns noted 2 - Update ROC 3 - Escalate Concern
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Secondary carer	1	2	3	INITIAL	1	2	3	INITIAL	1	2	3	INITIAL	

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Time	Meals and Snacks	Circle usual portion size: SMALL MED LARGE				Feedback Code	Time taken to eat		Initial
		M'fuls	1/4	1/2	3/4		All	MINS	

Hydration Review	After Breakfast				After Lunch				After Supper				Night Shift				'A' - Alright 'B' - Bit Bothered 'C' - Concerned 1 - No concerns noted 2 - Update ROC 3 - Escalate Concern
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Urine Output If recording urine output in MLS tick this box

If recording urine output in MLS enter total at the end of each day

Add up the 24 hour total and enter on the Overview Hydration Chart and initial

INITIAL **24hr total mls**

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Carer's Initial																			



Circle usual portion size: SMALL MED LARGE

Time taken to eat

Time	Meals and Snacks						M'fuls	1/4	1/2	Feedback Code	3/4	All	MINS	Initial

Hydration Review	After Breakfast			After Lunch			After Supper			Night Shift			'A' - Alright 'B' - Bit Bothered 'C' - Concerned 1 - No concerns noted 2 - Update ROC 3 - Escalate Concern
	Primary Carer	A	INITIAL	Primary Carer	A	INITIAL	Primary Carer	A	INITIAL	Primary Carer	A	INITIAL	
		B	INITIAL		B	INITIAL		B	INITIAL		B	INITIAL	
Secondary Carer	1	2	3	INITIAL	1	2	3	INITIAL	1	2	3	INITIAL	

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Secondary carer	B	INITIAL		B	INITIAL		B	INITIAL		B	INITIAL		
	C	INITIAL		C	INITIAL		C	INITIAL		C	INITIAL		
	1	2	3	INITIAL	1	2	3	INITIAL	1	2	3	INITIAL	

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