



Hertfordshire and
West Essex Integrated
Care System



NHS
Hertfordshire and
West Essex
Integrated Care Board

Hydration

Prevention is better
than cure!



Working together
for a healthier future

Learning objectives

For staff to understand:

- What is Hydration/ Dehydration
- Signs & Symptoms of Dehydration
- Complication of dehydration
- Supporting resident with hydration



Learning objectives

To enable all staff to:

- Monitor the wellbeing of residents and identify early signs of dehydration
- Understand possible signs of dehydration
- Know how to communicate their concerns to their colleagues and outside agencies
- Understand the roles of the different health services available to their residents
- Understand the importance of documenting changes in residents' wellbeing and how to describe their concerns



What is hydration?

Hydration - means taking on fluids so your body can absorb water to function effectively

Dehydration - means too little fluids are taken to replace fluid loss

- Water accounts for about 60% of an adult's body weight
- It performs crucial roles in our body such as carrying nutrients to cells, helping to remove waste products from our major organs and helping to regulate our body's
- Water is lost from our body, not only through urine and faeces, but also through our skin and breath. Our brain is 73% water, so poor hydration can also affect how it functions
- Studies show that dehydration reflected in a 1-2% reduction in body weight can reduce our ability to concentrate, our cognitive and physical performance, and increase feelings of aggression or irritation
- We don't have a real water storage in our body, so it must be replaced regularly by water from our diet
- It is vital we drink enough fluid to maintain a healthy balance. Many people get dehydrated by not drinking enough fluid or by losing fluids and not replacing them



Signs and symptoms of dehydration

- Thirst
- Dizziness
- Headaches
- Vision problems
- Tiredness, fatigue, weakness
- Dry skin
- Dry mucous membranes (mouth, lips, eyes)
- Lack of concentration



Signs and symptoms of dehydration

- Pain when urinating (utis)
- Dark concentrated urine
- Low or no urine output
- Muscle spasms, cramping
- Vomiting
- Increased body temperature
- Loss of consciousness
- Kidney and liver failure



Complications of dehydration

If dehydration is left untreated, it can become severe. **Severe dehydration** is a medical emergency, requires immediate medical attention.

Symptoms of severe dehydration include:

- Feeling unusually tired (lethargic) or confused
- Not passing urine for eight hours
- A weak pulse
- A rapid pulse
- Fits (seizures)
- A low level of consciousness



Severe dehydration can be life threatening, particularly for older people.



Dehydration

Anyone can become dehydrated, particularly at risk:

- Older people - they may be less aware that they are becoming
- Dehydrated and need to keep drinking fluids
- People with long-term health condition - such as diabetes or alcoholism
- Babies and infants, athletes

Good hydration is important for all age groups and is something for everyone to consider.



Dehydration

Dehydration is not always related to an underlying condition.

It may be caused by:

- Vomiting and diarrhoea (especially in infants and children)
- Drugs that increase urine excretion (diuretics)
- Excessive sweating particularly with prolonged exertion
- Decreased water intake
- Burns
- Excessive Heat



Complications of dehydration

Dehydration can also contribute to a number of other factors:

- Pressure sores
- Urinary tract infections (UTI)
- AKI - acute kidney infections
- Venous thromboembolism – blood clots (DVT)
- Cognitive decline for those with dementia
- Dizziness
- Constipation
- Increased falls/ falls risk due to dizziness



Complications of dehydration

- Headaches
- Confusion
- Poor health
- Stroke
- Delirium
- Chest infections



Identifying dehydration

“When you feel thirsty, you are already dehydrated.”



Identifying dehydration

- Signs of dehydration are visible in your urine.
- Dark and strong smelling urine is a clear sign that you need to drink more fluids

Hydrated These colourations 1 – 3, show that you are fully hydrated. However if you have reached level 3 (pale yellow) you are beginning to show the signs of dehydration, and should up your water intake.	1
	2
	3
De-hydrated Level 4 (a darker yellow than level 3), indicates that you have started the dehydration process and need to drink more water. From level 5 upwards to level 8, you are in fact dehydrated. Whilst not critical at level 5, more water is necessary to prevent symptoms worsening. At Level 8, you are seriously dehydrated and in need of rapid hydration to increase your electrolytes.	4
	5
	6
	7
	8



Videos on hydration

[Hydrate video 1: Introduction to hydration](#)

[Hydrate video 2: Offering choice to residents](#)

[Hydrate video 3: Protected drinks time](#)

[Hydrate video 4: Positioning residents for drinking](#)



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How to support hydration

- Increase fluid intake - drink plenty of fluids such as water, diluted squash, fruit juice to stay hydrated
- Drink regularly throughout the day (at least 6 - 8 mugs)
- Monitor your residents urine output
- Monitor the colour of your residents urine
- Ensure drinks are available/encouraged/supported and on offer at all times
- Use food alternatives to fluids - Jelly and other food rich in fluid can be offered to increase fluid intake if the resident doesn't want to drink
- Encourage those who may need prompting to drink regularly
- Different coloured cups/ beakers. Identify your residents cup preference
- Ensure residents are out of bed and sat upright ready to drink



How to support hydration

- Ensure appropriate drinking equipment is available to suit the resident - they may prefer to use a straw
- Set drinks routines instead of relying on thirst alone
- Ensure fluids are encouraged at night
- Staff training on hydration can be refresher or for new starters
- Set protected drinks time
- Set mealtime guides for each resident
- Involve family where possible
- Offer choice of drinks that your residents enjoy at each drinking opportunity
- It can be more effective to offer a drink/high fluid fruit and vegetables rather than ask if your resident would like one



How to support hydration

- Encourage individuals to take each tablet of medication separately with fluid to maximize intake
- For residents in bed be sure to position them so they are able to drink safely
- Record the amount of fluid consumed, not the amount served
- Think about other times of day when hydration can be the focus of care e.g. following meals
- A drink menu can be used as a tool to help enable choice
- 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 arising from hydration
- Show understanding and empathy. Imagine yourself in that individual's situation
- Emphasise the importance of good hydration to your residents
- Make drinking a social thing, like "having a cup of tea"



Discussion

- Getting someone to drink may not be that simple, what strategies can we try to encourage their fluid intake?
- Think of those residents/ clients who may have a diagnosis of dementia. How can they be supported to maintain their hydration?



Discussion

GOOD HYDRATION!

Keeping care home residents happy and healthy



Reference

[Dehydration - NHS \(www.nhs.uk\)](https://www.nhs.uk)

[Water, drinks and your health - NHS \(www.nhs.uk\)](https://www.nhs.uk)

[Hydration-guide-for-carers.pdf \(hertfordshire.gov.uk\)](https://hertfordshire.gov.uk)

[Nutrition and dietetics](#)

[Local Services](#)

[Quality statement 4: Hydration | Care of dying adults in the last days of life | Quality standards | NICE](#)



Reference

[Hydration | NICE](#)

[Reducing incidence of Urinary Tract Infections by promoting hydration in care homes](#)



[Care of dying adults in the last days of life](#)

[Recommendations | Care of dying adults in the last days of life | Guidance | NICE](#)

[Seven glasses a day, keep UTIs at bay | Blog | News | NICE](#)






Single Point of Access contacts for West Hertfordshire Care homes

Service	When to Contact	How to Contact
 <p>Hertfordshire Admission Avoidance Response Car</p>	<p>If your resident is suffering from symptoms of –</p> <p>Head injuries (without loss of consciousness) / Wounds / Burns & scalds / Joint & limb injuries / Soft tissue injuries / Rib injuries / Back pain / Chest infections / Urinary Tract infection / Dizziness Vomiting / Minor Allergic reactions</p>	<p>Call: 03456010552 06.30 - 23.00 7 days a week</p> <p>Ensure you are with your resident when you call</p>
 <p>CLCH Prevention of Admission Pathways</p> <p>Rapid Response (RR) and Early Intervention Vehicle (EIV)</p>	<p>RR and EIV pathways are delivered by joint multi-disciplinary teams comprising of Nurses, Paramedics, OTs, Physios and Healthcare Support Workers to prevent avoidable hospital admissions. Care Homes will typically refer patients suitable for an EIV response. The services are available to adult patients living in Herts Valleys and registered with a Herts Valleys GP.</p> <p>Typical Referrals Accepted: Urinary Tract Infection / Falls with no/minor injuries (including patients currently on the floor) / Minor head injuries (without loss of consciousness) / Back Pain / Chest Infections / Joint and Limb pain / Dizziness Vomiting</p> <p>For any life-threatening conditions, call 999 (Not breathing, unconscious, chest pain, signs of stroke, heavy bleeding)</p>	<p>Call: 03000 200 656, Option 2, Option 8, Then ask to refer to EIV</p> <p>EIV and RR referral calls are triaged by the same team who will determine the most appropriate response. 08.00 - 20.00 7 days a week</p> <p>NB: For wound and catheter care, please continue to refer to the Community Nurses in the established way.</p>





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Service	When to Contact	How to Contact
	<p>For out of hours health advice from</p> <ul style="list-style-type: none"> • GP • Palliative care nurse • Mental health nurse • Pharmacist • Dentist 	<p>Call: 111 option *6 24 hours a day 7 days a week Ensure you are with your resident when you call</p>
	<p>For life or limb threatening emergencies only</p>	<p>Call: 999 24 hours a day 7 days a week</p>
	<p>The Palliative Care Referral Centre provides advice as a 1st point of contact for palliative and end of life patients.</p>	<p>Call: 03332340868 Monday - Friday 9.00 - 17.00 Saturday, Sunday & Bank Holidays 10.00 - 14.00 Specialist Palliative Care advice is available 24 hours a day - Call: 020 3826 2377</p> <p>Call: 01923 330 330 Our Inpatient Unit is open 24 hours a day 7 days a week Our administrative office hours are 09.00 - 17.00 Monday to Friday Email: education@peacehospicecare.org.uk</p>





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Service	When to Contact	How to Contact
 <p>Mental Health</p>	<p>Contact for advice relating to:</p> <p>A resident experiencing a mental health problem for the first time or is in need of urgent help (If your resident is already using the service contact their case worker).</p>	<p>Call: 0800 6444 101 or 01923 633 263 24 hours a day 7 days a week</p>
 <p>Mental Health via Hertfordshire Partnership University NHS Foundation Trust</p>	<p>HPFT Care Home Function</p> <p>Aims of the Care Home Function and Overview of the service:</p> <ul style="list-style-type: none"> • Prevent hospital admissions from Care Homes - when appropriate and safe to do so • Help facilitate early discharge from in-patient care and support care homes to manage this transition period • Liaise with families and carers to identify meaningful occupation for service users • To support service users to live well with dementia by promoting occupational engagement and maintaining existing skills • Improve the knowledge and confidence of care homes staff to use non-pharmacological and pharmacological interventions with service users • To provide complex information and training to care homes staff, service users and their families • To support care home staff with short term treatments such as medication changes or behavioural support plans • To liaise with GPs, Families and other stakeholders 	<p>Email: enherts.smhtop@nhs.net Or telephone - NW (Dacorum & St Albans) 01442 275 628 SW (Watford & 3 Rivers, Hertsmere) 01923 837 148 North (Stevenage, Baldock, Letchworth) 01438 792 190 East (Hatfield, Hertford, Bishop's Stortford) 01707 364 012</p> <p>Opening Hours: 09.00 - 17.00 Monday - Friday</p>



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Service	When to Contact	How to Contact
 <p style="text-align: center;">Community Adult Health Services (CAHS)</p>	<p>Community nurses, community matrons, physiotherapists, occupational therapists and specialist palliative care nurses who support with:</p> <ul style="list-style-type: none"> • Wound care management • Chronic disease management • Palliative treatment and care • Injections/eye drops • Tissue viability • Leg ulcer management • PEG management • Bladder and bowel management • Therapy assessments and treatments 	<p>Call: 03000 200 656 Option 1 08.00 - 22.00 7 days a week</p> <p>Website: CLCH.nhs</p>
 <p style="text-align: center;">Wheelchair Service</p>	<p>Provide wheelchairs and equipment such as:</p> <ul style="list-style-type: none"> • Manual wheelchairs • Powered indoor and outdoor wheelchairs • Specialist buggies, wheelchairs and seating for children • Specialist bespoke seating systems for use with a wheelchair • Pressure relieving cushions and some accessories for wheelchairs 	<p>Call: 0808 1753040 08.00 - 18.00 Monday - Friday (For current wheelchair users)</p> <p>*New users should be referred into the service by a qualified healthcare professional such as a GP, district nurse, physiotherapist, occupational therapist</p>



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Service	When to Contact	How to Contact
 <p>Community Speech and Language Therapy (SLT)</p>	<p>Contact for advice and support relating to:</p> <ul style="list-style-type: none"> • Difficulties with communication, eating, drinking and swallowing • Newly identified or as a result of medical conditions, such as stroke, head & neck cancer, Parkinson's disease and dementia 	<p>Call: 01438 285287 09.00 - 17.00 Monday - Friday</p>
 <p>Community Diabetic nursing team</p>	<p>Contact for advice relating to:</p> <ul style="list-style-type: none"> • Advice and education for adults with diabetes • Healthy living • Diabetes treatments • Initiation of insulin • Blood glucose monitoring and how to use a glucometer 	<p>Call: 01707 621152 09.00 - 17.00 Monday - Friday</p>
 <p>Community Dieticians</p>	<p>Contact for advice and support relating to:</p> <ul style="list-style-type: none"> • Diabetes and weight Management • Nutrition support • Home enteral tube feeding • Long term conditions 	<p>Call: 01727 732011 09.00 - 17.00 Monday - Friday</p>
<p>The Heart Failure Team</p>	<p>Known to have heart failure and known to the community heart failure team?</p>	<p>Call: 03000200656 Option 5 Email: clcht.westherts.communitycardiology</p>





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Service	When to Contact	How to Contact
 <p>Community Respiratory team</p>	<p>Contact for advice and support relating to:</p> <ul style="list-style-type: none"> • Pulmonary rehabilitation • Home oxygen • Hospital at home • Community respiratory clinic • Chronic obstructive pulmonary disease (COPD) • Asthma • Bronchiectasis • Interstitial lung disease (ILD) • Obstructive sleep apnoea (OSA) • Non-invasive ventilation (NIV); and tuberculosis nursing service 	<p>Call: 07944 960825 09.00 - 17.00 Monday - Friday</p>
	<p>Membership: Anyone who provides adult social care in Hertfordshire can be a HCPA member. From Residential and Nursing Homes, Care at Home, Day Services, Nursing Agencies and Hospices, to Direct Employers and Support Living.</p>	<p>Call: 01707 536 020 Email: enquiries@hcpa.co.uk Website: HCPA</p>
<p>Herts Valleys Medicines Optimisation in Care Homes (MOCH) Team</p>	<p>Support and training with medications</p>	<p>Call: 01442 898888 Email: PMOT (NHS Hertfordshire and West Essex ICB)</p>



Single Point of Access contacts for West Hertfordshire Care homes

Service	When to Contact	How to Contact
Herts Valleys Care Home Improvement Team (CHIT)	Supporting and training care homes to ensure the prevention of avoidable hospital admissions and to provide the best quality care	Email: CHITnurse (NHS Hertfordshire and West Essex ICB)
UK government guidance on Care Home visiting		Visiting-care-homes-during-coronavirus
For Patients with Needle Phobia	HPFT support patients with needle phobia and the referral route is the same as for any other IAPT referral	Please can you encourage people to make a self-referral via our patient portal available on our webpage HPFT-iapt.nhs



Thank you
Any questions?

