

Hospital Hydration Best Practice Toolkit

4 Frequently asked questions

Q1. After the lifelong experience of drinking tea and coffee rather than water, how can I get my patients to ask for and drink water?

A1. Of course it is a free choice if a patient will not consume water, but increasing consumption is often just a matter of good presentation of tap water, and nurses can and should set the tone. Often patients will agree to make improved health choices if they are helped to understand the benefits. Have a look at the facts and tips included in this toolkit for ideas (factsheet 9). Do remember that one of the reasons for leading change is that nowhere in public health guidance will you find caffeinated, high sugar soft drinks and fizzy drinks recommended.

Q2. How should I serve tap water to make it taste as good as possible?

A2. Taste tests have shown that tap water is enjoyed when it is served chilled – not too cold, not warm – and that it must be fresh. Change water jugs regularly (a minimum of three times a day) and ensure that they are covered with lids to reassure the patients on cleanliness. Serving tap water through water coolers can make a feature of water provision, and it allows the water to be served chilled or at a regular temperature. Appropriate water coolers are available to healthcare providers at keen commercial rates through the NHS Supply Chain Purchasing and Supply Agency. Be cautious when offering squash or cordials. They are very useful when they are well diluted and fortified (i.e. with Vitamin C), and they can be provided sugar-free. However, avoid serving strong, high-sugar solutions.

Q3. What can I do if patients insist on drinking mostly hot drinks?

A3. That's fine as long as they are drinking plenty of appropriate fluids. For hot drinks, and where it is clinically acceptable, promoting hot water with pieces of fruit in it works well. If you feel you have to provide other drinks, avoid strong and caffeinated drinks and offer caffeine-free and low-sugar options instead. Quality of life is vital, so it is not a case of drinking water or drinking nothing, but it is important that patients, and indeed staff and visitors, have access to healthy options.

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Q4. Is tap water safe to drink?

A4. Yes. The UK mains tap water supply is totally safe to drink and of extremely high quality – one of the best in the world. In taste tests across the UK, people can rarely tell the difference between bottled water and tap water if they are served the same way (fresh and cool). Always make sure that the tap water you are serving is fresh from the mains and not from stored water tanks. If in doubt about the water quality in the building, always check with your facilities management team. Water companies are also willing to give supportive advice wherever appropriate.

Q5. Do I need to filter or treat my tap water before I serve it to drink?

A5. No. The tap water you receive is carefully monitored and tested and is supplied ready to drink straight from the tap. Sometimes filters will polish the taste slightly, but the same effect can normally be achieved by leaving the water to stand. Adding a little ice, using mains fed water coolers or chilling the water in the fridge will help take away any chlorine taste.

Q6. If my patients drink more water, will they have an increased toilet function?

A6. Yes, for a while, and that's a very positive change. Patients will use the toilet more often if they drink more, and while there are perceived problems in the extra effort of more frequent visits, there is also a lack of awareness of the serious ill-effects of not drinking enough and not going to the toilet enough. Patients can be embarrassed to make it known that they need to go to the toilet, but when shown the health facts, they can see that it can be more embarrassing and traumatic to suffer the effects of poor hydration, such as falls, bed-wetting, bedsores, urinary tract infections (UTIs) and many other conditions.

Start patients drinking early with a fresh glass of water. Promote the fact that water 'flushes through' the system and helps to prevent kidney stones, UTIs and constipation. Increased toilet function may also help reduce the need for additional medication. For more information, see the medical evidence on the leaflets 'Wise up on water!' that are included in this toolkit.

Q7. How do I provide for patients who cannot serve themselves?

A7. Patients should be given access to fresh tap water throughout the day so that they can drink as often as they wish. This is especially important for those who cannot choose to serve themselves and those who have an impaired thirst response. Providing options for patients to help themselves is vital. There are many ways to achieve this, including providing regular covered jugs of fresh tap water at bedsides and tables, having mains-fed water coolers at accessible heights, serving water regularly and giving patients their own water vessels. When providing water as a beverage, patients will want a dignified way of taking their drink. Paper cups and plastic cups are often unappealing. Above all, however, make sure that even the least mobile have access to healthy choices.

Q8. To save water wastage, should I wait until the water jugs are empty before I serve more water?

A8. No. There are many ways to save water wastage in hospitals, but hanging on to unappetising water is not one of them. Keep changing the jugs regularly (at least three times a day – before each meal, and more if possible) so that drinking water is always available, appealing, fresh and cool. One tonne of tap water will only cost the hospital around one pound, so whilst drinking water is precious and should not be wasted, you can afford to refresh jugs as often as possible to help patients enjoy drinking water.

Q9. Is there proof that introducing positive hydration will benefit the patients and the operation of the hospital?

A9. Yes. Water is an essential nutrient and dehydration is a common problem in hospital patients. As you will find in this toolkit, there is evidence that improving water intake:

reduces constipation and subsequent medication

reduces confusion (with reduced risks of falls and fractures)

reduces headaches

reduces urinary tract infections

improves skin integrity and reduces the risk of pressure sores

improves blood pressure

reduces consumption of unhealthy caffeine, alcohol, soft drinks and sparkling drinks

reduces the cost of providing other commercial beverages.

Q10. How much water should patients drink?

A10. The most helpful answer is “more than they do now”.

Surprisingly, while we know a great deal about the requirements of the other main nutrients (fats, proteins etc.), there is very little information on our primary nutrient. Most professionals agree that around 8 decent-sized glasses a day is about right. That’s around 2 litres. What we do know is that most people, especially older people, drink nowhere near that amount, and mild dehydration is very common. It is vital to encourage patients (and staff) to drink more. Within reason, with appropriate medical guidance and with a balanced diet, it is difficult to drink too much water.

Q11. Is it true that the colour of urine can be used as a guide to how much water to drink?

A11. As a general rule, this is a very useful guide to good hydration. Urine that is plentiful, odourless and pale in colour generally indicates that a patient is well hydrated. Dark, strong-smelling urine could be a sign of too little water. However, since a few medical conditions, certain medicines and some vitamins can add colour to urine, it is best to use this method only as a guide. Monitoring fluid intake is definitely the best way forward.

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Q12. What is the recommendation for drinking water provision in the hospital standards?

A12. At this time, there is little guidance available to support healthcare professionals on hydration provision within nutrition. It is likely that this will change to include water provision when the Standards are reviewed. This toolkit has been produced to help develop best practice outside of regulations and standards. Drinking enough water is fundamental to good health and dietary practice. It is the right thing to do for the well being of patients, visitors and staff.