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## **Part 3 of DrinKit**

(https://www.uea.ac.uk/groups-and-centres/uea-hydrate-group)

A training kit for use in care homes to equip all care home staff with basic knowledge, skills and attitudes needed to support older adults living in care homes to drink well. All carers, catering, domestic and managerial staff, activity coordinators and volunteers will benefit from taking part in this training alongside other staff from your home.

## Using the DrinKit

The **'DrinKit'** is a four-part guide developed collaboratively with care home staff from eleven care homes in Norfolk and Suffolk, UK.

**Part 1 - The Making Drinking Fun Activities & Engagement Toolkit**. It is an activity-based toolkit for use in care homes, to support residents to drink well. It was developed as part of the Making Drinking Fun study.

**Part 2** - **The Drinks Diary.** The Drinks Diary is a tool to enable residents to record their own drinks intake.

**Part 3** - (this document) is **The 1-hour Hydration Training for all care home staff.** The 1-hour training is the format for a training session designed to enable all care staff to be involved in supporting residents to drink well.

**Part 4** - **The Hydration Champion Team Training Manual.** The training manual is a training kit to use over several months and with several care homes. It works to develop teams of hydration champions in each of the care homes. Teams can adapt and develop this training to improve and enhance staff knowledge about hydration care in their own working environments.

DrinKit was funded by The Dunhill Medical Trust (The Making Drinking Fun Activities & Engagement Toolkit, Grant number: R410/0215), The National Institute for Health Research (The Drinks Diary, Career Development Fellowship NIHR-CDF-2011-04-025 to LH) and the UEA Impact Fund (1-Hour Hydration Training and Hydration Champions Team Training Manual).

## Suggested training plan

We recommend that this hydration training be delivered to <u>all</u> care home staff (care workers, cooks and kitchen staff, activities coordinators, domestic and managerial staff, volunteers, everyone) every 2 years. This core material fits into an hour where you will be busy for the full hour. This plan works for a group of up to 12 participants in a care home environment. It is best delivered by 2 trainers (alternately leading and supporting activity by activity), but can be delivered by one trainer.

Timing	Activity	Materials
0 mins (duration	Activity 1: Welcome and introduction Introduction & baseline knowledge:	Register of attendance
5 mins)	Introductions	
	<ul> <li>Course aims and objectives</li> </ul>	
5 mins (duration 15 mins)	Activity 2: Baseline knowledge of hydration All participants to complete quickly, discussion allowed! Trainer goes through answers briefly. (No scoring)	Baseline questionnaire ('Hydration Quiz') Answers to questionnaire
20 mins (duration 5	<ul> <li>Activity 3: Are you drinking enough?</li> <li>Each person writes down what they drank</li> </ul>	Drinks recording sheets ('What you Drank Yesterday'), pens
mins)	<ul><li>yesterday.</li><li>Use cups and mugs to work out how much you drank.</li></ul>	Jug of water and some typical cups, mugs and glasses used by staff and by residents.
25 mins (duration 5 mins)	<ul><li>Activity 4: Are your residents drinking enough?</li><li>Consider how much residents are drinking.</li></ul>	
30 mins (duration 5 mins)	<ul> <li>Activity 5: Talk about dehydration.</li> <li>What is dehydration?</li> <li>Why residents may easily become dehydrated.</li> <li>Health effects of dehydration.</li> <li>How much and what fluid is required as drinks?</li> </ul>	PowerPoint & projection equipment, handouts
35 mins (duration 10 mins)	<ul> <li>Activity 6: Supporting older adults to drink well</li> <li>Group activity – each person shares best tips within the group.</li> <li>Each group shares their tips.</li> <li>Trainer to add our best tips if not already noted.</li> </ul>	Helping with drinking worksheet  Pens and flipchart paper (Tips written on flipchart, to be printed on the back of staff certificates.)
45 mins (duration 5 mins)	<ul> <li>Activity 7: Reflecting on own practice</li> <li>Each person chooses one or two tips to try out.</li> </ul>	
50 mins (duration 10 mins)	Activity 8: Checking hydration knowledge  • What can you remember?	Baseline questionnaire ('Hydration Quiz') Answers to questionnaire Bottle of drink as a prize (optional)
60 mins	Finish and thanks to all participants	

Certificates produced for each participant, with flipchart tips on the back

#### Aim

This 1-hour hydration training aims to equip care home staff with basic knowledge, skills and attitudes needed to support older adults living in care homes to drink well. This will help your home prevent dehydration and its illeffects in your residents.

#### **Learning outcomes**

At the end of this training, participants should be able to:

- Explain what dehydration is.
- Explain why older adults are more likely to be dehydrated.
- State some effects of dehydration on health.
- Know the drinks requirements for men and women.
- Have a set of tools to support residents to drink well.
- Set goals to improve their own hydration care practice.

#### **Activity 1: Welcome and introduction**

Trainer welcomes everyone to the course: hydration care training and supporting residents to drink.

Start the session by telling participants you will introduce yourself and they will introduce themselves. Introduce yourself briefly by saying your name and other information such as your experience of hydration care and working with older adults.

Ask each participant to introduce himself or herself – suggestions to include name, their job role, how long they have worked here and what they hope to take away from the course. When there are more than 6 participants save time by limiting introduction to name and role.

Introduce the course by briefly describing the course aim and outcomes.

## **Activity 2: Baseline knowledge of hydration**

Ask participants to complete the 'Hydration Quiz'. Tell them that it is not an exam but an opportunity for them to check how much they know about hydration. They are welcome to work on their own or work with someone else. They are not expected to know it all and can say 'I don't know' to any of the questions. Don't tell them this now, but they will be asked the same questions at the end of the training to check their understanding.

Hand out the 'Hydration Quiz'.

Allow about 5 minutes for participants to work through the quiz (they can work individually or discuss their answers).

Review answers with participants, answering any questions or queries they might have. Remind them to keep the knowledge in mind, as they will need it again at the end of the training session.

#### **Activity 3: Are you drinking enough?**

Ask – why do care home staff need to drink enough? Tell participants that it is important that they are well hydrated and drinking enough to stay healthy if they are to support older adults to do the same. Drinking well will help them to work more efficiently and helps prevent headaches and reduce tiredness.

Hand out the drinks recording sheets ('what you drank yesterday') and ask each participant to write down what they drank yesterday, starting from the time they woke up yesterday until waking this morning. Include alcoholic and non-alcoholic drinks. Tell them to complete the 'What' column, as we will work out "how much" next.

Allow 2-3 minutes for participants to remember what they drank yesterday and write it down. Let participants know they don't have to share their drinks intake or patterns unless they want to.

Use a variety of glasses, cups and mugs the size of staff's own drinks. For each, pour in the amount of water to mimic how much drink they would have taken. Then tip the water into the measuring jug to assess the volume in ml. Demonstrate with the first cup or mug. Then get members of the group to measure out the volume of the cups, mugs and glasses they have used (or ones similar in size to those they used), supported by the wider group. Encourage involvement of all participants. As you do this get participants to fill in the "how much" column. Continue until all the participants have filled in the volume of all their drinks.

Each participant then adds up how much they drank yesterday in ml. The trainer reminds the group of the recommendations for drinks intake (2.0L/day for men and 1.6L/day for women). How is everyone drinking, are they drinking enough? If not, how might they improve their drinks intake?

Encourage participants to discuss how they can drink well and remain hydrated while working.

#### **Activity 4: Are your residents drinking enough?**

Each participant to use the final column of their sheet to think of a specific resident (each participant to consider a different resident) and write down what they drink through a day (all drinks from waking through to the following night, including drinks with medications). Ask participants to note when drinks may not be finished.

Some participants might find this difficult - if they are activities coordinators, work in catering, or only work night shifts, for example. If so, you could either:

- pair carers with other participants for this exercise so that between them they have a wider view, or
- work with the whole group to track the drinks of an average resident by working out the care home's overall drinks schedule.

Now measure the cups, glasses and mugs your home uses for your residents (remember that many cups are filled to leave a good margin at the top to prevent spills). Each participant or team adds up how much their chosen resident is likely to drink through the day (taking account of unfinished drinks) and report whether their resident appears to drink enough (at least 1.6L/d for women, 2L/d for men). If carried out as a single group work out together the usual intake of residents.

Participants to share their thoughts.

Alternatively, use the quiz (see resources section) to consider drinks intake of your residents – but measuring real cups is a better learning exercise if you can work it in.

## **Activity 5: Talk about dehydration**

Ask participants how they feel if they have not been drinking enough? Discuss the health effects of dehydration in older adults (PowerPoint slides – if projection equipment is available but still have handouts for staff to take away with them).

Explain what dehydration is. How not drinking enough is different from losing fluid through vomiting and diarrhoea.

Share research findings showing one in five older adults living in care homes are dehydrated, and which older adults are most likely to be dehydrated.

Talk about why older adults are more likely to be dehydrated.

Talk about sources of fluids and how much older adults need to drink.

So if that is the amount in a cup, how many cups do your residents need each day? See the table on the next page:

Fluid volume of this vessel:	Women need 1.6L or 1600ml or almost 3 pints or:	Men need 2L or 2000ml or 3 ½ pints or:
100 ml	16 drinks of this size every day	20 drinks of this size every day
150ml	11 drinks of this size every day	14 drinks of this size every day
200ml	8 drinks of this size every day	10 drinks of this size every day
250ml	7 drinks of this size every day	8 drinks of this size every day
400ml	4 drinks of this size every day	5 drinks of this size every day

#### Activity 6: Supporting older adults to drink well

Group activity – divide participants into groups of three to five. Hand out one sheet of "Helping with drinking "per group.

Tell participants that each person will be sharing their best tips on how to help older adults drink well. Each group chooses one person to write down all the ideas and one person (the same or another person) to report to the wider group at the end of the activity.

While each group work together on this task, set up the flipchart paper and get your pens ready to write.

Give each group five to seven minutes to work through the task. Stop the activity and ask the speaker from each group to report back to the wider group while one of the trainers writes each suggestion on the flipchart paper for all to see.

Ideas to add in to the mix, if they don't spring from the groups naturally, include:

- Carer sits and shares a drink with a resident, both have a drink, time for a quiet chat.
- Ensure every resident is offered a hot drink when they wake and before personal care (can make personal care faster and more efficient).
- Make sure every resident is offered fruit juice and 2 cups of tea or coffee at breakfast.
- Consider introducing 2 drinks rounds in the morning (10am and 11:30?).
- Ensure residents drink a good glass of water, juice or milk with medications (unless contraindicated – check instructions for each medication).
- Offer drinks regularly throughout the day, especially earlier in the day.
- Ensure drinks rounds are not missed and that all residents are served drinks at each round.
- Know and serve what your residents like, the way they like it.
- Ensure there is a variety of drinks from which residents can choose.
- Improve support for residents who need help with the toilet.

## **Activity 7: Reflecting on own practice**

Each person to consider the suggested tips on the flipchart and write down one or two that they will implement over the next 3 work days.

#### **Activity 8: Checking hydration knowledge**

The 'Hydration Quiz' is given out again. Participants complete this (in pairs if preferred). Answers read out briefly, each participant scores their own paper. Cheer and present a prize of a bottle of interesting drink for the person or pair that gets the best score!

If a quicker version is needed, the trainer can ask a few key questions to the group to consolidate learning.

Trainer thanks participants.

## After the training

After the training, trainer uses the attendance list to create certificates for all those attending, type the full set of ideas from flipchart onto the back of each.

## **Activity 1: Welcome and introduction**

## **Register of attendance**

## 1-hour Hydration Training session

Note: these names will be used to print out certificates, please give your name as you would like to see it on the certificate.

Date: Care home:

	Name (print)	Signature
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

## **Activity 2: Baseline knowledge of hydration ('Hydration Quiz')**

#### Some questions about drinking and hydration

Please do your best with these questions – but you are welcome to say "I don't know" if you are very unsure. We don't expect you to know all this! We will ask you these questions again at the end of the course to see what you have learnt:

1.	How much fluid should older <b>women</b> drink every day (at least)?
	L orml orpints orcups/mugs I don't know
2.	Is drinking <b>coffee</b> helpful in keeping older people hydrated?  Yes  No  Not sure
3.	You are concerned about whether an older resident is drinking enough. They tell you that they <b>don't feel thirsty</b> . Does this reassure you that they are okay and not dehydrated?  Yes  No No
4.	For older adults who can drink alcohol does <b>whisky</b> contribute to good hydration?  Yes  No Not sure
5.	How much fluid (minimum) should older <b>men</b> drink every day?
	L orml orpints orcups/mugs I don't know
6.	In UK care homes roughly <b>how many older residents are dehydrated</b> at any one time?  □ 1 in every 3 residents (33%) □ 1 in every 5 residents (20%) □ 1 in every 10 residents (10%) □ 1 in every 20 residents (5%)
7.	For older adults who can drink alcohol does <b>beer</b> contribute to good hydration?  Yes  No Not sure

8.	What are the two best times to help older people to drink more
	<b>fluid? Tick two</b> boxes below for times you think would be best to work on:
	<ul> <li>□ Early morning to breakfast time</li> <li>□ Mid-morning to lunchtime</li> <li>□ Mid-afternoon to the evening meal</li> <li>□ During the evening and overnight</li> <li>□ With medication</li> </ul>
9.	Which of the following characteristics of older residents means that they are likely to need to drink more? (Tick as many as you think apply)  Poor cognition or dementia Older Female Needing any type of diabetic medication Unable to walk very far Newer residents
10.	The following are health effects of not drinking well:  Headache Pressure areas Confusion Stomach ache
11.	What is the volume of the following?
	100mls
	□ 150mls □ 180mls □ 200mls □ 250mls

12. Both **food** and **drinks** are sources of water. True or false?

Thank you for completing the quiz!

## Materials for Activity 2: Baseline knowledge of hydration

Inswers 1	for	the	drinking	and	hyd	Iration	quiz
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1.	How much fluid should older <b>women</b> drink every day (at least)?
	1.6 L or 1600ml or 3 pints or?? cups/mugs (depending on size of cups and mugs!)
2.	Is drinking <b>coffee</b> helpful in keeping older people hydrated?  ☐ Yes
3.	You are concerned about whether an older resident is drinking enough. They tell you that they <b>don't feel thirsty</b> . Does this reassure you that they are okay and not dehydrated?  □ No - as we get older we lose our sense of thirst, so older adults can be dehydrated but still not feel thirsty
4.	For older adults who can drink alcohol does <b>whisky</b> contribute to good hydration?  No – but a mixer will, and alcohol is fine for those in whom it is not contraindicated (for example, alcoholism or some medications)
5.	How much fluid (minimum) should older <b>men</b> drink every day?
	2L $or$ 2000ml $or$ 3 ½ pints $or$ ??cups/mugs (depending or size)
6.	In UK care homes roughly <b>how many older residents are dehydrated</b> at any one time?  □ 1 in every 5 residents (20%)
7.	For older adults who can drink alcohol does <b>beer</b> contribute to good hydration?  Uses – and this can help some older adults to drink well. Alcohol-free beer is also great, and fine for alcoholics and those who need to avoid alcohol because of specific medications.
8.	<ul> <li>a. What are the two best times to help older people to drink more fluid? Tick two boxes below for times you think would be best to work on:</li> <li>Early morning to breakfast time</li> <li>Mid-morning to lunchtime</li> <li>Mid-afternoon to the evening meal</li> <li>During the evening and overnight</li> <li>With medication</li> </ul>
۸ ۵	tually ANV time is great but

Actually ANY time is great, but:

• A cup of tea or coffee before breakfast is particularly good, and can help residents get ready for personal care

- Plenty of drinks at breakfast and during the morning are really helpful

   make sure residents are offered second cups of tea and coffee with
   breakfast, as well as fruit juice, and consider 2 drinks rounds during
   the morning.
- Drinking a good cup of water or fruit juice with medication helps the pills go down well, helps medications to work well and improves hydration too – a winner.

9.	Which of the following characteristics of older residents means that they
	are likely to need to drink more? (Tick as many as you think apply)
	□ Poor cognition or dementia
	□ Needing any type of diabetic medication
	<b>Every</b> resident is at risk of dehydration, but those with poor cognition and
	diabetics are even more likely than average.

- 10. The following are health effects of not drinking well:
  - ☐ Headache
  - Pressure areas
  - Confusion

There are lots of ill-effects of not drinking well in older adults – including increased risk of falls, urinary tract infections (UTIs), unplanned hospital admission, infections, pneumonia and death.

11. What is the volume of the following?



□ 100mls



□ 180mls

12. Both **food** and **drinks** are sources of water. True.

Women need 1.6L each day and men 2L each day of drinks, on top of the fluids they get in food. For those not drinking well wetter foods can help – see the introduction section of the Making Drinking Fun Activities and Engagement Toolkit for more information.

## **Activity 3: Are you drinking enough?**

## What you drank yesterday

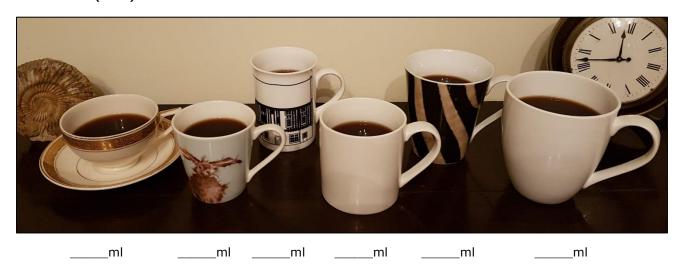
Your name:

Think about what you drank yesterday. Then write down all your drinks:

When	What you drank	How much you drank	×
First thing in the morning			
_			
With breakfast			
Between			
breakfast and lunchtime			
With lunch			
Between lunch and tea time			
With your tea (evening meal)			
After your tea			
Before bed			
During the night			
Total – adding it up			

# Activity 4: Alternate activity (if no access to real cups and a measuring jug).

How much do you think? Look at the drinks below and estimate the number of millilitres (mls) of fluid in each:





Obviously, the amount of fluid in each depends on how high you fill the cup or glass but notice how full your residents' cups are filled – there is usually a good space to prevent spills. The pictures above reflect this. Look over page to see how well you did.

These are the actual volumes of fluid in these cups:



100ml 150ml 250ml 250ml 250ml 400ml



100ml 200ml 150ml 150ml 500ml 500ml

## Activity 5: Talk about dehydration.

PowerPoint slides – drinking and dehydration

## **Drinking & Dehydration**





Florence Jimoh Lee Hooper

#### What is dehydration?

- When we don't drink enough fluid the amount of fluid in our body falls.
- o This is dehydration.
- Dehydration happens when fluid intake is less than fluid losses.



#### Some effects of dehydration on health

- Unplanned hospital admissions
- o Confusion & delirium
- o Pressure ulcers
- o Poor wound healing
- o Constipation
- o Urinary tract infections (UTIs)
- o Heat stress, infections, kidney stones
- o Drug toxicity
- Stroke
- o Falls
- Deaths
- Disability

#### **DRIE study Dehydration Recognition In** our Elders

How many older people living in UK long-term care are dehydrated?

- ▶20% are dehydrated
- ▶1 in every 5 older people is dehydrated
- ► A further 28% are at risk of dehydration (have impending dehydration)

Hooper L et al, <u>J Gerontol A Biol Sci</u> Med Sci. 2016;71(10):1341-7. doi: 10.1093/gerona/glv205.

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>300mOsm/kg
Impending dehydration: 295-300mOsm/kg Hydrated: 275 to <295mOsm/kg

#### DRIE study **Dehydration Recognition In our** Elders

Older people most likely to be dehydrated:

#### Those with

- ▶poorer cognitive function
- ▶any diabetic medication

All those living in care homes were at risk.

Most with dehydration were not thought at high risk of dehydration by care staff.

Hooper L et al, J Gerontol A Biol Sci Med Sci. 2016;71(10):1341-7. doi: 10.1093 /gerona/glv205.



#### Why dehydration?



Hooper L et al, Mech Ageing Dev 2014; 136-137: 50-58. doi: 10.1016/j.mad.2013.11.009

Older people usually don't feel thirsty – so if they drink too little they don't know.

DRIE advisory groups (care home residents) have told us that they sometimes drink too little:

- To avoid visiting the toilet so often (day or night)
- Dementia may mean people forget to drink, or think they have drunk
- Reduced social contact reduces social drinks.
- Physical access may be limited.

#### Fluid -how much?



European guideline:

Men: 2.0L/d of drinks Women: 1.6L/d of drinks

1

Men: 3 ½ pints or **14 teacups** Women: almost 3 pints or **11 teacups** 

Food: 20 -30% Drinks: 70- 80%

#### Fluid - what drinks count?

All drinks are great at providing fluid, including coffee, tea, shandy, fruit juice, milk, squash, milky drinks, soups, Bovril, oxo, water, cola, lemonade, beer, milk shakes etc.

Volkert D et al, Clin Nutr 2019;38(1):10-47. doi: 10.1016/j.clnu.2018.05.024

#### **Dehydration prevention - summary**

- 1 in every 5 older people in care homes are dehydrated
- Older people with diabetes or poor cognition are most at risk – but <u>all</u> older people are at risk
- Older people usually don't feel thirsty when dehydrated

   so don't know they need to drink more
- All drinks (except strong alcohol) help to keep us hydrated – we don't have to drink water
- Men need to drink at least 2L (3 ½ pints) each day
- Women need to drink at least 1.6L (almost 3 pints) daily
- Activity times are great times to help older people drink.
- The more drinks residents are offered the more they drink
- Offer drinks first thing in the morning before breakfast
- Offer plenty to drink with medications



#### 1-hour Hydration Training for all care home staff

A training kit for use in care homes to equip care home staff with basic knowledge, skills and attitudes needed to support older adults living in care homes to drink well.

#### Funded by the UEA Impact Fund

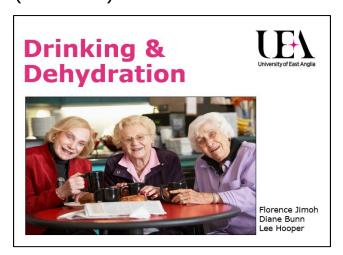
1-hour Hydration Training was developed by Lee Hooper, Diane Bunn and Oluseyi Florence Jimoh at the University of East Anglia, with funding from the National Institute for Health Research, The Dunhill Medical Trust and UEA Impact Funding. Training pack available from:

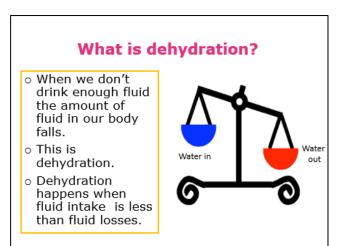
https://www.uea.ac.uk/medicine/research/publichealth/healthservices-and-primary-care/DrinKit.

For further details contact Lee Hooper, Norwich Medical School, UEA, Norwich NR4 7TJ, 01603 Tel: 01603 591268; email: l.hooper@uea.ac.uk

## **Activity 5: Talk about dehydration.**

PowerPoint slides <u>for use by trainer only</u> – drinking and dehydration (with text)





#### Text for slide 2:

Ask participants how they feel when they have not been drinking well. Allow discussions and sharing of experiences. Possible experiences could include tiredness, headaches, disorganised, confused, lethargic etc.

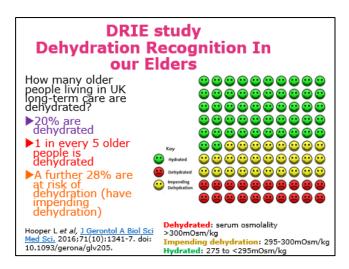
Water comes into our body in several ways - through what we drink (80%), what we eat (20%) and a small amount is made in the body. Water leaves our body when we make urine, faeces, sweat and breathe. Dehydration happens when the amount we are drinking is less than the amount we are losing.

Low-intake dehydration happens when we drink too little. It is most common in older people. (The other type of dehydration is due to vomiting or diarrhoea, called salt-loss dehydration as we are short of both water and salt).

This talk is about low-intake dehydration as it is most common in older people, and less obvious (as we don't have diarrhoea or vomiting as clues).

## Some effects of dehydration on health

- o Unplanned hospital admissions
- o Confusion & delirium
- o Pressure ulcers
- o Poor wound healing
- o Constipation
- o Urinary tract infections (UTIs)
- o Heat stress, infections, kidney stones
- o Drug toxicity
- o Stroke
- o Falls
- o Deaths
- o Disability



#### Text for slide 3:

Ask participants what additional effects are for older people when they don't drink enough – let them suggest health effects before clicking to show the list above.

Low-intake dehydration can cause serious health effects in older people (note some of those in the list above). This is why we need to be aware of low-intake dehydration and work to prevent it – by helping older adults to drink well.

#### Text for slide 4:

Research in Norfolk and Suffolk care homes in UK found that 1 in every five older residents were dehydrated (the DRIE study). A further 28% were borderline. This was assessed using a blood test (the best method).

Other tests like urine colour and skin turgor don't work for older people. This is because our kidneys don't work so well as we get older (so may not concentrate our urine even though we are dehydrated) and our skin is often already wrinkled with age.

As blood tests are difficult and cannot be carried out routinely in care homes, prevention is the best option. We need to work hard to help our residents drink well.

# DRIE study Dehydration Recognition In our Elders \_\_\_\_\_

Older people most likely to be dehydrated:

#### Those with

- ▶poorer cognitive function
- ▶any diabetic medication

All those living in care homes were at risk.

Most with dehydration were not thought at high risk of dehydration by care staff.

Hooper L et al, <u>J Gerontol A Biol Sci</u> <u>Med Sci.</u> 2016;71(10):1341-7. doi: 10.1093 /gerona/glv205.



#### Why dehydration?



Hooper L et al, Mech Ageing Dev 2014; 136-137: 50-58. doi: 10.1016/j.mad.2013.11.009

Older people usually don't feel thirsty – so if they drink too little they don't know.

DRIE advisory groups (care home residents) have told us that they sometimes drink too

- To avoid visiting the toilet so often (day or night)
- Dementia may mean people forget to drink, or think they have drunk.
- Reduced social contact reduces social drinks.
- Physical access may be limited.

#### Text for slide 5:

The DRIE study also found that <u>all</u> older people living in care homes were at risk of low-intake dehydration.

Those with poorer cognitive function (e.g. dementia) and those using diabetic medication were at higher risk than usual.

#### Text for slide 6:

Why are older people at increased risk of low-intake dehydration?

Older people do not feel thirsty like young people, so can't tell when they need to drink. This means they are unlikely to help themselves or ask for drinks. So we have to make sure they are provided with plenty of drinks.

Older people often choose to drink less to reduce burden on carers, and to avoid visiting the toilet so often (when this can be difficult or painful). These issues need to be discussed to help older people drink well.

Drinking is a very social activity - we offer tea or coffee to visitors, share a pint or a coffee when we bump into an old friend. Support social time and contact around drinking to help your residents drink well.

Older people may forget whether they have had a drink recently – we need to offer, encourage and remind.

We need to make sure that our residents have equipment that helps them drink independently, safely, with enjoyment and dignity.

#### Fluid -how much?



**European guideline**: Men: 2.0L/d of drinks

Women: 1.6L/d of drinks



Men: 3  $\frac{1}{2}$  pints or **14 teacups** Women: almost 3 pints or **11 teacups** 

Food: 20 -30% Drinks: 70- 80%

#### Fluid - what drinks count?

All drinks are great at providing fluid, including coffee, tea, shandy, fruit juice, milk, squash, milky drinks, soups, Bovril, oxo, water, cola, lemonade, beer, milk shakes etc.

Volkert D et al, Clin Nutr 2019;38(1):10-47. doi: 10.1016/j.clnu.2018.05.024

#### **Dehydration prevention - summary**

- ◆ 1 in every 5 older people in care homes are dehydrated
- Older people with diabetes or poor cognition are most at risk – but all older people are at risk
- Older people usually don't feel thirsty when dehydrated
   so don't know they need to drink more
- All drinks (except strong alcohol) help to keep us hydrated – we don't have to drink water
- ♦ Men need to drink at least 2L (3 ½ pints) each day
- ❖ Women need to drink at least 1.6L (almost 3 pints) daily
- Activity times are great times to help older people drink.
- The more drinks residents are offered the more they drink
- Offer drinks first thing in the morning before breakfast
- Offer plenty to drink with medications

#### Text for slide 7:

How much should older adults be drinking each day?

This is the same as for all adults. AT LEAST 1.6L or 1600mls every day for women (just under 3 pints each day), 2.0L or 2000mls for men (about 3 ½ pints) every day. This is in addition to fluid from foods (based on European Guidance)

Drinks that can add up to 1.6 or 2 L include tea, coffee, beer, milk shakes, fruit juice, milk..... etc. Only strong alcohol (wine and spirits) don't count.

Work out the volume of cups and glasses in your care home to see how many will be required each day by men and women – are you giving out enough drinks

#### Text for slide 8:

To summarise this session, I will recap the main content.

[Read through the list above.]

Let's go out there and make a difference to the lives of our residents. Thank you!

## **Activity 6: Supporting older adults to drink well**

## Helping with drinking

Individually think of a resident you know quite well and imagine that for some reason they are not drinking well at present. Think about what you might do to help them drink as much as they need to.

#### As a group:

- 1. Nominate a scribe.
- 2. Share your ideas about how to help residents drink well, and
- 3. write down your ideas for helping residents to drink well below:

## **Activity 7: Reflecting on own practice**

## My goals for the next few days

Individually choose 2 changes that will help one or more of your residents drink well. These are changes you will make over the next day or two that you are working.

My goals:

1. ....

2. ....

1-hour Hydration Training was developed by Lee Hooper, Diane Bunn and Oluseyi Florence Jimoh at the University of East Anglia, with funding from the National Institute for Health Research, The Dunhill Medical Trust and UEA Impact Funding.

Training pack available from:

https://www.uea.ac.uk/groups-and-centres/uea-hydrate-group.

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September 2019

# Following the training, fill in the details for each participant on the certificate on the next page

(also available on the DrinKit website as a downloadable Word document)

# and type in the great tips that everyone came up with during Activity 6

(including them before and between the standard tips).

Then print these out and give to each participant.



# 1-hour Hydration Training [Participant name]

working at [care home name] attended training on drinking, fluid intake and dehydration on

[date: day, month, year].

[Signature of trainer]

Trainer: [trainer name and

<u>qualifications here</u>]

# These are the great tips you came up with to support your residents to drink well:

	Carer sits and shares a drink with a resident, both have a drink, time for quiet chat.
	Ensure every resident is offered a hot drink when they wake and before personal care (can make personal care faster and more efficient).
	Make sure every resident is offered fruit juice and 2 cups of tea or coffee at breakfast.
-	Consider introducing 2 drinks rounds in the morning (10am and 11:30?).
ı	Ensure residents drink a good glass of water, juice or milk with medications (unless contraindicated – check instructions for each medication).
-	Offer drinks regularly throughout the day, especially earlier in the day.
	Ensure drinks rounds are not missed and that all residents are served drinks at each round.
-	Know and serve what your residents like, the way they like it.
-	Ensure there is a variety of drinks from which residents can choose.
	Improve support for residents who need help with the toilet.





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