

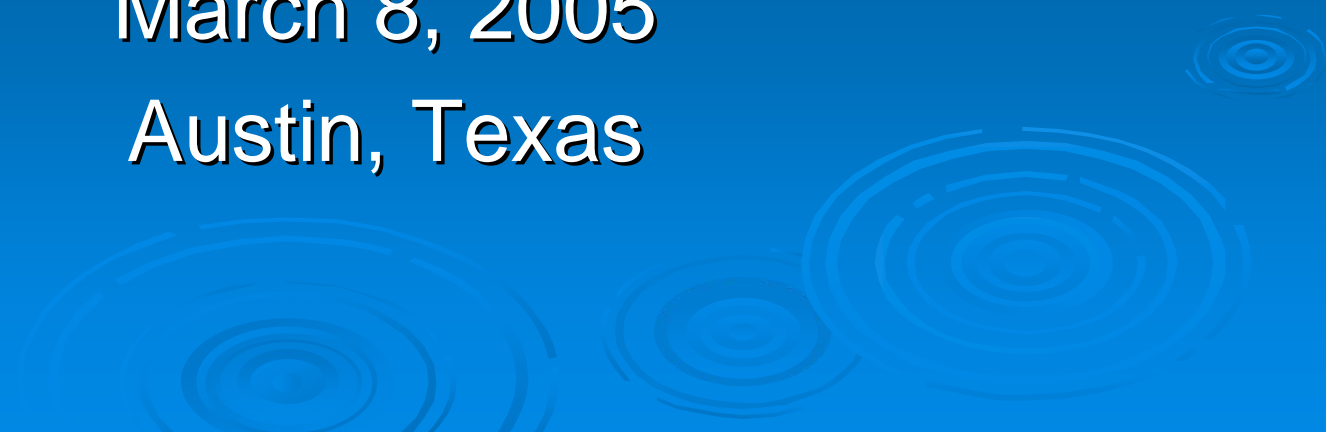


DEHYDRATION

Staff Ombudsman Training


March 8, 2005

Austin, Texas





OMBUDSMEN

- **Are knowledgeable about hydration and dehydration**
 - **Advocate for residents to have optimal hydration**
 - **Support staff to provide good hydration care**
 - **Encourage families to help their loved ones achieve quality care**
- 



The DADS vision for
Hydration in Long-Term Care is

**Adequate hydration except when
advance care planning anticipates
terminal dehydration.**






- Water is a basic human need
- Maintaining adequate hydration among residents is an on-going challenge
- Despite 24/7 care, residents can quickly become dehydrated
- Emphasis: prevention 1st; treatment 2nd





Associated with Many Conditions


- Urinary tract infections (UTI)
 - Pneumonia
 - Pressure ulcers
 - Periodontal sepsis
 - Hypotension
 - Confusion
 - Disorientation
 - Falls
 - Gastroenteritis
 - End-stage diseases
- 



~ CAUSE ~

Decreased fluid intake or Increased fluid loss

Reasons residents may drink inadequate amounts

- Decreased thirst perception
 - Inability to obtain fluids
 - Intentionally decreased intake to prevent episodes of incontinence
 - Acute illnesses
 - Medications
 - Environment
- 

Characterization based on Serum Sodium Concentrations

- Isonatremic: balanced loss of water and sodium typically results from decreased intake of food and water. It can also be due to large volume losses caused by diarrhea or vomiting



Characterization based on Serum Sodium Concentrations

- Hyponatremic: loss of more sodium than water has numerous etiologies but is often due to the use of diuretics



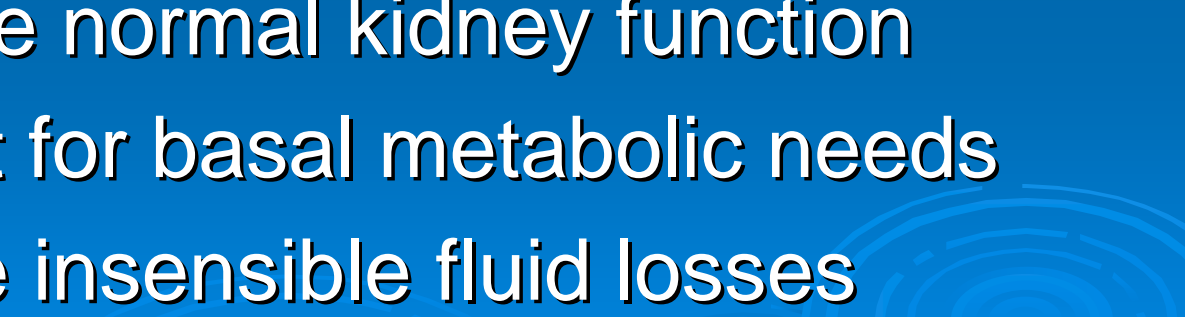
Characterization based on Serum Sodium Concentrations

- Hypernatremic: loss of more water than sodium is commonly
 - caused by fever-induced escape of fluid through the lungs and skin
 - associated with inadequate fluid intake





Dehydration Prevention

- Ensure consumption of adequate fluid amounts
 - Receive 1500 - 2500 mL of fluids daily
 - Minimum Daily Requirement is needed to
 - Preserve normal kidney function
 - Account for basal metabolic needs
 - Replace insensible fluid losses
- 

Providing this basic human need

✓ Saves health care costs



✓ Improves quality of life





Risk Factors for Dehydration

- Purposeful restriction of fluid intake
- Increased age
 - 85-99 year olds are 6 times more likely to be hospitalized than 65-69 year olds.
- Infection
- Fever





Risk Factors

- Decreased kidney function
- Uncontrolled diabetes
- Medications (e.g., diuretics, laxatives)
- Decreased thirst perception





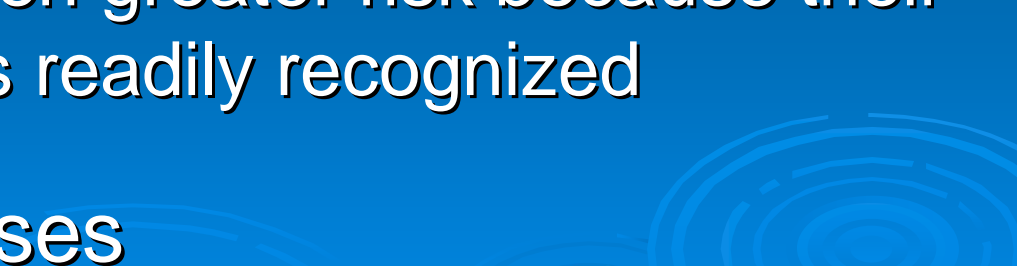
Risk Factors

- Cognitive impairment
- Functional impairment such as hand dexterity problems
- Difficulty swallowing (dysphagia)





Risk Factors

- Communication problems
 - When requests aren't understood, residents become frustrated and stop requesting fluids
 - Dependent residents
 - Totally: at risk for dehydration
 - Partially: at even greater risk because their needs are less readily recognized
 - Terminal illnesses
- 


Institutional Factors

- Staff attitudes and beliefs
- Inadequate staffing
- Lack of a systematic hydration plan






Factor: Staff Attitudes / Beliefs

- May withhold fluids believing that this helps control incontinence episodes
 - May also erroneously assume that a resident is adequately hydrated when s/he refuses liquids.
- 



Factor: Inadequate Staffing

Can undermine any hydration program

- Feedings may be rushed
 - Residents may not be properly repositioned at mealtimes
 - Residents may not be offered additional fluids
 - Residents may not be offered help to pour drinks.
- 



Factor: Lack of Systematic Plan

- Erratic fluid intake is associated with dehydration
- Lack of plan for providing fluids can leave residents deprived of fluids for long periods of time






Resident Evaluation

Upon resident's admission

- Determine need for help with eating and drinking
- Record beverage preferences
- Evaluate hydration status and risk of dehydration



Resident Evaluation

- Consider the resident's
 - Needs for assistance
 - Ability to communicate
 - Extent of cognitive impairment
 - Feeding skills
 - Medications
 - Consider the presence of progressive, irreversible conditions
- 

Resident Evaluation


Use **ALL** available information



- **Medical history**
- **Physical examination**
- **Direct observations**
- **Resident interview**
- **Family interviews**



Closely Monitor Residents

- Poor appetite
 - Dysphagia
 - Refusal to take medications
 - Fluid restriction for any reason
 - New onset or worsening cognitive impairment
 - Recent onset confusion or delirium
 - Urinary tract infection in previous 30 days
- 


Closely Monitor Residents

- Diarrhea
- Previous dehydration episodes
- Internal bleeding
- Fever
- Vertigo
- Vomiting
- Recent weight loss
- Not consuming all or almost all liquids provided





Closely Monitor Residents

- Take a diuretic, digoxin or a medication associated with GI bleeding
 - A terminal or irreversible, progressive, condition, for example
 - Incurable cancer
 - Severe organ injury or failure
 - Dementia
- 



Care Planning

Determine the Goal of Therapy

- Prevent Dehydration
- Provide Palliative Care



GOAL: Prevent Dehydration

Warning signs of evolving dehydration

- Orthostatic hypotension
- Decreasing fluid intake per shift or day
- Decreasing urine output per shift or day
- Change in bowel habit
- Nausea or vomiting
- Decreasing weight
- Abnormal BUN and Creatinine - if ordered



Systemic Plan & Goal

Plan

Promote 1500 - 2500 mL of fluid intake
each day

Goal

Prevent dehydration rather than to simply
treat signs of dehydration


Steps to Assure Proper Hydration

- Provide liquids with meals
- Provide liquids between meals
- Provide liquids during medication passes
- Use verbal prompts
- Observe beverage preferences
- Provide assistance
- Provide staff education
- Track and review fluid intake





GOAL: Palliative Care

- Establish a formal Palliative Plan of Care that anticipates and addresses dehydration
 - Develop a plan that
 - Ensures good mouth care
 - Preserves dignity
 - Promotes comfort
- 



Key Components for Providing Adequate Hydration

- **Education**
- **Identify and Manage Risk Factors for Dehydration (Routine process)**
- **Detect and Manage New-onset Dehydration (Event-Driven process)**

Education

Discuss terminal dehydration as part of routine Advance Care Planning discussion with resident and family





Education

Educate each staff member regarding his or her role in the hydration program

- Recognize risk factors & warning signs
- Help residents who need assistance with meals or drinking in order to maintain adequate hydration
- Record accurately meal and fluid intake



Education

Use structured assessment to evaluate hydration program and to identify opportunities for improvements



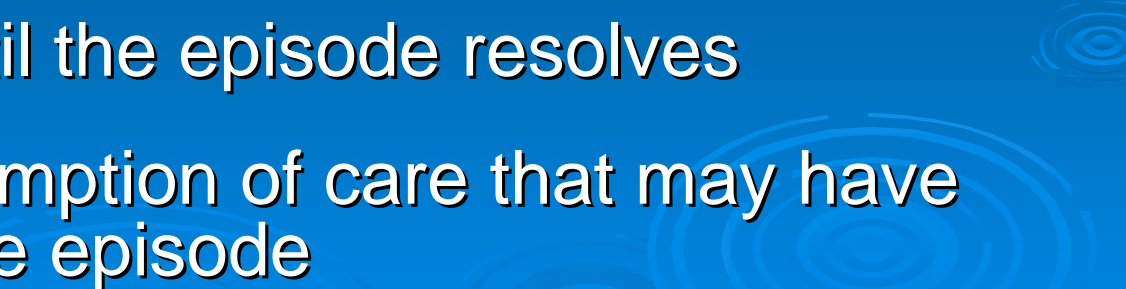


Identify-Manage Risk Factors

- Use a checklist
- Have consulting pharmacist assess each regimen
- Provide fluids
- Circulate a beverage cart
- Verbally prompt residents
- Provide preferred drinks
- Make liquids accessible
- During heat wave, be more vigilant
- Encourage family and friends to offer fluids




Detect-Manage New-onset

- Implement immediate physician notification with inadequate fluid intake for more than 1-2 shifts
 - Assess medical illnesses, bowel / bladder function and mental status changes
 - Provide oral and/or artificial hydration
 - Identify underlying causes and address with specific measures
 - Monitor daily until the episode resolves
 - Reconsider resumption of care that may have contributed to the episode
- 



Nutrition and Hydration Awareness Campaign

Program by the
Centers for Medicare and
Medicaid Services
(CMS)



10 Things to Make a Difference

1. Train and educate on a continuing basis!
2. Monitor at-risk residents
3. Regularly assess ALL residents to determine who is at risk



10 Things to Make a Difference

4. Create and post messages throughout the facility to highlight your nutrition and hydration program

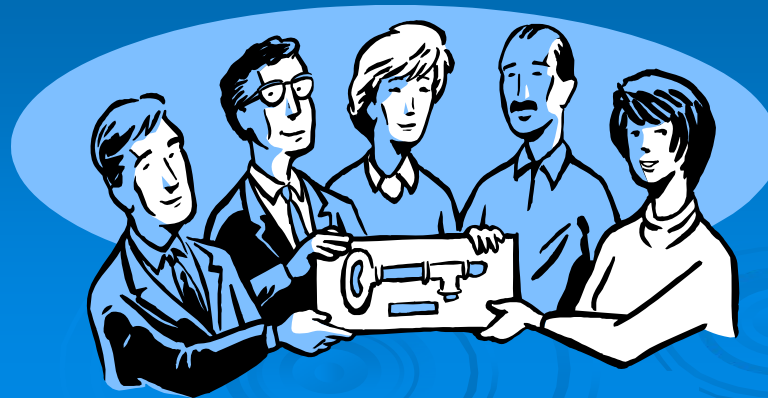


5. Use any and every excuse to have a celebration and serve refreshments!



10 Things to Make a Difference

6. Identify actions the entire care team can take to improve nutrition and hydration
7. Seek input and suggestions from nursing assistants. They know their residents!
8. Make it a team effort! Involve trained volunteers and family members





10 Things to Make a Difference


9. Visit Centers for Medicare & Medicaid S
Sharing Innovations in Quality
<http://siq.air.org> to find simple, creative
ideas other facilities have used

10. Use a variety of resource materials to
maximize your program





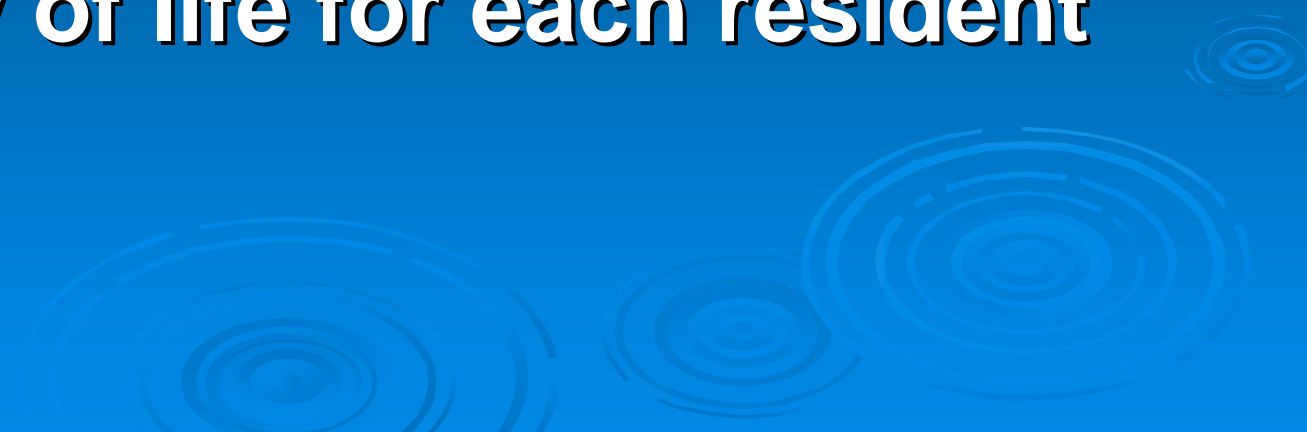
Most Important Benefits

- **Strengthens the immune system, prevents disease and lowers the risk of infections**
 - **Improves quality of life**
 - **Is cost effective**
- 



Resident-Centered Care: HYDRATION

**Improves the quality of care and
quality of life for each resident**





Resident-Centered Care

**The nursing home becomes
the facility of choice
and
*the employer of choice.***



MC-250 State LTC Ombudsman
Department of Aging & Disability Services

P. O. Box 149030

Austin, TX 78714

512.438.4265

Fax: 512.438.3233

www.dads.state.tx.us

