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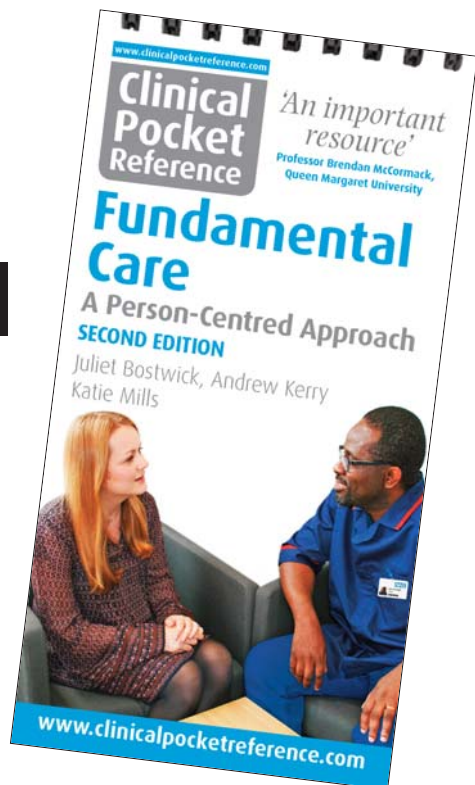
For students, nurses and other healthcare professionals

Essential hydration

Key knowledge
from...

Fundamental Care

**A Person-Centred
Approach
Second Edition**



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Fundamental Care

A person-centred approach

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6.4 Hydration and assisting with drinking

It is important to maintain adequate levels of hydration for normal physiological function. A healthy independent person can maintain their own hydration by responding to thirst and ensuring adequate fluid is consumed. This fluid is absorbed by the gut into the body and the kidneys are then responsible for controlling most of the water loss from the body. However, people can easily increase their risk of hydration problems and this is not restricted to seriously ill people in hospital. Hydration problems can occur in anyone in any setting for many different reasons. Ensuring that people's hydration needs are met forms part of the Department of Health's *Essence of Care* benchmark.

Dehydration/fluid overload

Evidence suggests that hydration continues to be a neglected aspect of care. When discussing hydration, the focus tends to be on assessing for and preventing dehydration, but it is important to recognize that for some people (such as those with kidney and/or heart failure) fluid overload is a risk. Dehydration is excessive loss of fluid from the body, whereas fluid overload is the exact opposite: an inability to rid the body of excess fluid. Both conditions can range from mild to life-threatening.

NP Planning and implementation – assessing and managing hydration (adapted from Shepherd, 2011)

There are some very simple physiological signs that can indicate a person's hydration status. These symptoms may also indicate other issues though, so a full patient assessment is essential. There are also other factors that may indicate that a patient is at risk of hydration problems. It is important to take a person-centred approach to assessment and care.

Physiological signs of dehydration

- Low blood pressure
- Raised heart rate
- Reduced capillary refill (normal 1–2 secs)
- Reduced urine output
- Dry mucous membranes
- Pinched skin may take time to return to normal (can be inaccurate in older adult)
- Electrolyte imbalances

Physiological signs of fluid overload

- High blood pressure
- Raised heart rate
- Shortness of breath due to pulmonary oedema
- Reduced oxygen saturation levels
- Peripheral oedema
- Electrolyte imbalances

Hydration: a person-centred approach

Key elements	Person-centred approach
<p>Accurate fluid balance – enables a record of fluid input and output to be recorded.</p>	<p>Explain the need for a fluid balance chart and how fluid input and output will be recorded; some people may wish to fill out the chart themselves if able.</p>
<p>Additional fluid losses – the body loses 500–800 ml a day though breathing, perspiration, diarrhoea and faeces; a high temperature, wound exudate or output from surgical wound drains may increase this.</p>	<p>Explain potentially less obvious fluid losses and discuss what is normal for the them, e.g. what are their normal bowel habits and have these changed recently?</p>
<p>Alternative fluid intake – intravenous or subcutaneous fluids; nasogastric and percutaneous endoscopic gastrostomy (PEG) tubes can deliver large volumes of fluid.</p>	<p>Ensure the person understands the reason why they need additional fluids; discuss any worries they have.</p>
<p>Nil by mouth – is the person nil by mouth for any reason? If so, how are hydration needs met?</p>	<p>Discuss the need to be nil by mouth and any concerns. A dry mouth can be a problem and they may prefer a particular way of dealing with this.</p>
<p>Oral assessment – as well as mucous membranes, it is important to fully assess a person's mouth and oral hygiene. Do they have any problems that may prevent them from drinking?</p>	<p>What is the person's usual oral hygiene routine and how would they like this to be maintained?</p>
<p>Swallow – does the person have a safe and effective swallow reflex with normal fluids? Does this need to be assessed by a speech and language therapist?</p>	<p>Swallowing problems can be worrying, so discuss any concerns. Thickened fluids may be advised but this changes the texture of fluids (see Fig. 8 for guidance) and so people may develop different preferences to normal.</p>

Key elements	Person-centred approach
<p>Physical ability – can the person drink by themselves or do they need support? Some people may not be able to drink from regular glasses or cups.</p>	<p>What do they prefer to drink out of? Are they able to lift and drink from these? How would they feel about using straws, adapted cups or beakers? What is the best position for them to drink comfortably and safely? Can they move themselves into this position? Can they access drinks themselves? If not, how would they like these problems addressed?</p>
<p>Cognitive ability/communication – can the person respond appropriately to thirst by asking for a drink or helping themselves to a drink?</p>	<p>Are there alternative ways the person can communicate that they are thirsty? How would they like to do this? If communication has been a long-term problem, family or carers may provide information. Older adults may lose their their sense of thirst and so you may need to remind them to drink. Children may benefit from having parents or a guardian involved. Consider play activities or reward schemes to encourage drinking. People with learning disabilities or mental health issues may need additional support.</p>
<p>Personal preferences – remember that food contains fluid also.</p>	<p>What do they prefer to eat and drink? Do the personal preferences match with what is available in the clinical setting? If not, can family members bring in food and drinks?</p>
<p>Medication – is the person taking laxative or diuretic medication?</p>	<p>When does the person prefer to take it? For example, to avoid having to use the toilet during the night.</p>

General points

- Record all personal preferences in the person's care plan.
- Drinking 2.5 litres of water a day (0.5 litres with meals) has increased health benefits and can help prevent and manage constipation, heart failure, diabetes pressure ulcers and certain cancers.
- Drinks should be freely available and within easy access, but you may have to adapt this to meet individual requirements and preferences, e.g. they may find it easier to maintain better hydration with weakly diluted squash drinks.
- Consider foods high in fluid content, such as fruit, vegetables, jelly, ice cream and yoghurt.
- Intravenous fluid may be required (refer to Ong *et al.*, 2019).
- Maintain ongoing assessment of hydration needs and document this in the person's records.

Untreated dehydration and fluid overload can be life-threatening

– if the person you are caring for shows any of the following signs, you must escalate the situation to the medical team urgently, following local protocols. Note how these serious signs of both dehydration and fluid overload overlap. This emphasizes the importance of good assessment.

Dehydration	Fluid overload
Change in level of consciousness	Change in level of consciousness
Low blood pressure	High blood pressure
Increased heart rate	Increased heart rate
Reduced urine output	Reduced urine output Shortness of breath

Special note on fluid overload: someone who is fluid overloaded needs careful management. It is important to liaise closely with the medical staff and, in some cases, the dietetic team. These people may have problems with heart or kidney failure and may require specialist medical and nursing care.

- Fluid restriction: restricting the volume of fluid intake is an important part of caring for someone who is fluid overloaded. Medical staff may dictate the degree of fluid restriction; however, a restriction equal to the person's previous day's urine output plus 500 ml (to allow for other fluid loss) is a good guide.
- Provide the person with information that explains the reasons for and importance of the fluid restriction; explore their worries and concerns.

- Fluid balance chart – remember to record **all** fluids and food high in water content.
- Weigh the person daily if well enough – dramatic changes in body weight from day to day are likely to be the result of fluid loss or gains.
- Ensure fluid restriction is communicated to appropriate staff.
- Despite being fluid overloaded, some people can be thirsty; discuss with them how they would like to manage this, e.g. using ice cubes to quench thirst (be cautious – the average ice cube contains approximately 30 ml of water).
- Liaise with pharmacist to establish if changes can be made to volumes of any intravenous medications.
- Liaise with medical staff regarding appropriate use of diuretics.

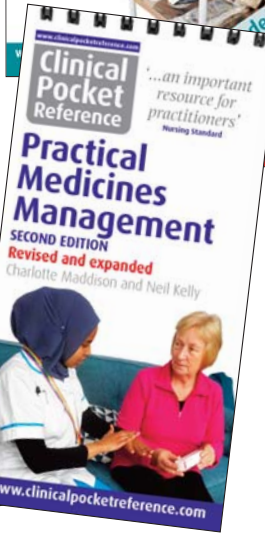
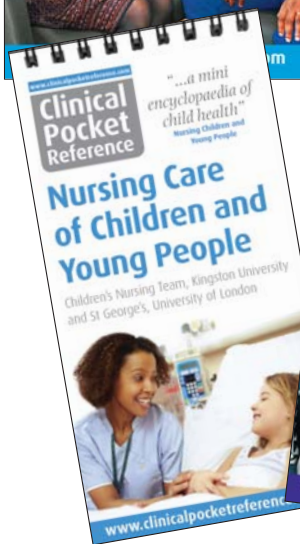
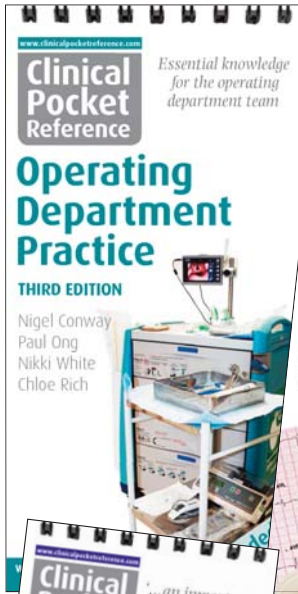
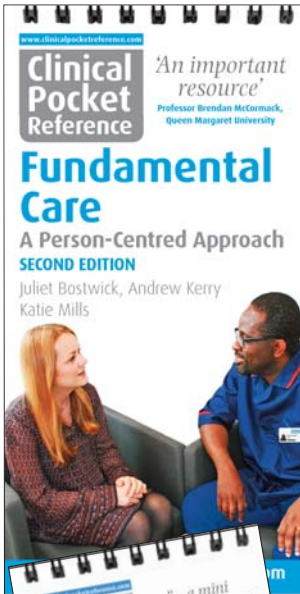
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