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DRINKS

## TOOLKIT

# Improving hydration among older people in care homes and the community

Developed through collaboration between  
Kent Surrey and Sussex Academic Health Science Network,  
Wessex Academic Health Science Network  
and  
NE Hants and Farnham CCG



## Introduction

This toolkit has been designed for staff in care homes and carers in the community. It provides a readily accessible and practical guide to help them assist older people in their care to achieve optimum hydration.

What does optimum hydration mean? The definition that follows, allows for the fact that there is no absolute recommended oral intake for an individual due to the many variables involved. It includes the level of care required to represent a person's best interest.

**Optimum hydration** is achieved when an individual has sufficient fluids to drink in order to replace their normal day to day fluid loss and any unexpected losses, enabling the body to maintain healthy hydration levels to support physical and mental health and well-being. In addition it is when the correct level of personal, nursing or medical care has been provided and all efforts have been made to provide the necessary support to help & encourage an individual to drink ; with kindness, dignity and compassion reflecting the individual's personal choice (Campbell and O'Callaghan Oct 2015)

It can be challenging for older people to drink sufficient fluid to achieve optimum hydration, so the concept of **optimal hydration** - the best intake you can encourage and assist a person to achieve , is discussed throughout the guide.

The toolkit has been developed through collaboration between Kent Surrey and Sussex Academic Health Science Network (KSS AHSN), Wessex AHSN and North East Hants and Farnham Clinical Commissioning Group ( NEH&F CCG). Some of the information included is based on the resources developed for the HYDRATE in Care homes Project commissioned by NEH&F CCG in 2014.

We hope that the toolkit will inspire all those who read it to promote the importance of good hydration among older people and have the satisfaction of helping the individuals they care for achieve this aim.

*Dr Sarah O'Callaghan*

*Project lead for HYDRATE in care homes developed by NE H&F CCG*

*KSS AHSN Hydration Clinical Lead for the updated HYDRATE in care homes project.*

## **Supporting statement**

Optimum hydration is a key factor in maximizing the wellbeing and health of an older person. This toolkit aims to raise awareness regarding its importance and approaches that can easily be taken to encourage good hydration. It is a result of collaborative work of the Wessex and Kent Surrey and Sussex Academic Health Science Networks and acknowledges the great work that has been carried out by:NEHants and Farnham CCG.

*Kathy Wallis Senior Programme Manager, Nutrition in Older People Programme, Wessex AHSN*

*Frances Scott Improvement Manager and HYDRATE in care homes Project Lead, KSS AHSN*

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## General Hydration Information

### Hydration Terms

#### Optimal hydration

Optimal hydration is achieving the best oral fluid intake possible under the present circumstances even though this does not result in the state of optimum hydration.

#### Inadequate/poor hydration

Inadequate hydration refers to the situation when there is poor oral intake of fluids which can potentially lead to dehydration.

#### Dehydration

Dehydration has been defined by NHS England in Oct 2015 for the Commissioning Excellent Nutrition and Hydration Guidance (2015-2018) as a state in which a relative deficiency of fluid causes adverse effects on function and clinical outcome. In the elderly being short of fluid is far more common, results from limited fluid intake, and is reflected in raised osmolality.

For the purpose of this toolkit a simpler concept is as follows:

- **Chronic dehydration** describes a situation where prolonged inadequate oral fluid intake results in insufficient replacement of the normal day to day fluid loss. This is a common problem among older people and is the type of dehydration that this toolkit seeks to address.
- **Acute dehydration** describes a situation where there is a sudden unexpected loss of fluid or fluid and salts for example in diarrhoea and vomiting, that can rapidly require an increase in fluid or fluid and salts intake either orally or intravenously.



## The Basics of Hydration in older people

Maintenance of fluid balance throughout the systems of the body is a complex system which becomes less efficient in older people. This makes older people more susceptible to becoming dehydrated.

The main age related changes are as follows:

- The response to the changes in concentrations of salts and sugars that occur when an individual drinks less, does not work as well as in younger people.
- There is reduced awareness to thirst due to reduced production and sensitivity to the anti-diuretic hormone, especially in individuals with dementia and those who have had a stroke.
- There is reduced ability to conserve water and concentrate urine and a reduced rate of fluid filtration through the kidneys. The kidneys are less efficient at resolving problems.
- The total body water reduces with age so there is less reserve.
- The ability to taste reduces with age so drinks may taste different.
- Older people may be taking medication which affects fluid balance. Due to dementia or physical difficulties, they may be reliant on carers for drinks and/ or prompting to drink. This reliance on another person increases the risk of inadequate hydration leading to dehydration. In addition isolation producing reduced social contact reduces the opportunity for the enjoyment of social drinking. Many older people believe that increased fluid intake worsens frequency and incontinence in the long term so they may deliberately reduce their intake. In fact the opposite is true, concentrated urine from poor hydration irritates the bladder and makes incontinence and frequency worse

## The Signs and Symptoms of Dehydration in older people

Diagnosing dehydration in an older person can be challenging and requires consideration of a number of factors including fluid intake and physical changes.

The following signs and symptoms are traditionally thought to suggest that an individual is dehydrated.

- Thirst, headache, dry mouth and lips.
- Tiredness ,feeling dizzy or lightheaded
- Passing small amounts of dark coloured, concentrated urine
- Dry sunken eyes, fragile skin, confusion.

However these can often be due to other conditions in older people such as normal age related changes, dementia and the side effects of medication.

The latest research from Hooper et al, has analysed these various signs and symptoms. Dry mouth, feeling thirsty, heart rate, urine colour and volume have not been found to be reliable indicators of dehydration but the possibility should always be considered. Potentially useful signs and symptoms are expressing fatigue, missing drinks between meals, axillary moisture, fluid intake, urine osmolality and skin resistance. Further assessment is required and this has started. They have concluded that there is no single diagnostic sign or symptom for dehydration. Individual signs/symptoms should not be used to indicate dehydration in older people.

At present the only diagnostic blood test is measurement of serum osmolality. This is expensive and not routinely used in primary care. However new research hopes to overcome this problem but to date this is not widely available (Hooper et al 2015).

## The Impact of Inadequate Hydration in older people

The following list provides an outline of what effect inadequate hydration can have on an older individual:

- Poor oral health
- Constipation
- Pressure ulcers and sore dry skin.
- Dizziness increasing the risk of falls.
- Low blood pressure increasing the risk of falls
- Increased urinary tract infections, Incontinence
- Kidney Stones .Acute Kidney Injury (NICE 2013 )
- Increased illness associated with chronic conditions such as diabetes.
- Increased risk of drug interactions and side effects. Probably more common than we acknowledge
- Reductions in cognitive ability. When thirsty [*0.8-2% dehydration in older people*] there can be 10% reduction in cognitive ability (Rogers et al 2001) This has a particularly devastating impact if an individual already has dementia. Confusion is part of this, producing challenging behaviour and increasing the risk of falls
- Increased risk of clots and heart attacks (Chan et al 2002)
- Two fold increase in death rate in stroke patients( Rowat et al 2012 Kelly et al 2004)

## The Incidence of Dehydration

The number of people suffering with dehydration in UK is still unknown as there is no agreed commonly used test for dehydration or a nationally recognised screening tool for dehydration risk.

However there have been some indications as follows:

- Hydrating for Health Initiative 2012 ' Dehydration is a frequent cause of hospitalisation of older adults, and one of the ten most frequent diagnoses responsible for hospitalisation'
- University of Nottingham HOOP study 2014 looked at 200>65 years old acute medical admissions and found 37% dehydrated on admission.

Research published in 2015 by Journal of Royal Society of Medicine analysed 21,510 >65 years old acute admissions. It found patients admitted from care homes had a 10 fold higher prevalence of dehydration than 'own home' admissions .When adjusted for various factors including age and dementia there was still a 5 fold higher prevalence. In addition care home residents had double the risk of dying in hospital

These results suggest that dehydration is more common among residents of care homes than among older people living in the community.

## How much should a person drink to stay hydrated?

There is no recommended daily intake but the general consensus is 2 litres/ day for healthy adults in daily drinks. Adding to this is the 20% of a person's total fluid intake that comes from the diet, so having a reduced appetite which is common in the elderly, has an impact on hydration.

There is continuing work on estimating how much fluid /kg body weight is required but in a care home environment in particular this is not a useful guide. Fluid requirements are very individual, impacted by a variety of factors in addition to weight such as health, environment, age and activity.

In simple terms, 6-8 glasses of fluid per day in addition to the fluid present in a normal healthy eating diet is a good compromise. However it is a challenge to achieve this among older people especially if they are frail. For carers and health professionals looking after this group of people, aiming for **optimal hydration**- achieving the best oral fluid intake possible under the present circumstances even though that may not be 6-8 glasses/day- is the practical approach. Every little sip helps towards achieving adequate hydration.

***N.B. All fluid counts, (except alcohol), including water, tea, coffee, milk and fruit juice***



## Understanding Drinking Behaviour

Encouraging older people to drink is not as easy as many people assume. It needs understanding of the individual, persuasion and good communication skills to provide optimal hydration which matches an individual needs and maintains their dignity.

Cups, mugs and glasses should be the first choices for drinking. Carers need to encourage and enable people to drink from these where at all possible, to maintain their dignity and pleasure in drinking in a manner similar to others. Lighter weight cups and jugs may be helpful. Drinking aids should only be considered when this is a person's preferred choice or when they have been assessed by a healthcare professional to have a high risk of spillage. If aids are used these should be made to appear as normal as possible.

### Positive Influences:

- Availability of drinks - everywhere, at any time, at the right temperature and of the right type
- Help and support while drinking if required
- Pleasure from drinking - it helps swallowing and chewing and makes mouths feel pleasant.
- Social interaction- drinking with others is part of everyday life and is usually enjoyable.
- Toileting access or support is readily available , bearing in mind that improving hydration will NOT cause extra toileting in the long term.
- Understanding the importance of drinking and getting the regular drinking habit.

### Negative Influences:

- Physical incapacity- frailty, poor grip/ dexterity, reduced sense of taste and thirst, 'too tired'.
- Cognitive impairment so people forget to drink.
- Fear of incontinence and frequency-this is a major barrier to drinking adequately. .
- Perceived lack of carers' time so people 'don't want to be a bother'.
- Drinking aids not used effectively or not available when required.
- Drinking is seen as a nuisance or a chore(Godfrey et al 2012) so there is a negative response when offered a drink
- Individuals with challenging behavior who have negative responses to most suggestions and interventions, including drinking.

This problem solving tool may be a useful way of thinking about an individual who has difficulty in drinking:

**TYPE OF DRINKING BEHAVIOUR**  
(Mentes 2013)

**SOLUTIONS**

**CAN DRINK**

Unaware of how much they should drink every day

Education of individual.

Drinks independently but forgetful so require prompting

Individual regular regime with or without aids to help prompting.

**CAN'T DRINK**

Increased risk of choking or swallowing problems

Speech and Language therapist input required

Unable to drink independently

Appropriate assistance and possible aids which still maintain dignity.

**WON'T DRINK**

Lifelong sippers who have never drunk much

Gradual approach with education and support that tries to address the long standing reasons for this.

Fear of urinary incontinence or increased frequency

Reassurance about support and ready access for toileting needs .Advice from continence team if required. Empathy and understanding of concerns with maintenance of dignity and independence

Refusal to drink ; for example clamping mouth shut or spitting fluids out, often linked to dementia

Consider the causes for this:  
Not necessarily just worsening dementia: physical, emotional and environmental problems or changes.  
Consider: right people, right place. right drink. Regular drinking regime/fluid chart, use of old social behavior .

**LAST FEW DAYS OF LIFE**

Specialist advice required.

## Good Hydration Practice

Thorough assessment of an individual's needs is the key to achieving good hydration. Although there is no nationally recognised tool yet, the following aspects of drinking should be assessed to enable an individualised drinking regime to be developed.

- The level of assistance and encouragement required and possible swallowing problems.
- Identification of the cause of any drinking difficulties. These can be physical, poor cognitive ability, swallowing difficulties and emotional problems.
- Understanding what if any, additional barriers, an individual may have to achieving good hydration. For example, the fear of frequency and incontinence and of being a burden on staff. The lack of awareness of the importance of good hydration and personal dislikes
- Personal preferences for drinks.
- Oral health- check an individual's mouth and dentition as a painful mouth can interfere with drinking abilities

Reassessment needs to be considered when there is a change in circumstances or weekly if the individual is particularly frail and/or has cognitive impairment.

## Tips on providing good hydration

- Having a readily available wide range of drinks at the right temperature
- It is often more effective to offer a drink rather than ask if the individual would like one.
- Encourage individuals to take each tablet of medication separately with fluid, to maximise intake.
- Prompt individuals to drink but avoid nagging!
- Have a selection of appropriate aids available for personal choice and normalise them if possible.
- Reassure an individual that carers and staff have time to help them drink.
- Time spent preventing inadequate hydration = less time dealing with the associated problems.
- Aim for the best you can do. Small steps can be effective and older people find it difficult to change their routines
- Show understanding and empathy. Imagine yourself in that individual's situation.
- Emphasise the importance of good hydration to the individual.
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- When a fluid intake chart is used, it is meaningless if the data is inaccurate and could give the impression of better hydration than is actually being achieved. Sometimes using a chart for a short period of time when there is concern rather than routinely, can be more effective.

## Suggestions on when to start a fluid intake chart.

- For all new residents to help assess their hydration needs
- If a resident is exhibiting any signs/symptoms suggesting possible dehydration
- If fluid intake is observed to be low
- If a resident is showing signs of a urine infection
- It has been requested by a medical professional
- In addition a GP referral should be considered. if the resident is unwell
- The chart should be continued for 3 days initially and continued if needed.
- Bearing in mind the additional 20% of the daily fluid intake that comes from diet, adding a food intake chart may be useful to help fully assess hydration.
- **TAKE ACTION** - if the fluid intake chart shows that a resident is having problems drinking an adequate amount, adapt their drinking regime to help overcome this and ensure all involved staff are aware of the changes in their care plan.

**Aim for optimal hydration-the best intake you can encourage and assist a person to achieve even if it is not 6- 8 drinks/day.**

**The key is to  
drink regularly  
with sufficient  
amounts  
throughout the  
day.**

## Hydration Aids

There are no current guidelines for the use of hydration aids. Generally most people prefer to drink from something that looks similar to a standard glass, cup, or mug. However use of the correct aid can help maintain independence. It is difficult to judge what would suit an individual but a good place to start is the NHS Supply Chain-[www.supplychain.nhs.uk](http://www.supplychain.nhs.uk) where a selection of drinking aids and jugs used in the NHS can be seen. The local Occupational Therapy team may also be able to make suggestions.

Independent Living [www.independentliving.co.uk](http://www.independentliving.co.uk) and the Disabled Living Foundation /Solutions for Independent Living- [www.dif.org.uk](http://www.dif.org.uk) .can provide useful information.



# HYDRATION FOR CARE HOME STAFF

## The Latest Relevant Regulations:

### 1. The Nursing and Midwifery Council 2015-Revised Code for Professional Standards of Practice and Behaviour for nurses and midwives.

#### **Prioritise People.**

#### **Section 1: Treat people as individuals and uphold their dignity.**

To achieve this, you must:

- Treat people with kindness, respect and compassion
- Make sure you deliver the fundamentals of care effectively
- Avoid making assumptions and recognise diversity and individual choice
- Make sure that any treatment, assistance or care for which you are responsible is delivered without undue delay, and...
- Respect and uphold people's human rights.  
The fundamentals of care include, but are not limited to, nutrition, hydration, bladder and bowel care, physical handling and making sure that those receiving care are kept in clean and hygienic conditions. It includes making sure that those receiving care have adequate access to nutrition and hydration, and making sure that you provide help to those who are not able to feed themselves or drink fluid unaided.

For full details please see [www.nmc.org.uk/standards](http://www.nmc.org.uk/standards)

### 2. Care Quality Commission: Health and Social Care Care Quality Commission Health and Social Care Act 2008(Regulated Activities) Regulations 2014: Regulation 14

The intention of this regulation is to make sure that people who use services have adequate nutrition and hydration to sustain life and good health and reduce the risks of malnutrition and dehydration while they receive care and treatment.

- To meet this regulation, where it is part of their role, providers must make sure that people have enough to eat and drink to meet their nutrition and [hydration needs](#) and receive the support they need to do so.
- People must have their nutritional needs assessed and food must be provided to meet those needs. This includes where people are prescribed nutritional supplements and/or parenteral nutrition. People's preferences, religious and cultural backgrounds must be taken into account when providing food and drink.

CQC can prosecute for a breach of this regulation or a breach of part of the regulation if a failure to meet the regulation results in avoidable harm to a person using the service or a person using the service is exposed to significant risk of harm. In these instances, CQC can move directly to prosecution without first serving a warning notice. Additionally, CQC may also take any other

regulatory action. CQC must refuse registration if providers cannot satisfy us that they can and will continue to comply with this regulation.

For the full details please see [www.cqc.org.uk](http://www.cqc.org.uk). The regulation section is in the Guidance for Providers.

## **Social Care Institute for Excellence: Dignity in Care**

### **Hydration Recommendations:**

- Encourage people to drink regularly throughout the day. The Food Standards Agency recommends a daily intake of 6-8 glasses of water or other fluids.
- Provide education, training and information about the benefits of good hydration to staff, carers and people who use services, and encourage peer-to-peer learning.
- Provide promotional materials to remind people who use services, staff and carers of the importance of hydration.
- Ensure there is access to clean drinking water 24 hours a day.
- If people are reluctant to drink water, think of other ways of increasing their fluid intake, for example with alternative drinks and foods that have a higher fluid content, (e.g. breakfast cereals with milk, soup, and fruit and vegetables).
- If people show reluctance to drink because they are worried about incontinence, reassure them that help will be provided with going to the toilet. It may help some people to avoid drinking before bedtime.
- The latest research shows that urine colour is NOT a good guide to an older person's hydration status. However very small quantities of dark, strong-smelling urine could be an indicator of severe dehydration, but there may be other causes that should be investigated. (Hooper et al 2015)

### **Key Points from Research:**

- Evidence suggests that good hydration can help prevent falls, constipation, pressure sores, kidney stones, blood pressure problems and headaches.
- Poor hydration is shown to contribute to obesity, depression, inactivity and fatigue and to prolong healing and recovery.
- There is evidence to suggest that dehydration can increase mortality in stroke patients and prolong hospital stays for patients with community-acquired pneumonia.
- For some older people the sensation of feeling thirsty may be impaired and may not be an accurate indicator for good hydration particularly for people who have had a stroke and those with dementia.

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- Following a study of four care homes, Anglian Water launched the Health on Tap campaign (2008) to improve hydration for older people in care homes. The key findings of the study were:
  - Availability, visibility and reminders were some of the key factors to drinking more water.
  - After a regime was introduced and a water cooler installed, anecdotal evidence from one home reported: a 50 per cent reduction in falls; a greater than 50 per cent reduction in the number of residents taking laxatives; and a decrease in GP call-outs and urinary infections.
  - There were language barriers for some staff, with 50 per cent not having English as a first language.
  - Hydration does not feature as a specific training topic in its own right.
  - Residents' fear of increased toilet trips was the main barrier to drinking more water (the report states: 'Once the bladder had adjusted and was able to hold more volume, toilet trips soon settled down to pre-trial levels.')
  - Peer-to-peer learning, rather than formal training, plays a large role in the knowledge and working habits of staff.
  - Knowledgeable and committed managers generate positive results.
  - Visual and mental impairments were a problem for many residents, with a high dependency on care staff to instigate water intake.
  - Staff said they would like promotional materials for themselves, residents and their families, to remind them of the importance of hydration.
  - The ability to spread and share good practice was seen as very important .





## Staff: What you need to know about Hydration

**Every resident should have a hydration assessment on admission as indicated in the good hydration practice section of the pack.**

### **Further tips:**

- 1 Resident's food and drink preferences should be established and communicated to all staff. Ensure the care plan outlines these.
- 2 Normalise regular drinking Offer drinks regularly at every contact you have with the resident.
- 3 Introduce extra drink rounds between breakfast and lunch, also between lunch and supper as social drinking activity on top of the usual rounds.
- 4 Drinks should be freely available at all times and within easy reach and sight e.g. water coolers.
- 5 Drinks need to have the appropriate temperature and appearance.
- 6 If a resident has an alcoholic drink, encourage them to also have a non-alcoholic drink to provide hydration.
- 7 Encouraging the residents to drink a full cup of water/ squash at medication rounds.
- 8 Identify residents who need assistance or prompting to drink and reassess weekly or when circumstances change.
- 9 Use appropriate aids which can-help promote independence.
- 10 Some patients will need gentle prompting using different phrasing e.g. not 'would you like' instead try 'I have made you'
- 11 Identify patients who are at risk of dehydration and know when to start a fluid intake chart/contact GP.
- 12 Be aware of residents which seem to be coping - reassess needs regularly.
- 13 Promote importance of hydration to both staff and residents:
  - a. Hydration champions
  - b. Education and training sessions for staff and residents
  - c. Promote and display the work your care home is doing.
  - d. Encourage involvement and interest.

### **Get creative to improve hydration**

High fluid foods all contribute valuable fluid

- ice-lollies
- jelly and milk puddings
- pureed fruit
- cut up water rich fruit or vegetables such as melon and cucumber
- soups

Get creative with drinks...

- Fizzy vs flat water
- Ice cubes and straws
- Add flavouring for taste and colour
- Use a variety of drinking vessels and glasses

## Tying together with MUST

- It is possible you will identify a resident as both at risk of dehydration and malnutrition
- For these residents it is importance to encourage them with 'nourishing fluids', these provide both fluid and extra calories
  - glass of milk, (full fat)
  - hot chocolate and Horlicks
  - milkshakes and fruit smoothies
  - tea's and coffee with plenty of milk and sugar
  - prescribed supplements

## Troubleshooting

Many residents may need reassurance to change their drinking behaviour. For example that drinking more will not worsen incontinence and they are not troublesome to staff.

## Get the right people involved and the right environment:

- Friends and family may be able to contribute to solving the problem. Joint planning and communication among all involved will ensure agreed strategies are understood and implemented. Sometimes a calm and relaxed environment is required rather than a social setting.
- 
- Encourage drinking as a social opportunity.
- 
- Visual cues can help prompt patients to drink, for example, water jugs or coolers in plain sight.
- It can take time to establish a new routine.
- Even a few extra sips are worthwhile-it all adds up to increasing fluid intake.

## Use the experts:

- Continence nurse,
- Community matron/specialist nurse.
- GP review,
- Speech and Language Therapist referral.
- End of Life/Palliative care team

**The key is to  
drink regularly  
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## Care Home Managers: Top Tips for Good Hydration

### **Ensure tap water is the main source of drinking water**

If possible, install mains fed water coolers. You will always have clean, chilled water without having to order and lift heavy refill bottles. It is better for the environment and for budgets. Alternatively have cold water dispensers readily available throughout the home. Make water an alternative drink during meal and refreshment times, served with ice, fruit or mint leaves.

### **Information on other fluids**

Many older people prefer drinking tea/coffee. They cannot be expected to change their habits just because they now live in a care home, change will take time. General fluid intake aiming for about 2 litres per day (6-8 glasses depending on size of glass) should be promoted with a selection of hot/cold drinks offered throughout the day and whenever requested

### **Get the catering team involved**

The chef should have the opportunity to meet new residents to discuss their preferred choice of drinks as well as food. The whole team should also be involved in any training on the importance of hydration so they can contribute to the provision of good hydration.

Establish a drinking regime in daily care routines.

- Jugs of chilled, appetising water should be available 24 hours a day in residents' rooms and elsewhere.
- Include an individual's hydration needs in Care Plans and ensure these are reassessed weekly or when circumstances change.
- Ensure fluid intake is monitored and staff act on any concerns.
- Have regular drinks rounds and encourage every contact to become an opportunity to give a resident a drink.
- Encourage hydration based activities.

### **Match this regime to individual's abilities.**

Reluctant drinkers can be helped by offering certain foods with high fluid content. See drinking behavior sheet for further advice

### **Staff Hydration**

Encourage staff to drink fluids during their shift and if possible with the residents. This will serve as a reminder to check hydration requirements for those they care for. This helps prompt the residents and promotes good staff hydration. They will perform better if they are well hydrated themselves

### **We believe time spent in prevention means less time dealing with problems.**

Good hydration is about preventing and combating symptoms of dehydration. Constipation is one symptom. It is easier to administer regular drinkings to prevent this than laxatives to treat it. If laxatives like Lactulose and Movicol are used, remember they will not be effective without residents drinking extra fluid. Drinking more fluid creates a flush through the bladder, reducing it's susceptibility to infection and thus reducing the need for antibiotics.

### **Visual prompts and reminders**

Put up posters, make badges and use reception areas to promote good hydration to visitors.

## **Address fears about extra toilet trips and reassure residents that this is not a problem**

This is often more a perception than reality. Expect one or two extra trips a day at the start of a regime. It settles to a normal and/or regular pattern. Residents should be assured that visiting the toilet more is not a problem to staff.

## **Make your regime and the importance of good hydration part of staff induction and on-going training.**

Share knowledge with colleagues and make sure any health benefits are noted and promoted. Use material in this pack or devise your own. Ensure your hydration policy reflects best practice.

## **Involve relatives' visitors and any other organisations who have contact with the home.**

Promote the fact that you are focusing on good hydration and explain the importance of drinking water. Display information and materials in reception, on your website and in your literature. Ask visitors to promote water and other fluids to residents and encourage other organisations to get involved.

## **Hygiene Issues**

Remember that water is a food product and should not be stored for longer than 24 hours. As with all other good hygiene practice ensure the highest standards apply to drinking water.



## Hydration Policy Checklist

Suggested Checklist from Staffordshire.gov

No:	Check Point	(Y/N)
1	How regularly the care home is assessing each resident's nutritional and hydration status and the methods being used.	
2	How the care home records outcomes from nutritional and hydration screening and assessment in a resident's care plan, how it ensures that the identified actions are put in place (including appropriate referrals, where required) and how often care plans are reviewed.	
3	The steps being taken by a care home to encourage residents to drink sufficient amounts of fluid.	
4	What steps the care home has taken in order to ensure it provides a tasty, nutritious, varied and balanced diet and drinks, which are nutritionally adequate and accounts for residents' needs and preferences, supports individual choice and promotes sustainability.	
5	How the home ensures that residents are encouraged to eat and drink independently where possible in a dignified manner in an environment in which they feel comfortable. Where residents are unable to eat and drink independently, how the home ensures that residents are fed in a dignified manner.	
6	What the home is doing to encourage sharing of good practice with residents and their family members to ensure that family members are aware of the importance of eating and drinking well for residents' health.	
7	What general training the home is committed to offering its care staff in relation to food, nutrition and hydration.	
8	Whether the home has nutrition and hydration co-ordinator / link worker, what their qualifications are and what their role is within the home.	
9	What links the home makes to health professionals / partners to ensure that residents needs in relation to food, nutrition and hydration can be met (e.g. Dieticians, residents' GPs, Speech and Language Therapists, Dentists, Pressure Sore specialists and Occupational Therapists).	

## Ideas for Hydration Based Activities

These suggestions aim to educate staff and residents about the importance of good hydration and provide the opportunity to have fun and sample a wide variety of drinks and food with a high fluid content. People are more likely to have a drink with others in a social situation. Research published this year has shown that having a strong social element around eating and drinking improved the quality of life for people with dementia ( Abdelhamid et al 2016)

**Remember food can also contribute valuable fluids.** Examples of high fluid content foods include:

- Fruit: including apples, blueberries, cranberries, grapefruit, melon oranges, pears, pineapple, plums, raspberries and watermelon
- Vegetables: include cucumber, carrots, celery, tomatoes, lettuce, and squash

### Themes for each week day

- Mocktail Mondays-** Smoothie and mocktail making sessions varying the ingredients each time.
- Teatime Tuesdays-** Formal social drinking events for example themed tea parties using china crockery, picnics and celebration teas
- Watery Wednesdays-** Tasting sessions on water based drinks such as different types of teas, juices, squash, fruit teas or infusions.
- Thirsty Thursdays-** Making or tasting sessions for lollipops and milkshakes. Have a film afternoon with ice lollies and ice creams .
- Fruity Fridays-** Fruit bowl tastings. Different coloured fruit jelly making in shaped vessels making the jellies look like something else..

Theme the drinks trolley for the day with different coloured cups/ glasses/Jugs or drinks

### **WATER UK Water for Healthy Ageing –Hydration Best Practice Toolkit for care homes 2005**

Although this toolkit is 11 years old and needs updating, some sections are still useful resources. Care Homes have found their residents have enjoyed doing the hydration awareness quiz. The quiz also provides an opportunity for care home staff to ask their residents for ideas on hydration both through menu changes and types of drinks offered. The use of water is emphasized but for drinking other suitable non alcoholic fluids can replace this. The sample menu contains useful ideas to improve hydration.

*If you would like to explore the toolkit further details on the reference page.*

## HYDRATION FOR COMMUNITY CARERS

Many of the suggestions for the staff in the care home section apply to community carers. However the situation is more challenging in the community because the time available to provide support and care is usually limited.

**Reminder of the POSSIBLE signs and symptoms of inadequate hydration:  
However these may be due to another cause so discuss any concerns with a health professional**

- Feeling thirsty
- Tendency to drink little
- Small amounts of dark coloured urine;
- Headaches;
- Tiredness;
- Dry mouth or lips;
- Lack of concentration;
- Confusion;
- Constipation
- Urinary tract infections.

### **What to do to prevent someone you care for becoming dehydrated**

You can help prevent dehydration in others by:

- Recognising the early warning signs;
- Planning visits around mealtimes to get a sense of what they are drinking and if they have any difficulties drinking;
- Sitting down and having a 'cup of tea' socially with relative or friends;
- Encouraging around eight drinks per day such as after each meal and snack time;
- Ensuring both hot and cold drinks are safely and freely accessible;
- Encouraging foods which are high in fluid content;
- Supporting access to both social and health services.

### **Further tips on overcoming the common barriers to regular drinking in the community**

- Education on the importance of good hydration, is vital to help the older person achieve this. The additional resources page contains suggestions for sources of useful leaflets
- Making sure that the person understands that good hydration does not increase frequency and incontinence in the long term –the opposite is true. It takes time and repetition to change long held beliefs.
- Ensure there are a variety of preferred drinks in the house

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- It is often more effective to give a drink rather than offer to make one especially if you drink with them. Aim for optimal hydration-the best you can do, if you cannot achieve 6-8 drinks a day.
- Hydration aids can be particularly useful to maintain independence and often an individual is happy to use these in privacy of their own home.
- The need for prompting presents a challenge. The evidence for what interventions are successful is limited. The following list may be worth considering:
  - Fridge magnets as reminders
  - General timers
  - Alarms on mobiles
- A number of companies are trying to tackle this problem through technology. For example, Frazer Nash are developing a prototype coaster and jug. A glass sits inside the coaster which sounds an audio and visual alarm every 15 or 30 minutes as a reminder to drink. The intelligent jug allows a person to select how much they wish to drink over what time. It records how much is poured and reminds you through audio and visual alerts, when you should be pouring more. Hampshire County Council has developed a partnership with Argenti to provide a telecare alarm and sensor system to help people to stay safely in their own houses. Details are on [www3.hants.gov.uk/telecare.htm](http://www3.hants.gov.uk/telecare.htm).
- This can provide medication and other reminders which may in due course assist with hydration.
- Hopefully in the near future there will be a variety of these type of devices which will enable individuals to maintain good hydration in their own homes, with or without help from community carers..
- Toileting needs are fully addressed with the toilet readily accessible and appropriate aids available if required. If someone has incontinence, this needs to be assessed despite the embarrassment the person may feel. Start with the GP or community nurses.
- **Get the right people involved**
- Friends and family may be able to contribute to solving the problem. Joint planning and communication among all involved will help ensure everyone is following the same agreed plan.
- **Use the experts:** Continence nurse, Community nurses , GP and Occupational Therapist.

**The key is to  
drink regularly  
with sufficient  
amounts  
throughout the  
day.**



## Additional Resources

### **Nutrition and Hydration Week** <http://nutritionandhydrationweek.co.uk/>

Nutrition and Hydration Week's mission is to create a global movement that will reinforce and focus, energy, activity and engagement on nutrition and hydration as an important part of quality care, experience and safety improvement in health and social care settings. The website has newsletters and information on various initiatives from care homes and other organisations.

### **British Dietetic Association Food Facts** <https://www.bda.uk.com/foodfacts/home>

The BDA Food Fact Sheets are written by dietitians to help advise the best ways to eat and drink to keep your body fit and healthy, including for certain medical conditions. The information is correct at the time of publishing, and undergoes periodic reviews to comply with the Information Standard and ensure up-to-date evidence.

### **Bournemouth University Eating and Drinking well; supporting people living with dementia**

<https://www.youtube.com/watch?v=dIYPTTibTO8&feature=youtu.be>

This video highlights to care home staff how to improve their practice and develop their knowledge and skills to provide better eating and drinking for people living with dementia.

European Hydration Institute [www.europeanhydrationinstitute.org](http://www.europeanhydrationinstitute.org)

This Institute provides free education material on hydration as well as information on research ..

**DRIE HOME** [driestudy.appspot.com](http://driestudy.appspot.com) -Dehydration Recognition in our Elders Study at University of East Anglia is primarily care home based. Various useful resources and newsletters are available.

**European Hydration Institute**-[www.europeanhydrationinstitute.org](http://www.europeanhydrationinstitute.org)- Provides free information and has just developed a series of online learning modules including one for care homes.

**Nursing Times** [www.nursingtimes.net](http://www.nursingtimes.net) **Nov 2014 On line hydration training module** (free to subscribers) Naomi Campbell Hydration Lead Nurse Peninsula Community Health-CIC.

**WaterUK**-[www.water.org.uk](http://www.water.org.uk). Water for Healthy Ageing Hydration Best Practice toolkit for Care Homes Oct 2005



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