Dehydration: why is it still a problem?

In this article...

- The physical and financial consequences of dehydration
- Identifying and diagnosing dehydration in older people
- Useful strategies to prevent the occurrence of dehydration

Dehydration is not easy to diagnose but should only be excluded after due consideration.

1. Although dehydration is easy to prevent, it is still a major problem for older people in hospital.
2. Dehydration can cause patient suffering, more work for staff and higher healthcare costs.
3. Blood tests may only show dehydration when it is already at an advanced stage.
4. Failing to diagnose dehydration could be life-threatening.

It is universally recognised that dehydration in older people can be easily prevented or treated by ensuring they have enough to drink, unless they have problems such as swallowing difficulties. However, despite this apparently simple and cost-effective preventive measure, dehydration is still a major problem for older people in hospitals and community care, affecting health services throughout the developed world (Begum and Johnson, 2010). In the UK the issue has been highlighted repeatedly by independent organisations (Health Service Ombudsman, 2011; The Patients Association, 2010).

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Preventable dehydration has long been associated with neglect and is an indication of poor quality care. The key principles of helping a patient to drink have remained unchanged and are clearly reflected in evidence-based national guidelines (Royal College of Nursing and National Patient Safety Agency, 2007; Department of Health, 2001). Understanding why nurses are failing to prevent or detect and manage the early signs of dehydration is crucial; only then can sustainable measures be identified to support patients and staff.

Recently the Care Quality Commission, the independent regulator of health and adult social care services in England, raised serious concerns about how older people are treated in hospital. It published the first 12 reports from an England-wide inspection programme looking at standards of care in 100 hospitals; dehydration was a concern in several hospitals, and staff in one said they sometimes had to prescribe drinking water on medication charts to ensure patients received regular drinks (CQC, 2011a).

Dehydration can result in a chain of adverse events (Box 1), leading to unacceptable patient suffering, increased staff workloads and escalating healthcare costs caused by avoidable admissions and prolonged lengths of stay (Box 2). Unless it is addressed quickly dehydration can cause rapid deterioration requiring complex, costly and invasive clinical interventions, involving a wide range of health professionals. For many patients the long-term outcomes can be devastating, resulting in loss of independence and dignity, and even an untimely and undignified death (RCN and NPSA, 2007; Mentes, 2006; Kayser-Jones et al, 2003).

The Hydrant (top) and red jug initiative (above) can help prevent dehydration.