

## Help sheet no.14

### Drinking and fluids – maintaining hydration

Water is required for all body functions. It transports nutrients, keeps tissues moist (eyes, mouth and nose), hydrates the skin, ensures there is enough blood volume, helps to cool the body through sweating, distributes medication to where it is needed and is required for normal kidney and bowel function.

Dehydration or lack of water can quickly lead to illness and death. Older people are more vulnerable to dehydration because they:

- have a reduced sense of thirst
- produce a more dilute urine
- have lower total body reserves of water
- may avoid drinking because of fear of choking or incontinence.

#### Signs of dehydration

The early signs of dehydration include:

- thirst
- dry mouth and skin and cracked lips
- sunken eyes
- dark urine
- fatigue, headache, confusion.

#### Risk factors for dehydration

- less than six 200 ml cups of liquid are taken daily
- a swallowing problem
- a fever or increased sweating
- vomiting or diarrhoea
- hot weather or hot indoor environments
- assistance is required to drink from a cup.

#### Steps to maintain adequate hydration

- Offer a variety of fluids (at least six cups) daily – residents with a larger body size will need more fluids.
- Provide fluids at each meal and snack.
- Offer extra drinks each time you see the resident.
- Although tea and coffee contain caffeine, which has a mild diuretic effect, don't discourage residents from drinking them.
- Offer assistance where required.
- Use other high fluid foods, such as jelly desserts, ice cream, icy poles, soups and custards.

- Give medications with a full cup of fluid.
- Record fluid intake if the resident is at risk.
- Observe for signs of dehydration.
- Have a jug of fluids at the bedside.

### Other steps to ensure adequate hydration

- Offer more fluid to help manage constipation.
- Implement appropriate management of incontinence.
- Where possible, revise medications that might contribute to dehydration.
- Request speech pathology assessment for swallowing problem.
- Request dietitian assessment for advice on providing fluids.
- Consider tube feeding when conservative management is not successful.

### Providing for residents who need thickened fluids

Thickened fluids are best mixed in bulk. Fluids must be of a smooth texture and with minimal air incorporation. Appropriate commercial equipment helps here, particularly where large volumes are required.

A menu for thickened fluids should be established to ensure that residents receive a variety of flavours throughout the day. Consult a dietitian to assist in establishing catering procedures for fluid production.

### Thickeners for fluids

The choice of thickener is based on cost and ease of mixing into hot and cold fluids. Thickeners fall into two categories:

- **Modified starches** tend to be easier to mix into both hot and cold liquids, but cost more.
- **Gums** (guar gum and xanthan gum) are best mixed with a vitamiser into cold liquids. Hot fluids need to be cooled, thickened and then reheated (tea, coffee, hot milk, soup).

Some ready mixed commercially available thickened fluids are available. Check with your speech pathologist and dietitian about the suitability of these for individual residents.

**Special consideration:** Gum based thickeners should be used with caution in people with risk of bowel impaction, severe constipation, or with gastric reflux.

Other sources of thickened fluid include thick vitamised soup, instant puddings, dairy desserts and yoghurt.

### Grade of thickness

The speech pathologist may recommend different thicknesses for different residents. Seek advice from the speech pathologist about the grade of fluid most suitable for individual residents.

Care should be taken with jelly and ice cream as they may melt in the mouth before being swallowed. Check suitability of these foods with your speech pathologist.

### Acceptance of thickened fluids

Some thickeners may produce an unacceptable mouth-feel and detract from the flavour of the drink. Experiment with different thickeners to find the one that best suits your residents. A dietitian can provide advice and suggest suitable recipes. If the resident refuses to drink thickened fluids, seek further advice from the doctor, dietitian and speech pathologist.

Adapted from; Stewart A., (1999), *Nutrition guidelines for residential aged care facilities* (unpublished) Contact Alison Stewart, Consultant Dietitian.

### Useful references

Martin J., & Backhouse J., (1993), *Good looking and easy swallowing – creative catering for texture modified diets*, Julia Farr Centre Foundation PO Box 221 Unley South Australia 5061.

National Health and Medical Research Council (1999), *Eat well for life – a practical guide to the dietary guidelines for older Australians*, Canberra, Ausinfo.

Note: If there are issues with food or fluid intake, seek specialist assessment and advice from an accredited practising dietitian. See the Dietitians Association of Australia website at [www.daa.asn.au](http://www.daa.asn.au) or call the accredited practising dietitians hotline on 1800 812 942.