Using red jugs to improve hydration

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Our ward is a trauma and orthopaedic ward and we care for a large number of older people. In 2009, a staff nurse developed a poster about dehydration, which was seen by patients, relatives and staff. This led to a number of comments from relatives such as “my mother has got dry lips and a coated tongue”.

In response to these comments, a working party was set up involving all levels of the ward team to identify a way of improving hydration.

A healthcare assistant suggested that we could use a model based on the red tray project (Bradley and Rees, 2003), which is used in the trust to ensure patients are nourished. The idea was to use red jugs and mugs for patients identified at risk of dehydration.

We searched for products on the internet. The jugs selected are easier to use than standard hospital equipment because they have thicker handles and the lid remains in place when patients pour a drink.

Project plan
Before introducing the scheme, we carried out an audit of hydration and found that 80% of our patients had a fluid balance chart, 66% had intravenous fluids documented and none had their fluid balance accurately documented.

The Malnutrition Universal Screening Tool and Waterlow pressure ulcer score were used to identify people who needed a red jug and mug as no hydration assessment tool was available.

Any patient tolerating less than 500ml a day orally was given a red jug and mug and patients assessed as having a poor fluid intake on admission were also considered for the project. A patient drinking preference sheet was devised so that staff knew what drinks patients liked.

Patients given a red jug and mug received a patient information leaflet; families were informed of the scheme.

Results of the project
After four weeks, a repeat audit found: 100% of patients had fluid balance charts; and 100% had their oral fluids accurately documented. The number of patients on intravenous fluids has decreased from 66% to 25% suggesting that patients’ hydration had improved.

This scheme was devised by a healthcare assistant. Its success had a huge impact on the ward staff because a good idea they had generated had become reality. There is a sense of pride and team cohesion and this has encouraged staff to take on more challenges. Feedback from relatives has been positive and, in 2009, we won the Nursing Times Award for team of the year.

This scheme is still used on the ward and we continue to audit its effectiveness.

Conclusion
It has been immensely satisfying that this scheme has been accepted in many trusts in the UK, and also has garnered interest internationally.

The challenge now is to continue to deliver high standards of care and to continue to listen to ideas and empower staff because, as this scheme has demonstrated, sometimes the simplest ideas have the biggest impact on patient care.

Reference