**COMMENT**

“A half-empty glass does not prove your patient can drink”

“Water, water everywhere nor any drop to drink,” wrote Coleridge in his epic poem *The Rime of the Ancient Mariner*.

His words reflect the experience of many patients today. We see the jug of water by a patient’s bed and a half-filled glass next to it. By all appearances, it looks like they have been drinking. But have they?

There are recent reports of water having to be prescribed by clinicians to ensure patients are getting enough to drink. Have we come to this? Do we really have to sign a chart to say we have given someone the most basic form of nourishment?

I say nourishment because water is a nutrient. Some time ago, I was at a meeting where we were discussing a nutrition e-learning tool and it was suggested that water was the most important nutrient. Do a Google search on the six basic nutrients and you’ll find water is right up there. Yet we still ignore hydration. We are all caught up with nutrition screening. We are aghast that the latest British Association for Parenteral and Enteral Nutrition reported that one in three people are still coming into hospital malnourished. I wonder how many are dehydrated as well.

Do any of us drink enough? Do our employers ensure plenty of drinking water is readily available? How many of you on the wards are allowed to have a bottle of water on view at the nurses’ station? Not many, I would guess. So if we do not recognise when we need a drink, how are we supposed to know when our patients do?

Nutrition and hydration are related. If a person has a dry mouth because they are thirsty, they will not feel like eating. A dry mouth will be more likely to become infected, which will make eating painful, so it is likely they will eat less, lose weight and stay longer in hospital.

A dehydrated person will be sleepy so is less likely to drink, so what do we do? We put an IVI up. How many older patients have intravenous fluids when all they needed was a regular drink, which would have kept them hydrated in a far less invasive fashion?

I’d like to think things are changing. Nationally, it is being recognised that people are suffering from dehydration in care settings. This is not about apportioning blame, but about finding simple solutions to a burgeoning problem. Some organisations offer patients drinks as part of their preventing pressure ulcer care bundles. Others make sure the drinks offered are documented on the food chart.

But more needs to be done. We need to re-educate staff. Sadly, many nurses do not know the signs of dehydration. It is not enough to acknowledge the problem, wring our hands and look for someone to blame. Nurses need to own the problem of dehydration and look for ways to overcome it.

So, next time you pass a patient’s bed and see that half glass of water, offer that patient a drink. It takes no time and pays dividends. Just think how you would feel if you could see the glass yet could not drink from it. Time is not the issue – thought is.

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**SPOTLIGHT**

Easy ways to ensure patients are hydrated

Improving hydration reduces the number of patients on the ward needing IV therapy – better for patients and a better use of resources. This was the finding of a project using red jugs to identify patients at risk of dehydration, reported on page 21.

This article is part of this week’s focus on managing patients’ fluid balance – a vital element of essential nursing care but one that can be neglected with significant consequences. Given a patient a drink is not difficult but it requires several elements – such as accurate documentation of a fluid balance chart and easy-to-handle cups and jugs to come together to make sure it is managed correctly.

On page 14 is a fluid balance guide that will be useful for all team members. It includes examples of how to fill in, and not fill in, the chart. As a practical task, practical solutions are needed. Turn to page 18 for a reminder of chances to provide fluids in the ward day.

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