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)
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
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 Shared Innovations in Quality at [http://siq.air.org](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.
TOUGH ENOUGH TO CARE
Be There