

Nursing Practice

COMMENT

“It is dangerous to think that ending dehydration is simple”

Dehydration is a major problem in healthcare. A review by the Hydration for Health Initiative found evidence of high rates of dehydration in older people in hospitals and other healthcare institutions. The review highlighted a US study showing that it is one of the 10 most frequent diagnoses responsible for hospitalisation.

The prevalence of dehydration across the UK health economy is unknown. It is really only in the last few years that hydration and particularly dehydration have been included in the same sentence as nutrition – the two have often been considered in isolation.

Early work in raising awareness of the importance of good hydration was undertaken by the Water UK and the Water for Health Alliance in 2004, while the National Patient Safety Agency collaborated with the Royal College of Nursing's Nutrition Now campaign to publish a hydration best practice toolkit.

Despite these efforts, the Francis report into failings at Mid Staffordshire Foundation Trust states: “Some patients were left food and drink and offered inadequate or no assistance in consuming it. Even water or the means to drink it could be hard to come by.”

The experiences at Stafford to which witnesses testified are by no means unique in the NHS in England, as has been shown in dignity and nutrition reports from the Care Quality Commission.

The Francis report is helpful in proposing some basic principles that should be considered to improve hydration:

ensuring drinks are within reach; recording fluid balance accurately; delivering drinks in appropriate containers; and using systems to highlight patients who need assistance with hydration.

Efforts to raise awareness of hydration as a patient safety issue have continued with nutrition and hydration patient safety weeks in January 2012 and March 2013.

The articles on pages 12 and 16 summarise two key pieces of work undertaken in 2012 that aimed to gain a greater understanding of challenges facing health professionals in preventing avoidable harm due to dehydration.

The first discusses a review of the National Reporting and Learning System data that aimed to identify the number of patient safety incidents related to hydration reported to the NRLS. The second provides a summary of a survey undertaken by the British Association of Parenteral and Enteral Nutrition, the British Dietetic Association Parenteral and Enteral Nutrition Group and the National Nurses Nutrition Group, which considered hydration practice in relation to patients receiving enteral tube feeding.

The issue of good hydration in healthcare is complex and often complicated by patients' pre-existing medical conditions. To think that solutions are simple is dangerous. We need to consider the whole continuum of care, from simply getting people to drink more to intravenous fluid management through to enteral fluid management. **NT**

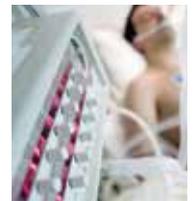
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HIGHLIGHTS

Hydration in enteral tube feeding *p16*

Accurate blood pressure measurement *p18*

Improving recovery after critical care *p23*



SPOTLIGHT

Patient transfer is a safety issue, not just routine

Patient transfer is often seen as a routine event delegated to healthcare assistants. It can be complex, yet HCAs generally receive little or no training on it.

Recent experiences of mounting panic while trying to locate my frail and confused mother, whose transfer between wards had not been documented and whose discharge was not relayed to her family, highlighted to me the importance of ensuring families are considered in the process.

To prevent avoidable harm or anxiety caused by poor transfer, HCAs – and those delegating the task – need a clear framework. Our innovation article (page 20) outlines the

phases of transfer and a best-practice framework for areas with many transfers, such as emergency units, which can be adapted for other areas. It is a clear guide to a process that is important – but not often seen as a patient safety issue.



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