

Understanding

HYDRATION

workbook

Think Drink!



Vale of York
Clinical Commissioning Group

Older people, particularly those living in care homes are particularly at risk from dehydration.

Research suggests that older people admitted to hospital from a care home are 10 times more likely to be dehydrated than those from their own homes.

The consequences of dehydration can be very severe, yet achieving adequate hydration in this group of people can be particularly challenging.

This interactive workbook is designed to support care staff with knowledge and understanding around hydration, the consequences of dehydration and exploration around strategies and tips to support adequate fluid intake.

It provides staff with opportunities to test their knowledge and explore their thoughts, feelings, and work practices as they learn. (Answers can be found on the back page!)

The workbook is designed to be supported by the NHS Vale of York CCG Quality & Nursing team, however can be used as a stand alone resource if necessary

Think Drink!

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Understanding **HYDRATION**

Fluid is required by the body for it to function. Our bodies constantly lose fluid through breathing, sweating or going to the toilet. Dehydration occurs when we take in less fluid than we lose.

Older people are at a much greater risk of becoming dehydrated due to changes that occur in the body during the ageing process. These changes can affect the way our kidneys function, the way our bodies manage and store water, and alter our ability to recognise when we are thirsty. Additionally, our ability to access or consume fluid may become restricted due to physical difficulties such as:

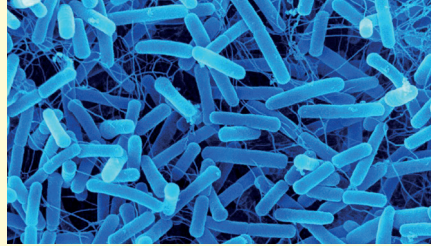
- **Poor mobility or dexterity, reliance on others to provide drinks.**
- **Not wishing to drink to try to reduce the number of trips to the bathroom or for fear of incontinence.**
- **Cognitive impairment can result in a person being unable to recognise or understand the need to consume fluids or they may simply forget to drink.**
- **Communication difficulties may limit an individual expressing when they are thirsty or require assistance to drink.**
- **Other functional changes within the body can cause difficulties with swallowing (dysphagia).**
- **Medications such as diuretics or laxatives can contribute to excessive fluid loss as can diarrhoea, vomiting and sweating.**

The consequences of dehydration can be severe and include:

- **Urinary & Respiratory tract infections; possible contributor to blood stream infection from E-Coli bacteria associated with Urinary Tract Infection (UTI) /sepsis, kidney damage.**
- **Confusion, Delirium, Dizziness, Tiredness, Constipation, Headache, Medication toxicity, Falls, Pressure Ulcers.**
- **HOSPITAL ADMISSION.**

Dehydration can significantly increase the risk of UTIs developing in the elderly.

Dehydration occurs when the body loses more water than it takes in so only small volumes of urine are produced by the kidneys. This can become stale in the bladder over time, allowing any harmful bacteria to multiply and cause an infection.



Keeping urine flowing through the bladder regularly is one of the main ways of protecting the body against infection.

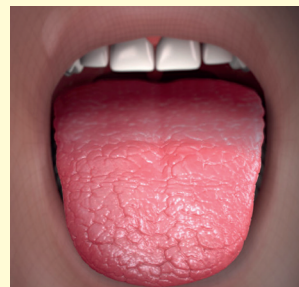
Preventing dehydration and recognising dehydration are key interventions that you can make as a caring professional to reduce the risk of UTI.

Recognising the signs of **DEHYDRATION**

There are some simple signs to look out for to identify if someone is becoming dehydrated.

These include:

- A dry mouth, lips and tongue.
- Sunken eyes.
- Dry fragile skin.
- Headache / dizziness.
- Confusion.
- Constipation.
- Tiredness, or not wanting to take part in activities.
- Urinating infrequently or passing small amounts of dark coloured urine which may be smelly.



A Urine Colour Guide to **HYDRATION**

Good hydration prevents many common complaints such as Urinary tract infections, headaches, constipation, dizziness, pressure ulcers and general poor health.

Not drinking enough fluids can cause Dehydration which becomes visible in urine colour.

Always aim for optimal Hydration

1	1 to 3 is a Healthy Pee Pale, odourless urine is an indication that you are well hydrated
2	
3	
4	At number 4?... Drink some more...
5	By 5, 6, 7, 8 you really need to RE-HYDRATE If blood is present in urine either red or dark brown, seek advice from your GP
6	
7	
8	

Test your knowledge...

Why are older people at increased risk of dehydration?
(Tick all that apply!)

A. The Kidneys can become less efficient

B. An altered sense of thirst

C. Older people don't like the taste of water

D. Poor mobility/dexterity & reliance on others

E. Fear of needing the toilet frequently or incontinence

F. Cognitive impairment or communication difficulties

What are the main consequences of dehydration?
(Tick all that apply!)

A. Urinary or respiratory tract infections, possible sepsis

B. Kidney damage

C. Diarrhoea & vomiting

D. Falls

E. Pressure ulcers

F. Hospital admission

Which of the following are simple signs of dehydration to look out for? (Tick all that apply!)

A. A wide spread rash

B. Headache, dizziness, tiredness, confusion, delirium

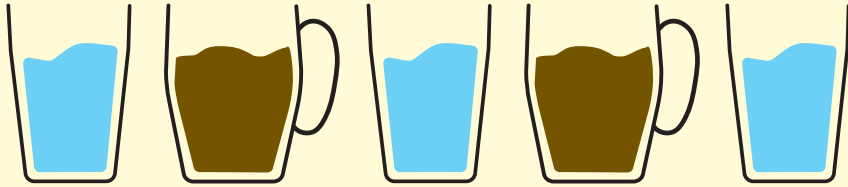
C. A dry mouth, lips and tongue & dry fragile skin

D. Passing small amounts of dark coloured urine

E. Constipation

Improving HYDRATION

How much fluid do we need?



It is recommended that adults drink at least 1500mls of fluid every day. This equates to approximately 6-8 mugs or glasses - all fluids count (except alcohol)... water, juice, tea, coffee, milk...

Aiming for optimal hydration- (achieving the best oral fluid intake possible) is the practical approach, with every little sip helping towards achieving adequate hydration.

Combine this with fluid rich foods such as soups, stews, sauces, milky puddings, jelly, ice cream or lollies and fresh fruit and veg.

Only a doctor can plan to restrict a resident's fluid consumption. Residents' fluid intake is usually restricted because of kidney or heart failure.



Think Drink!

Do you know which of your residents are most at risk of dehydration?

Individual assessment is key



Think about
all your
residents

Do you know...?

Yes No

What level of assistance and encouragement they require and any possible swallowing problems they have?

The cause of any drinking difficulties they may have. These can be physical, poor cognitive ability, swallowing difficulties or emotional problems.

Any additional barriers an individual may have to achieving good hydration. E.g., fear of urinary frequency and incontinence or of being a burden on staff.

Any personal preferences they may have.

If they have any issues with their oral health.

What hydration assessment tool do you use in your care home?

A. GULP - Dehydration risk tool.

B. ROC (Reliance on Carer) - Holistic hydration care assessment tool.

C. Other - Please state.....

Hydration care can be improved by focusing on the following areas:

(key learning from the I-Hydrate project)

Supporting residents to decide which drink they would like at each opportunity.

Providing sufficient opportunities for residents to receive fluids to support adequate intake.

Using cups, mugs and glasses that are easy to hold and pleasant to drink from.

Safely providing support to residents who need assistance to drink.

Prompting residents to drink the fluid they are served.

Encouraging residents to choose more than one drink at each drinking opportunity.

Promoting socialisation with other residents or staff whilst having a drink.

Increasing staff understanding of the importance of hydration in this population.

Increasing the availability of fluid rich foods.

What do residents think?

I am not always given what I like to drink

I like a drink first thing when I wake up, but don't usually get one until later

The tea is often cold by the time I get it. I like it nice & hot

Sometimes I avoid drinking because I am worried that I might not get to the toilet in time

I enjoy a nice cup of tea or coffee but don't like to ask as the carers are so busy

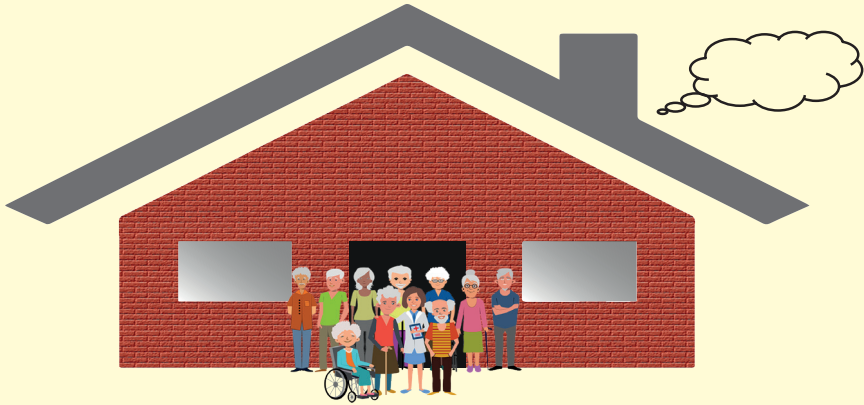
I don't like the plastic cups we are given. I prefer to drink from a pot or china cup

Influences on drinking behavior



Negative	Positive
Physical difficulties such as frailty/poor grip or tired/sleepy	Adequate help and support to access and manage drinks as required
Reliance on others- lack of carer time	Regular encouragement and prompting with drinking and not feeling rushed with drinks.
Reduced sense of thirst	Availability of drinks - everywhere, at any time, at the right temperature and of the right type - pleasure from drinking, makes the mouth feel nicer
Cognitive ability-forgetting to drink	Social interaction-drinking with others is part of normal life and should be pleasurable
Fear of urine frequency/incontinence	Good toileting support and access
Lack of understanding of the need to drink	Understanding the importance of drinking and getting the regular drinking habit
Drinking aids not available or used ineffectively	The correct aid with appropriate support

Consider all the residents in your home...



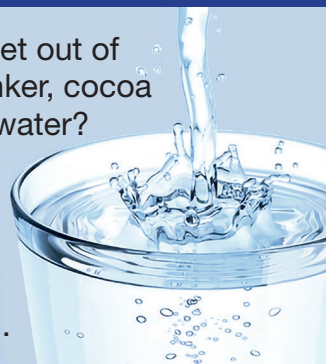
Can you answer yes to all the below?

	Yes	No
Are drinks readily available? At the correct temperature? Are all residents offered a choice of drink?		
Can all your independent drinkers ask staff for drinks? If not are they offered fluids regularly?		
Is adequate help and support given to residents who need prompting to drink? Are they supported with appropriate drinking aids?		
Is help given to residents who need assistance to drink? - Is the same level of help given at different points during the day when fluids are offered?		
Do you know that all residents are getting enough to drink? Is it recorded? Is this information monitored and acted upon if needed?		

If you have answered no to any of the above speak to a senior member of staff or your manager, to ensure appropriate actions are taken.

When and what do you drink?

Do you need 3 cups of tea before you get out of bed? Are you a mid-morning coffee drinker, cocoa at night or do you prefer cold drinks or water? How do you feel when you can't have what you want to drink when you want to?



Use the chart below to record when and what you drink on an average day...

Time of day	What and how much do you drink?
Early morning	
Breakfast time	
Mid morning	
Lunch time	
Mid afternoon	
Tea time	
Evening	
Supper time	

Now think about the residents in your care!



When during the day do residents get drinks?
Do they get the same drinking opportunities as you ?



Do residents get to choose what they drink and when?



Do all residents get a drink at all possible drinking opportunities?



How do you think residents feel about being dependent on carers to get drinks?

What steps can you take to ensure all residents in your care are supported to achieve 'optimal hydration?'.....

Choose your drinking vessel!



A



B



C



D



E



F

Which drinking vessel would you choose? A,B,C,D,E or F

1. For a hot drink
2. For a cold drink

Do you have a favourite drinking vessel that you use?
What is it you like about it? For example, is it the size, the shape, the material, the colour?

Which vessel would you not choose and why?

How would it make you feel if you had to drink from a vessel you don't like?

How much choice do residents get regarding the vessels that they use?

Give **HYDRATION** a **BOOST!**

High fluid foods all contribute valuable fluid, i.e.,

- Ice cream, ice lolly's, jelly's & milky puddings, yoghurts, custard.
- Smoothies.
- Water rich fruit or veg such as melon and cucumber.
- Stewed, pureed or tinned fruit.
- Soups, stews and sauces.



Get Creative!

Consider:

- Fizzy vs flat water.
- Ice cubes.
- Flavours and colours.
- A variety of drinking vessels.
- Themed events and social occasions such as mocktails / afternoon tea / tasting sessions.





...for improving **HYDRATION**

- Identify those with poor fluid intake/at risk of dehydration or people that require help with drinking
- Ensure sufficient drinking opportunities are available, providing support, encouragement, reassurance and adequate time
- Provide drinks with every meal
- Explore individual preferences, drinks/vessels/aids
- Ensure a wide range of drinks are readily available, served fresh and at the correct temperature
- Try serving water with slices of orange, lemon or lime
- Increase knowledge & understanding of the importance of adequate hydration
- Increase availability of fluid rich foods
- Provide ice pops, lollies or ice cream for people that don't like drinking
- Many people will take extra drinks with medication – use this opportunity to offer extra

knowledge check!

1. How much fluid do our bodies require every day?

A. 2500mls (10-12 mugs or glasses)

B. 1500mls (6-8 mugs or glasses)

C. 1000mls (4-6 mugs or glasses)

2. What is meant by the term 'Optimum hydration'?

A. Achieving more fluid intake than necessary

B. 1-2 cups or glasses of fluid a day

C. Achieving the best oral intake possible

3. Which older people in care homes are at the greatest risk?

A. Residents with dementia

B. Those that are totally dependant on carers

C. Those that are partially dependant on carers

D. All residents are at risk

4. What can we do to improve hydration care?

A. Provide sufficient drinking opportunities for all

B. Ensure that residents are assisted to drink as required

C. Increase understanding of the importance of hydration

D. Provide suitable drinking vessels and aids as needed

E. Increase the availability of fluid rich foods

References and Further Information

The TOOLKIT Improving Hydration among older people in care homes (*A Collaboration between Kent, Surrey & Wessex AHSN & NE Hants & Farnham CCG*)

<https://wessexahsn.org.uk/img/projects/Hydration%20toolkit%20V1.pdf>

I-Hydrate Project (*A collaborative project between staff in two care homes in London and researcher's from the University of West London*)

<https://www.uwl.ac.uk/research/research-centres/richard-wells-centre/i-hydrate>

GULP - Dehydration Risk Tool

<https://eput.nhs.uk/wp-content/uploads/2014/07/GULP-Dehydration-risk-screening-tool.pdf>

ROC (Reliance on Carer) Holistic Hydration Care Assessment Tool

<https://wessexahsn.org.uk/img/projects/ROC%20To%20Drink%20Assessment%20Tool%20&%20Care%20Plan%20Summary.pdf>

React to Nutrition and Hydration (*NHS Bassett Law*)

<https://www.reactto.co.uk/content/uploads/2019/07/NH-Resources.pdf>

Malnutrition Universal Screening Tool (MUST) - (*Malnutrition Advisory Board (MAG)*)

https://www.bapen.org.uk/pdfs/must/must_full.pdf

Hydration Boosters (*Essex Partnership University NHS Trust*)

<https://eput.nhs.uk/wp-content/uploads/2017/07/8.-Hydration-Boosters.pdf>

Test your knowledge - answers (Pg. 6)

1. Why are older people at increased risk of dehydration?

A, B, D, E, F

2. What are the main consequences of dehydration?

A, B, D, E, F

3. Which of the following are simple signs of dehydration to look out for?

B, C, D, E

Knowledge check - answers (Pg. 17)

1. How much fluid do our bodies require every day?

B. 1500ms, which equates to approx. 6-8 mugs or glasses

2. What is meant by the term 'Optimum hydration'?

C. Achieving the best oral intake possible - every little sip counts!

3. Which older people in care homes are at the greatest risk?

D. All residents are at risk

4. What can we do to improve hydration care?

A, B, C, D, E. (All)



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