

FOOD & NUTRITION

in Care Homes for Older People

Section 3

Drinking and the importance of hydration for residents

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This section provides positive actions to promote drinking which are so important for residents in care homes.

Contents

| | |
|---|----|
| What is dehydration | 3 |
| How much to drink | 3 |
| Assessing people's fluid intake – drinking vessel guide | 5 |
| The role of carers | 6 |
| Supporting residents to drink regularly | 7 |
| Keeping a fluid chart | 9 |
| References | 9 |
| Appendix 1 Keeping hydrated | 9 |
| Appendix 2 Reviewing hydration care | 11 |
| Appendix 3 Resident preference for drinks | 12 |
| Appendix 4 Additional information on prevention of urinary tract infections | 13 |

What is dehydration?

Dehydration is the loss of essential water from the body and this can cause serious effects if fluids are not replaced. The body needs water so that it can work normally every day, and it helps to regulate body temperature.

Not drinking enough fluids can result in increased risk of:

- repeated infections
- falls
- constipation

It can also lead to confusion, headaches and irritability.

Older people are at risk of being dehydrated due to the effects of ageing. Kidneys may not function as well, there is less muscle mass where most water is stored and they may not have a sense of thirst or be able to communicate that they are thirsty.

Other physical illnesses such as arthritis, poor mobility, sight loss, dementia and swallowing difficulties can also affect how much people drink.

Care home residents are at increased risk of not drinking enough, so making sure they can access drinks, are able to take the drink and are prompted to drink if needed, are all important parts of care.

A good fluid intake should be included as part of overall nutrition care and support to ensure the best possible outcomes for residents.

This section outlines how many drinks your residents should be having, types of drink and simple tips to help people increase their fluid intake.

How much to drink?

Fluid standards and guidance are based on the recommended amount of drinks per day for adults:

Amount per day 6 – 8 cups or mugs

This will provide around 1600ml – 2000 ml litres per day, based on a 250ml mug. Women will require around 1600ml and men around 2000ml.

Common household measures

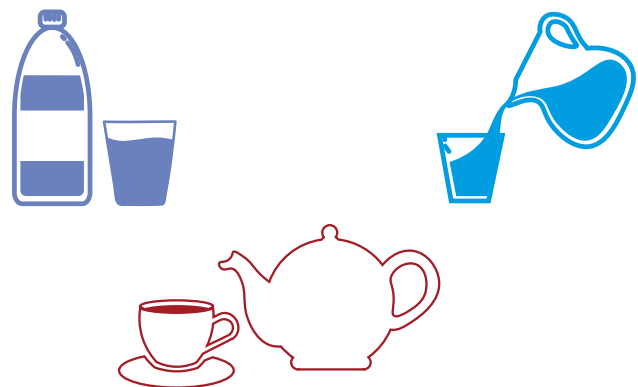
1 medium glass = 200ml

1 can of fizzy drink = 330ml

1 mug = 250ml

1 cup = 150ml

Note: if your residents' are having small cups most of the time they will need more over the day



What counts as fluid intake

Fluids include:

Water

Tea

Coffee

Hot milky drinks

Milks and flavoured milk

Fruit drinks and fruit juices

Soft drinks e.g. cola, lemonade.

Foods, such as soups, jellies, ice cream, fruit, vegetables and salads can also provide around 20 percent of daily fluid intake. If a resident is having difficulty increasing drinks, encourage more of these.

Practice point

If a resident is having more sugary drinks to increase energy intakes, extra oral health care is needed, to protect teeth from decay.



Assessing people's fluid intake – drinking vessel guide

| Drinking vessel | | Fluid Volume |
|------------------|---|--------------|
| Small wine glass |  | 120 ml |
| Small glass |  | 140 ml |
| Small cup |  | 150 ml |
| Large glass |  | 180 ml |
| Regular mug |  | 200 ml |
| Large mug |  | 250 ml |
| Pint glass |  | 500 ml |

The Role of Carers

Carers have a vital role in ensuring that those they care for maintain healthy hydration levels. Carers can do this by making sure that fluids are freely available and physically accessible both day and night, as well as with meals.

Carers should be aware of the need for fluid, encouraging residents to drink regularly and reminding visiting relatives to encourage too, if appropriate.



Practice point

Every day observations have been shown to be inaccurate in detecting dehydration, so it is always best for nursing and care staff to focus on supporting residents to drink well, and achieve the recommended amounts. This will ensure they keep hydrated. Refer to local policies and/or health professionals for more information on dehydration.

See Appendix 1 for more information on benefits of keeping hydrated.

More severe problems associated with longer term dehydration include:

- Increased risk of falls
- Urinary tract infections
- Delirium
- Chest infections
- Constipation
- Increased risk of pressure ulcers
- Admission to hospital.

Residents may have different reasons for not drinking enough fluid such as:

- Loss of appetite generally
- Lack of sense of thirst
- Not remembering to drink
- To manage or avoid the urge to go to the toilet
- Feeling embarrassed drinking from a 'sippy cup'.

Situations where residents may lose more fluid and therefore are at more risk of dehydration:

- Vomiting, diarrhoea, fever
- Heat exhaustion
- Medicines that remove water from the body
- Medical problems; ill health
- Drinking alcohol removes water from the body.



Top tips for highlighting importance

- 1 Start by developing a policy on how you will provide water and other drinks for your residents, this could start with a drinks audit (see Appendix 2)
- 2 Carers should encourage water and preferred drinks for those at higher risk, this may need an indicator such as a yellow lid* on a water jug, coloured napkin at mealtime or a water symbol in their room. Always use a positive approach
- 3 Residents often worry about increased toilet visits, so encourage good hydration from waking and less late at night
- 4 Some residents may lose their thirst response and taste sensation so may need prompting
- 5 Visiting relatives and friends can be a positive influence on helping residents to drink
- 6 Any concerns about a resident's drinking or risk of dehydration should be documented in their care plan, with clear instructions on any actions required
- 7 Identify whether residents are able to drink independently, if they need prompting or need assistance to drink, but remember if they can drink independently they may still forget.

*some hospitals are trialling the use of yellow lids to highlight those at risk.





Practical points for encouraging people to drink

- Water is best served cool and fresh from the tap not left in open jugs to get warm.
- Ensure 'fresh' hot and cold fluids are offered with and between meals.
- Ask residents about their favourite cup or mug – what do they prefer or what can they manage best, would they benefit from having their name on the cup or a brightly coloured handle/lid.
- Serve small cups of water alongside tea and coffee.
- Sometimes warm/hot water with a piece of fruit added can appeal.
- Cups should not be overfilled, if having smaller cups, then these should be provided more often.
- Milk and sugar should be added to individual preferences.
- Encourage more water when taking tablets.
- Find out resident's preferences – what colour (strength) do they like their tea and coffee and how much milk, what sort of cup – china tea cup or mug, these little things are important. Fill out a hydration guide for each resident (see appendix 3).
- Language is important – use positive encouragement rather than asking if someone wants a drink.
- Make drinks easily accessible and have small tables available for placing drinks near residents.
- Cups should be placed in the hands of residents who cannot or do not know how to reach for a drink.
- Consistency of fluids – make sure to follow any individual advice regarding use of thickeners with individual residents.
- As it gets warmer increase the frequency of drinks and make water more available.
- Offer foods with a high fluid content e.g. melon, cucumber, ice lollies, soup, sauces.
- Provide social occasions to encourage drinking e.g. afternoon teas, daily themes e.g 'Mocktail' Mondays, 'Shandy Saturdays', social bar.

Note: fluid intake may be restricted in some residents in nursing homes with liver disease, kidney disease or heart failure – their needs should be met after discussion with a health professional.

Practice point

Take part in the annual nutrition and hydration week Try new ideas and if they work, continue them afterwards as good practice www.nutritionandhydrationweek.co.uk/

Keeping a fluid chart

A fluid intake chart or diary can be used if a resident is observed to not be drinking enough, to monitor their progress.

All staff should be aware and care plans should be updated.

The chart can help to identify the reasons why a resident is not drinking enough – is it the choice of drink, access, timing, mood, illness, forgetfulness.

Note: Those who have difficulty with drinking enough may also have difficulty eating so always consider both together. See section 6 for an example template of a food and fluid diary or refer to local guidance.

Note: Older people with respiratory problems are likely to lose additional fluid through their breathing or their treatments and are particularly prone to dehydration. In these cases, fluid monitoring can be beneficial.

Note: Keeping hydrated is very important in helping to prevent urine tract infections see Appendix 4 for more information.

References

Volkert D et al (2018), ESPEN guideline on clinical nutrition and hydration in geriatrics. Clinical Nutrition, p1-38. Available at: www.espen.org/files/ESPEN-Guidelines/ESPEN_GL_Geriatrics_ClinNutr2018ip.pdf

Bunn D et al (2019) Effective hydration care for older people living in care homes. Nursing Times [online]; 115: 9, 54-58.

Available at: www.nursingtimes.net/clinical-archive/nutrition/effective-hydration-care-older-people-living-care-homes-18-09-2019/



Appendix 1: Keeping Hydrated – Summary of the benefits of good hydration

Summary

Pressure ulcers

Poorly hydrated residents are twice as likely to develop pressure ulcers. This is because dehydration reduces the padding over bony points. Fluid intake to correct dehydration increases levels of tissue oxygen and enhances healing.

Constipation

Poor fluid intake is one of the most frequent causes of chronic constipation. Drinking more water can increase stool frequency. It can also enhance the beneficial effect of daily dietary fibre intake.

Urinary infections and continence

Water helps maintain a healthy urinary tract and kidneys. Being adequately hydrated, rather than having a high fluid intake, is important in the prevention of urinary tract infection (UTI). Many older people do not drink enough in the evening to prevent them from having to use the toilet in the night. However, it has been shown that restricting overall fluid intake does not reduce urinary incontinence.

Falls

The risk of falls increases with age. In older people falls can result in injury and fractures. For example, a broken hip can lead to a reduced quality of life, over and above the trauma and hurt. Such individuals rarely get back to the same degree of independent living as they enjoyed before they fell. Dehydration has been identified as one of the risk factors for falls in older people.

This is because it can lead to a deterioration in mental state, and increase the risk of dizziness and fainting. Maintaining adequate hydration in older people could be effective in preventing falls, together with other factors. In hard water areas, tap water can contribute to dietary calcium intake – calcium is essential for healthy bones and protecting against osteoporosis and fractures.

Skin

Being well hydrated is a good way to keep the skin healthy. The skin acts like a water reservoir and helps regulate fluid for the whole body. Mild dehydration causes skin to appear flushed, dry and loose, with a loss of elasticity, which makes it look older than it is.

Kidney and gallstones

Good hydration can reduce the risk of kidney stone formation by 39%. This is because dilute urine helps to prevent crystallisation of stone-forming salts. Drinking water at regular intervals can also help by diluting bile and stimulating gallbladder emptying. This in turn helps to prevent gall stone formation.

Heart disease

Adequate hydration reduces the risk of heart disease by 46% in men and by 59% in women. It also helps prevent blood clots forming by decreasing the viscosity of the blood (how 'thick' the blood is).

Diabetes

Water is an essential part of the dietary management of diabetes. Dehydration can worsen the control of diabetes. Individuals with poorly controlled diabetes have a high urine output, which can increase the risk of dehydration.

Low blood pressure

Many older people have a drop in blood pressure when they stand. This sometimes causes them to pass out. Drinking a glass of water 5 minutes before standing helps stabilise blood pressure, and prevents fainting.

Cognitive impairment

Dehydration worsens mental performance. Symptoms of mild dehydration include light-headedness, dizziness, headaches and tiredness. It reduces alertness and the ability to concentrate. Once you feel thirsty (0.8-2% dehydration), mental function may be affected by up to 10%. Mental performance gets worse as the individual becomes more dehydrated. In older people this affects cognitive function leading to increasing frailty, reduced ability to do things for themselves, and a reduction in quality of life.

Hospitalisation in older people

Dehydration has been shown to increase by two-fold the mortality of patients admitted to hospital with stroke. It also increases the length of hospital stay for patients with community-acquired pneumonia.

Appendix 2: Reviewing hydration care

What currently happens – find out whether all your residents do get all the drinks they need

Do a drinks audit - see Action Plan 4 Hydration and drinks in Section 7 and resources section

Consider what actions are needed as a result of the drinks audit

- Do some residents need more prompting?
- Do some residents have more tailored preferences e.g a favourite cup or mug or a specific type of cup that helps them to drink independently?
- Do some residents miss out on drinks as they don't have enough help?
- Are there enough times in the day to serve all the necessary drinks?
- Do you have a drinks menu whenever you serve drinks?
- Are particular times more rushed?
- Do you need to identify times in the day where more drinks can be served?
- Consider if some residents have more difficulty than others e.g. those who tend to stay in their rooms or those with specific needs?
- How are staff allocated to support and monitor what residents are drinking?

Identify the issue(s) and decide as a team how to improve practice to ensure that all residents get the drinks they need.

Appendix 3: Resident preference for drinks

This can form part of the introductory assessment of both food and drink, when a resident first comes to the care home and should be reviewed if their circumstances change.

Name: _____ Date: _____

Do you like to have a drink on waking? Yes No

If yes, what time is this usually _____

What is your preferred drink at this time? _____

What do you usually like to drink:

With breakfast _____ At mid morning _____

With lunch _____ At mid afternoon _____

With tea _____ In the evenings _____

Would you like your drink to be served with your meals or after? * _____

Are there any drinks you don't like? _____

Do you like a certain type of cup or mug? _____

Would you like your name on your cup or mug? _____

Do you like any foods that have a lot of fluid in them such as jelly, ice cream, yoghurt, fruit, vegetables, custard, soup Yes No

How do you like your tea: Strong Medium As it comes

With a little milk Milky

(if unable to express, use actual drinks or colour charts)

Sugar? If yes how much _____ Sweetener? If yes, how many _____

How do you like your coffee: Strong Medium As it comes

With a little milk Milky

(if unable to express, use actual drinks or colour charts)

Sugar? If yes how much _____ Sweetener? If yes, how many _____

Have your drinking habits changed recently? Yes No

If yes, how are you drinking less or more _____

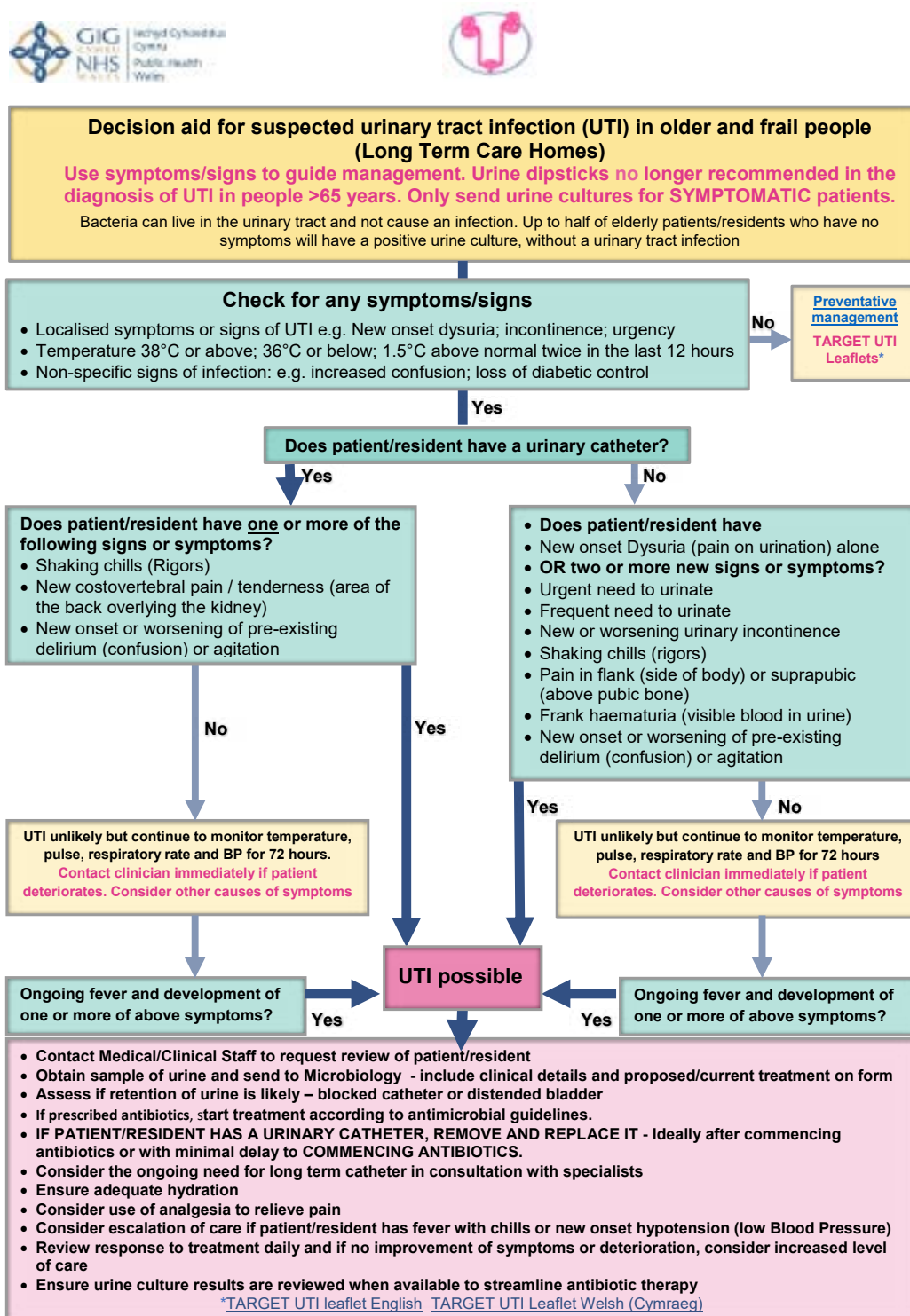
Are you worried about drinking too much and needing to go to the toilet? Yes No

Do you have any other favourite drinks? _____

*If the resident has a poor appetite, discuss whether drinking after a meal may help, so they are not too full to eat.

Appendix 4: Additional information on prevention and management of urinary tract infections

The following chart is a nationally agreed guide for care homes with long term residents over the age of 65 years. It helps to identify what to do if a urine tract infection is suspected. Produced by Public Health Wales.



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For further information and resources go to:

www.phw.nhs.wales/services-and-teams/harp/urinary-tract-infection-uti-resources-and-tools/

The sections on preventing UTI infections and Hydration have lots of useful resources.