

## Importance of Hydration in Aged Care

The prevalence of dehydration in people over 65 years of age is very high and can occur in as little as 4–8 hours.

Inadequate hydration in residents is the most common cause of fluid imbalance in older Australians. Poor hydration is clinically important because dehydration is associated with many adverse consequences including poor oral health, poor skin integrity, constipation, urinary tract infection, and confusion. Poor hydration itself can also contribute to reduced food intake and malnutrition.

### What is dehydration?

Dehydration is a condition that results when the body loses more water than it takes in. This imbalance disrupts the usual levels of salts and sugars present in the blood, which can interfere with the way the body functions.

### Why do we need water?

Water makes up around two thirds of our body weight and is essential for many bodily functions:

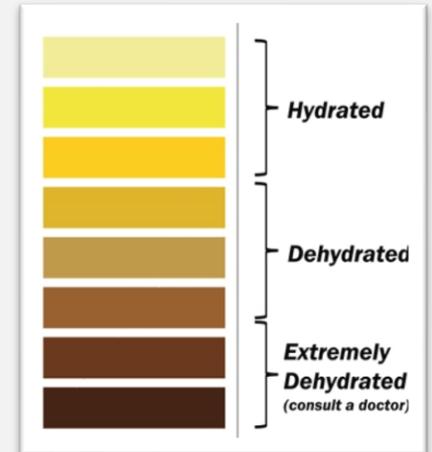
- transporting nutrients around the body, remove waste products
- Secreting hormones and digestive juices
- Providing a medium for metabolic reactions (i.e. breakdown or creating proteins)
- Assisting with body temperature regulation
- Keeping eyes and mucous membrane (mouth, nose) moistened .<sup>1</sup>
- Keeping joints lubricated
- Preventing constipation



### Symptoms of dehydration

People who are dehydrated may exhibit the following symptoms:

- Decreased urine output, that is concentrated (Refer to chart)
- Constipation
- Dry skin, lips, tongue and mouth
- Headache and or dizziness
- Weakness and fatigue
- Sunken eyes\*
- Low blood pressure\* or Rapid heartbeat\*
- Fever\* or Delirium\* (\* May appear in advanced stages of dehydration) <sup>2</sup>



Hydration Urine Chart

### Why are older people more prone to dehydration?

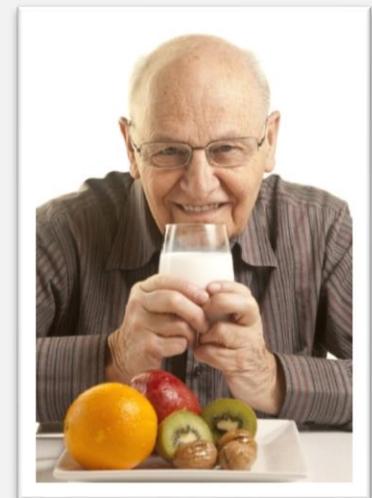
Older people are more prone to dehydration than younger people, because their sense of thirst is diminished. As a result, they tend to drink less than their body requires. An older person's ability to conserve water and respond to temperature changes are also reduced.

Dehydration can be further exacerbated by gastrointestinal upsets, swallowing difficulties, poor vision or inability to see drinks, dementia, diabetes and some medications.



### Strategies to ensure optimal hydration in care facilities

- Providing frequent verbal prompts to institutionalised elderly has been shown to be one of the most effective methods to promote hydration<sup>4</sup>
- Provide a selection of drinks (milk drinks, juice, hot drinks, soft drinks)
- In hot weather provide ice-blocks or ice chips to suck
- Offer or provide drinks with all meals & at the bedside
- Provide appropriate utensils such as straws or suitable cups
- Add cordial to water to encourage greater consumption
- Put a symbol above the beds of residents at risk of dehydration
- Provide extra monitoring for those requiring thickened fluids
- Don't restrict fluids due to incontinence or diuretic use <sup>2</sup>
- Introduce a screening tool that may identify residents with or at risk of dehydration <sup>5</sup>





### Tips from OSCAR Hospitality Lead Dietitian, Ella Monaghan:

We all know what it feels like to be incredibly thirsty such as after you have eaten a salty meal. As we age our ability to notice thirst decreases especially for residents who may have Alzheimer's Disease, therefore it is important that older residents are gently prompted to drink throughout the day. Try encouraging the elderly to finish a whole glass of water with their medications – this can make a significant impact on their fluid consumption over the duration of the day.



### Foods to promote hydration

It is important to realise that fluids can come in the form of food too. Foods that may promote hydration include:

- Custard
- Soup
- Yoghurt
- Jelly
- Ice-cream
- Puddings
- Juicy fruit & vegetable snacks (oranges, cucumber, tomatoes, watermelon)



### References

1. <http://www.mayoclinic.org/healthy-lifestyle/nutrition-and-healthy-eating/multimedia/functions-of-water-in-the-body/img-20005799>
2. Bartl R & Bunney C. *Best Practice Food and Nutrition Manual for Aged Care Facilities: Addressing nutrition, hydration and catering issues*. 2004. Gosford. ANHECA
3. <http://www.med.navy.mil/sites/nmcsd/Pages/Care/HealthWellnessLearnArticlesPeeTellingYou.aspx>
4. *Practice-based Evidence in Nutrition (PEN). Hydration intervention*. Canada. 2015. <http://www.pennutrition.com/index.aspx>
5. [http://www.health.vic.gov.au/agedcare/downloads/score/dehydration\\_scp.pdf](http://www.health.vic.gov.au/agedcare/downloads/score/dehydration_scp.pdf)
6. *Encouraging Best Practice Nutrition and Hydration in Residential Aged Care, The University of Newcastle Baptist Community Services Uniting Care Ageing*



**Need to establish a plan to ensure a resident's hydration and other nutritional requirements are met?**

To consult with OSCAR Hospitality's Lead Dietitian, Ella Monaghan, please call or email via our contact details below.



Ph: 1300 4 Oscar (1300 467 227)

[www.oscarhospitality.com.au](http://www.oscarhospitality.com.au)

E: [dietitian@oscarhospitality.com.au](mailto:dietitian@oscarhospitality.com.au)