

Eight to Hydrate: Promoting Oral Hydration of Elderly Patients in Hospital

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INTRODUCTION

- Dehydration is associated with prolonged hospital admission, increased risk of complications and poses a high burden on healthcare use and costs.
- Despite this, dehydration often goes undiagnosed and is inadequately prevented and managed in hospital.
- Elderly patients are at increased risk due to factors such as physiology, dexterity and cognition.

Guidelines:

- British Dietetic Association recommends minimum 7 beverages per day
- British Nutrition Foundation recommends proactive evaluation of dehydration risk and appropriate management in hospital



METHODS

Aim: to reduce the proportion of patients at risk of dehydration on the care of the elderly ward

Audit:

Staff documented oral fluid intake of patients on the care of the elderly ward over a 24 hour period

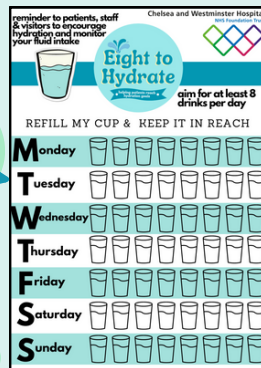
24 hour intake was equated to risk of dehydration

- Very high risk (<400ml)
- High risk (400-800ml)
- Medium risk (800-1500ml)
- Low risk (>1500ml)

Additional data was collected retrospectively including patient demographics, fluid prescriptions, cognitive impairment and comorbidities

- Interventions:**
- Encourage at least 8 drinks per day
 - Visual hydration tracker at the bedside
 - Daily reminder at morning MDT

Audit cycle repeated after two weeks



RESULTS

1st Cycle - Pre-intervention:

- 29 patients were recruited, of which over 50% were at very high or high risk of dehydration.
- 6.8% of patients were found to be at low risk.
- Of those at high risk or very high risk of dehydration, over 50% had a diagnosis of dementia as shown in Figure 1.
- Of those at very high risk of dehydration, 80% had IV fluids prescribed whilst the remainder had documented plan for fluid restriction.

Figure 2

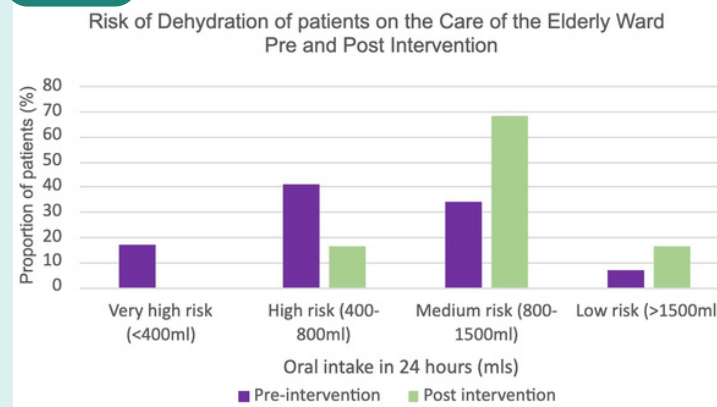
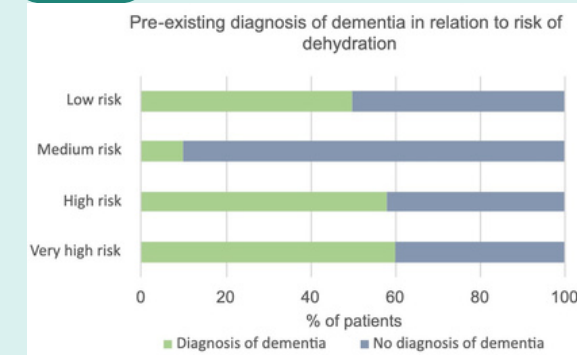


Figure 1



2nd Cycle - Post-Intervention:

- 19 patients were recruited
- Figure 2 shows the proportion of patients by risk of dehydration pre and post-intervention

Post-intervention, there was a 100% reduction in patients at very high risk of dehydration and 61% reduction in those at high risk.

The proportion of patients at low risk of dehydration more than doubled, with 16% of patients achieving the 8-drink hydration target of >1500mls/day.

CONCLUSIONS

- Despite an improvement in the proportion of patients at risk of dehydration, the overall proportion meeting the recommended targets for oral hydration remains low.
- However, simple low-cost strategies can improve oral fluid intake in hospital

Next steps:

- Educating staff, patients and relatives around the importance of preventing dehydration and setting oral hydration goals in hospital.
- Consider oral fluid intake as part of ward round documentation or as prescriptions.