

FACILITATOR'S GUIDE

HYDRATION AND DEMENTIA

MODULE 6 IN THE DEMENTIA STARS SERIES

dementia STARs

NEW ZEALAND DEMENTIA FOUNDATION

CHT Healthcare Trust
WE TAKE GREAT CARE OF OLDER PEOPLE
Aged Care Fund



WELCOME!

Research tells us that many people living with dementia are dehydrated or at risk of dehydration. Staff awareness and training can help reduce the risk.

In this kit you will find all the resources you need to run an engaging 45-60 minute introductory staff education session on encouraging hydration, focused on people living with dementia. The Dementia STARs education is particularly suitable for direct care workers across a range of settings.

This Dementia STARs education kit is a partnership between the New Zealand Dementia Foundation and CHT Aged Care Fund.

You can find our other Dementia STARs kits at nzdementia.org/dementia_STARs

Ngā mihi nui from the Dementia STARs Team

Short Trainings in Awareness and Responsiveness

dementia STARs



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1. Getting started

Hydration and dementia

CREATING A SHARED

CULTURE OF CARE

The Dementia STARs programme is an opportunity to effectively enhance the skills of individual learners and to reinforce a shared culture of person-centred dementia care: this is the heart of all we do at our place.

Research shows that face-to-face active learning is more effective for home-based and aged residential care staff than watching videos or reading written material [1,2]. Interactive training in a small group where teaching is interspersed with frequent discussion and opportunities to ask questions is not only more effective[3,4], it is preferred by learners [5,6]. Furthermore, this type of training can also help to strengthen team cohesiveness and shared values [1,2].

Congratulations on joining the Dementia STARs journey with your team to reinforce great person-centred dementia care at your place.



TIPS FOR USING THIS KIT

If this is the first time you've used one of the Dementia STARs kits – welcome!
We're delighted that you are joining the Dementia STARs whānau.
We've put together some tips to help you know what to expect from the kit.

This guide

The facilitator's guide is just that. It's a guide and a starting point. Don't feel that you have to say things exactly the way that we have said them on the page. You can download the resources to print for the session from the Dementia STARs webpage.

The questions and activities

You will notice that we give lots of suggestions for places where you can ask the group for ideas or to engage in an activity, rather than just telling them the information. This is something you may well already do so you'll know that it is a helpful way to keep people engaged. Being interactive is a better way for adults to learn.

Audiovisual resources

We have provided a Powerpoint resource for each kit, which contains a variety of content to help run an engaging session. If you don't have access to audiovisual equipment, don't be put off from running the session. Check out the content provided and adapt.

> RELATIVELY FEW PEOPLE LEARN WELL FROM SITTING AND LISTENING TO LECTURES; IT IS IMPORTANT THAT TRAINING IS ENGAGING
>
> – BUZ LOVEDAY [7]

The PowerPoint slides

The PowerPoint slides generally have only a few key words on them, supported by compelling images. Having what you want to say written out in detail on PowerPoint slides can be reassuring for a presenter, but it is not so great for your audience:

- A lot of text can make it harder for the learners to really listen to what you are saying when they are also paying attention to the words on the slide.
- A lot of text can be off-putting for people who don't read so well.
- A lot of text can be boring, especially if the presenter just reads out the text.

That is why we use images as much as we can and to only have a few words on each slide. The idea is that the PowerPoint slides complement what you say and makes it easier for the learners to understand, rather than just repeating what you say. This facilitator's guide is here for you to help you feel confident and remember what you want to cover. The PowerPoint slides themselves - they are for your audience!

The images in the slides are only licensed for use for Dementia STARs. Please do not use the images for any other purpose as this will violate copyright.

The expert video clips

There are video clips of people with professional and lived experience embedded in the PowerPoints. This is our way of giving you some company as you present. It means you can draw on experts and on different perspectives. It also means that you get to bring in some variety of faces and voices, which can help to give a little boost to engagement and interest. The videos can help to reinforce an aspect of the session.

As the video clips are embedded in the PowerPoint presentation, you do not need access to YouTube or the internet to show them. You can hover and click in the slide.

The animated stories

In some of the kits, there is an animated 'whiteboard' video embedded in the PowerPoint. These are our way of sharing case studies. Because cases studies tell a story, they are often much better remembered than 'facts'.

The handout

Each kit has a summary handout to remind your learners about key messages.

The feedback form

You will find a one page feedback form in each kit. Feedback can help you make future education sessions better, and can provide evidence that the training has had an impact.

We may email you as follow-up to seek feedback on the Dementia STARs resources. If we do, we will ask you if you would be willing to share your learners' anonymous evaluation responses.

The going further list

We have included five resources that provides some further detail on the topic for keen learners (or for yourself).

The certificate

We provide a certificate of attendance for you to give learners at the end of the session.

The webinar version

We have a version of each education session available as a video 'webinar'. This does not have exactly the same format as the in-person session you will run (there are no activities in the webinars), but you can use the webinar version to help a staff member 'catch up' if they have missed the in-person session, or to help orientate a new staff member.



MĀ TE HURUHURU, KA RERE TE MANU
FEATHERS ALLOW THE BIRD TO FLY

– MAORI PROVERB

WHAT'S IN THE FACILITATOR'S NOTES?



This is the PowerPoint slide you are showing

Many of our clients are in pain

We know that pain is common amongst older people. All sorts of things commonly cause pain or discomfort. [1]

This is our suggestion about what you might say for this slide

A number in brackets is a reference. You can find the list of references at the end of the guide

What are some of the common aches and pains we see?

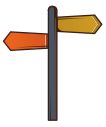
This is a suggestion about a question to ask the learners to increase engagement

Perhaps the most common types of pain they come across will be falls, back pain, arthritis, urinary tract infections, and pressure sores [8, 9] but the list can include almost any part of the body.

We also provide some examples of common responses



This symbol indicates that an audiovisual resource is embedded in the PowerPoint



This symbol indicates a choice



Activity

This symbol indicates a class activity



This symbol prompts you to add information about what happens 'at your place'.

MEET THE EXPERTS

Here are some of the faces that you will meet in the Dementia STARs resources.



MATTHEW CROUCHER: MEDICAL

Matthew is the chair of the New Zealand Dementia Foundation. He is a Psychiatrist of Old Age, a Senior Clinical Lecturer, and leads the South Island Regional Dementia Initiative. Matthew is a prominent figure in teaching, training, research and service management advice in the older person's mental health sector.



MACKENZIE EBBETT: REGISTERED NURSE

Mackenzie is the Nurse Manager of a specialist cognitive impairment ward at Burwood Hospital. She is a passionate champion for person-centred care in this environment to optimise the level of functioning of older people with delirium and/or dementia by offering specialist assessment, treatment, care, support, and education.



ASHLEIGH FARR: SPEECH LANGUAGE THERAPY

Ashleigh is a Speech Language Therapist with decade of experience across a wide range of roles. Ashleigh has been active in expanding her skills in dysphagia and communication disorders in patients with more complex presentations including people living with dementia.



SUSAN GEE: ACADEMIC

Susan Gee has a background in psychology and gerontology. As a researcher and educator Susan is passionate about strengthening and embedding understanding and best-practice person-centred care to help amazing people provide great day-to-day support for people living with dementia.



TRACEY HAWKES: OCCUPATIONAL THERAPIST

Tracey is an Occupational Therapist with over two decades of clinical experience. She facilitates the 'Walking in Another's Shoes' dementia education programme for home-based support staff. Her focus is helping care staff to develop the confidence and person-centred tools to support older people to live more independent and fulfilled lives.



LARA HITCHCOCK: NURSE

Lara is a Registered Nurse in a Memory Assessment Clinic. Lara has specialised in the field of dementia care for over 20 years. In her current role she provides assessment, information, and support to those newly diagnosed with dementia and their care partners. She acts as a specialist resource to colleagues and is active in quality improvement to improve the care of those living with dementia.



HONEY MOHAN: CARE WORKER

Honey is a care worker in an aged residential care facility. She is a graduate of the Walking in Another's Shoes dementia education programme. Honey is passionate about getting to know each of the people she supports as a unique person, and she loves her job.



CHERYL NETTLETON: WHĀNAU / FAMILY SUPPORTER

Cheryl's introduction to dementia was when her husband started to display out-of-character behaviours around the age of 50. Cheryl has since founded carers' groups to bring whānau carers together for mutual support. Cheryl also helps to educate people about dementia from her perspective as a wife and family member in the hope that it strengthens an emotional connection to people living with dementia.



NICK UYS: WHĀNAU / FAMILY SUPPORTER

Nick worked in the pharmaceutical industry for many years. He was married to his beloved wife Anne for 44 years and became Anne's full-time care until Anne entered aged residential care. Nick is committed to sharing his perspective as a carer within dementia education programmes as a way to make a positive impact. .

2. Running the session

Hydration and dementia



LEARNING OBJECTIVES: HYDRATION AND DEMENTIA

When supporting a person living with dementia,

01 Learners are able to articulate the importance of hydration.

02 Learners are aware of the increased risk of dehydration with age and dementia and how it can appear differently.

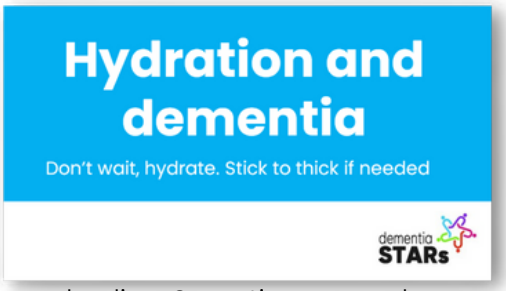
03 Learners can identify ways to encourage people to hydrate.

04 Learners are familiar with IDDSI levels of thickened fluid 2-4.

05 Learners can identify ways to encourage people to drink thickened fluids.

FACILITATOR'S NOTES FOR HYDRATION AND DEMENTIA

Dehydration is more common among older people and it is more common amongst people living with dementia, and it is especially common in older people living with dementia.



Dehydration is when we don't have enough water in our bodies. Sometimes people lose a lot of fluid suddenly when they are unwell usually due to vomiting and diarrhea. We can call this acute dehydration. Fortunately it is not so common. What is more frequent is that people aren't drinking enough over an extended period of time. We can think of this as chronic dehydration. This is the type of dehydration we will be focusing on today [8].

To start us off, let's what Mackenzie and Honey have to say:

Show Introduction to hydration (Honey and McKenzie) video

Today we are going to be covering three key messages:

- **Don't wait,**
- **Hydrate**
- **Stick to thick when needed**



Our first big message when we are supporting people living with dementia to stay well hydrated is "don't wait".



We don't want to wait to hydrate, because people living with dementia are at risk of dehydration, especially older people.



When we don't have enough water in our bodies a couple of things happen

- we get thirsty which prompt us to drink
- and our kidneys start concentrating urine to conserve fluid. You notice this as darker urine.



But these mechanisms don't work as well when we get older. As we get older our thirst signals reduce. This is even more pronounced for people living with dementia.

So that's a surprising message for older people: don't wait for thirst.

The kidneys, which are our bodies' filtration system, also often don't work as well when we get older. This means that the system of concentrating urine to conserve fluid may not kick in as well for older people.

So that's another surprising message for older people: don't trust urine colour or concentration.

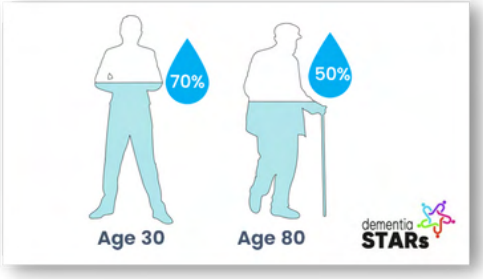
These changes in thirst and kidney function make older people more susceptible to dehydration. What is more, older people also have less water stored in their bodies.

Here we have Ruru.

When he was 30 Ruru's body was made up of about 70% water.

Now that he's 80 that has dropped to 50%, even though he weighs about the same as he used to.

At 80, Ruru has about 6 litres less water in his body than he did when he was 30 [9,10]. Because Ruru has less water reserves now, it's easier for him to get dehydrated.



There can be even more factors that increase the risk of dehydration for the people we support



- cognitive changes with dementia may mean the person forgets to drink, has problems drinking, and relies on others
- people may be on medications that make them go to the toilet more often to pass water, so they 'dry out'.
- Sometimes people deliberately restrict how much they drink, because they think it will help them avoid incontinence accidents. Unfortunately, this can backfire because concentrated urine can stimulate the bladder and make the person need to go to the toilet more urgently[11].

Another reason we can't wait to hydrate is because hydration is so important.

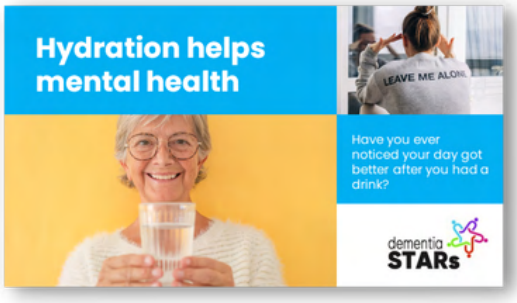


Every cell and organ in our body needs water to work well, so good hydration is hugely important for our bodies [10-12].



- If we are dehydrated, we aren't able to maintain our body temperature and that increases the risk of hypothermia.
- If we are dehydrated, we may not be able to regulate blood pressure. If our blood pressure is too low we may experience dizziness and falls, if it's too high our risk of heart attacks and strokes increases.
- If we are dehydrated, we can't properly digest food and flush out waste through our liver, kidneys, and intestines. That can lead to constipation, kidney stones, urinary tract infections and incontinence.
- We need to be hydrated to lubricate our joints and keep our skin healthy. So dehydration can lead to pressure injuries, sore dry skin, and joint pain.
- We need to be hydrated to keep our brain running at full capacity. Even mild dehydration can make people living with dementia noticeably more confused. Dehydration can trigger delirium.

So dehydration impacts our physical health. Did you know that hydration is also important to maintain our mental health?



Research has shown that being well hydrated reduces the risk of anxiety and depression in the long term and improves our mood right now. When people are well hydrated they are calmer, more content, and less tense. They are less confused and tired. Hydration makes us happier! [13]

Have you ever had the experience of your day getting better after you simply had a non-alcoholic drink? What did you notice when you were a bit dehydrated? (What about your body? What about your mood?) What did you notice after you had your drink and your fluid levels were back up?

Possible answers include

- passing less urine, dark-coloured urine
- thirsty, dry lips, dry sticky mouth, swollen tongue, bad breath, sunken eyes, fragile skin, skin less elastic
- headache, dizzy or lightheaded, heart palpitations, low blood pressure
- muscle cramps, sugar cravings, constipation
- tiredness, irritability, mood change, feeling tense, difficulty concentrating, confusion

Points to draw out from the discussion: Dehydration symptoms can vary across people, and depend on how severely dehydrated they are. Hydration can impact on our mood and wellbeing.

From our own experience we know that hydration can make us feel better, so we can provide that for the people we support. Hydration is a way that we can help people feel better.

We can't wait to hydrate because mild dehydration can be harder to spot in people living with dementia, especially older people

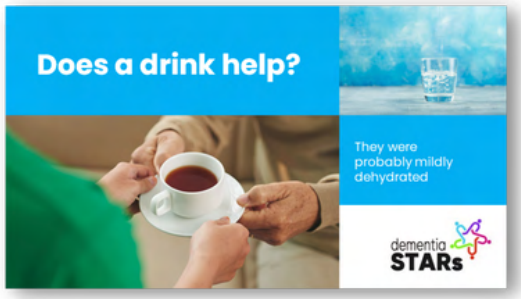


We've talked about some of the signs and symptoms of dehydration, and if we see those, especially if we see several together, we should definitely consider dehydration. But we shouldn't wait till we see a particular sign to really get on top of hydration.

There is no sign that we can reliably use to tell whether an older person living with dementia is dehydrated.

Important research has found that many of our traditional signs and symptoms including being thirsty and urine colour and concentration aren't reliable indicators of dehydration in older people. As we've already talked about, some symptoms may not show even when the person is dehydrated because their body's systems aren't working well (like thirst response and kidneys not working as well). Sometime symptoms occur even when the person is well hydrated because of other health conditions or age-related changes. The only reliable diagnostic test for dehydration for older people is a blood test to measure how much water is in a person's bloodstream. [8, 14-17]

If you are concerned about dehydration, as a simple first step invite the person to drink some fluids and see if they perk up or improve noticeably. This will often happen within 5 to 10 minutes [14].



Does a drink make things better? If it does then the person was probably mildly dehydrated [14].
The best way to get the person's hydration levels back in balance is to make sure that they drink plenty of fluids. When we get dehydrated we can also lose salts and sugars so eating a little bit of sweet and salty food (like toast with spreads)can help the person to feel better as well [11].
Let your team know so that everyone can be extra careful to help prevent dehydration for that person in the future. You may be asked to help keep a record of how much the person is drinking for a few days.

At your place: Fill in how the learners should report and/or record that they have noticed that an individual was possibly dehydrated and any relevant hydration protocols. Clarify this for the learners.

At our place...

Let's talk about some situations where you want to contact a health professional



There are some situations where we are going to keep a watch and get some advice from our team:

- If you've got the person to drink but their symptoms persist they may have severe dehydration
- If someone is unusually extremely thirsty that may be a sign of a medical condition

Then we have more urgent situations where we want to ring a nurse or GP

- If someone is suddenly much sleepier or much more confused than usual that may be a delirium, which can be triggered by dehydration.
- If someone has a rapid weak heartbeat
- If someone hasn't passed urine for 8 hours

At your place: Fill in how / who the learners should contact:

_____

For moderate to severe dehydration, the person may need to have extra fluid through an IV drip or subcutaneous infusion (which is where we provide fluid though the skin). This isn't a long-term solution though. Afterwards we are still going to be vigilant about helping them to hydrate.

So to recap:

We don't want to wait to hydrate:

- Because people living with dementia are more at risk of dehydration, especially older people
- Because hydration is so important
- Because mild dehydration can be harder to recognise in older people
- Because being even mildly dehydrated makes us feel pretty miserable and we are happier when we are hydrated!

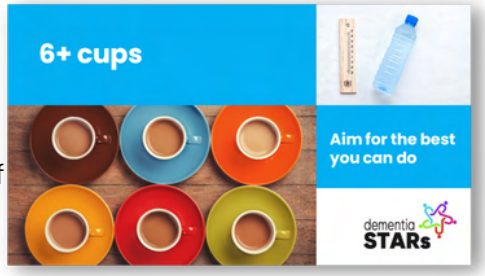


Helping people hydrate can make their day better – one of the easiest things you can do today to help the person you support feel better is to help them keep hydrated [11].

So we can't wait – we are always looking for opportunities to hydrate.



How much fluid are we thinking about?

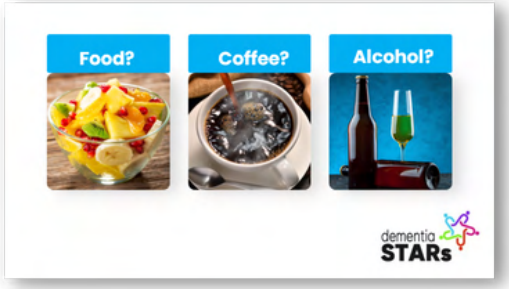


Generally 6 cups a day, with maybe up to 8 cups a day for a bigger person. When we say 6 cups of water, this means a metric measuring cup which is 250mls. Often our cups and glasses will actually hold less than that.
But every drink counts. Aim for the best you can do [8].

There are times when we want to be offering more fluids because the person is losing more fluids than usual:

- If the weather is very hot
- If a person is unwell and they are feverish, or have diarrhea, or are vomiting.
- If the person is active, for example someone who walks a lot.

What kind of fluid? Pretty much any fluid, but let's look at a few special cases.



Did you know that about 20% of our daily fluid intake comes from our food? We can use that to help boost hydration by offering food that has a high fluid content like soups, jellies, ice cream and fruits. Lots of fruits like pineapple, peach, or watermelon are over 80% water, and so are some vegetables like celery, tomato, or capsicum. Fruit or veggies as finger food is like hydration that comes on a plate [10].

Coffee and caffeinated drinks are a bit of a special case. Generally caffeinated drinks do help hydration, but the impact of caffeine is complex and varies a lot across individuals. On the one hand, for some people a moderate amount of caffeine can improve mood and alertness [18]. On the other hand, as you yourself may know from personal experience, too much caffeine can have a negative impact.

Q *What do you notice if you have too much caffeine? How much caffeine is too much?*

A Discussion points: Learners may talk about how too much caffeine may impact on anxiety, needing to go to the toilet, and sleep. How much is too much varies across people.

As you might expect then, the research that we have available suggests that too much caffeine can make some people living with dementia anxious or restless and jittery[18] and it can make people need to go the toilet more urgently.
Too much coffee can also make some people living with dementia sleep poorly and get up more often in the night to go to the toilet [18]. It's often really useful to switch to non-caffeinated drinks from late afternoon to help sleep [19]. If we suspect that caffeine is having a negative impact we need to get to know the person to work out together how much caffeine makes a good day for them, as each individual will be different [18].

Alcoholic drinks are another special case. Alcohol increases the amount of urine, so it is dehydrating. The stronger the drink in terms of alcohol content, the more dehydrating it is. In fact, dehydration is one of the main causes of hangovers. So, alcohol has a negative on hydration.

How do we encourage people to hydrate? Here's three approaches:



First: Give choices

As Honey said in the video, it's a big help get to know each person and what they like to drink.

Q What's your favourite moment of the day that you have a drink? What do you like to drink in the morning? The evening? What about hot days? Cold days?

A Discussion points: That's a lot of variation! So we can ask the people we support what they would like right now. We can get to know their favourites to make sure we have them available and provide a choice between two favourites to make the choice easier. If they can't talk to us about what they want, we can keep an eye out for what they seem to prefer and drink more of.

Second: Highlight the drink

We can highlight drinks to make them appealing and noticeable. The sky's the limit here – you can use your creativity [10, 20].

- Sometimes we may be able to add a bit of pizzazz or fun to the drinks, like adding different fruits and ice to a nice see-through water jug, or having a theme, or a tasting session.
- We can make sure our hot drinks are hot and our cool drinks are cool. For people living with dementia this may not only make the drinks more appealing, it may also make the drinks easier to swallow. A person with dementia may require increased sensory information for the brain to recognise there is food or drink in their mouth. Think about how an ice-cool drink triggers a swallow so much quicker than a room-temperature glass of water. Adding more sensory input, like temperature or flavour can help trigger the swallow response.
- We can think about the words we use. So rather than just saying "would you like a drink now Mr Smith?', we can say "It's almost time for a lovely cuppa Mr Smith. Would you like a good old gumboot tea or a nice cosy milo". You can hear that I'm trying to 'talk up' the drink to make it sound appealing.

- We can think about the cups and glasses we use. Do they have a favourite? Let's make sure we use that. If they don't have a firm favourite, what catches their attention? A high contrast colour like bright red for the mug can encourage people to drink more. A clear glass for cold drinks can help people see how much they have left.
- Being social can be our secret weapon. People drink more when other people are drinking. Sometimes if you can manage to sit and have a cuppa and a chat with the person that will be the best thing all day for encouraging them to drink.
- We can also do a bit of problem solving. Some people can't manage a whole cup at a time, so we can try little and often and encourage a few sips at a time. Some people may need special adaptive drinking equipment to make it easier.
- You might also remember we mentioned that for some people drinks aren't appealing because they are worried about incontinence. We can provide reassurance, but we also need to back that up with being proactive about toileting.

Whenever we find things that work for that person, we want to include these in the care plan so that everyone knows.



Third: We can make sure that we have a routine for offering lots of drinks.

People living with dementia are often 'perkier' in the mornings. If you are supporting a person in the morning this is a key time to encourage more fluids. If we can manage to encourage a litre of fluid in the morning by morning tea time, then we have got a great chance to have a well hydrated day [20].

So the person could have a drink before and after getting ready for the day, a drink with breakfast, milk with their breakfast cereal or porridge, and a whole glass of water with their medication. You could even try encouraging them to take each pill separately, that means more water! [20]

Then we have our routine of offering one or two drinks with every meal and snack: morning tea, at lunch, at afternoon tea, at teatime, and in the evening. Having a drink about half an hour before a meal can also help with digestion and appetite. On top of that we want to make sure that drinks are available in the person's line of sight that are easy to reach [10].

The other half of consistency is that we keep in mind that's it's not about how much fluid we offer, but how much they drink. So if someone hasn't finished their drink we need to think of other strategies of they are at risk of dehydration.



At your place: If you have structured "drink rounds" or intentional rounding, tie this in and discuss how important and useful this is.

So we have covered the importance of not waiting and actively hydrating. The third of our big ideas is "Stick to thick if needed".



Thin fluids travel through our mouth and down our throat quickly. For people with swallowing difficulties this may be too quick. The liquid can go down the wrong way and end up in the lungs, which is called aspiration. Needless to say our lungs are not designed to have food or liquid in them, so aspirating can cause aspiration pneumonia.

Thickened fluids slow this down. They help the swallowing muscles 'keep up' with the fluid. We only use thickened fluids if the person has been assessed by a health professional as needing them, but once that happens we stick to thick.

Speech language therapist Ashleigh Farr is going to talk us through thickened fluids when someone has a swallowing difficulty.

Show Ashleigh's video

As Ashleigh said there is an international system for labelling how thick fluids are[21]:

Level 2 is mildly thick: a bit thicker than water but is still easy to drink from cup. Examples are some fruit drinks like apricot nectar, V8 vegetable juice, or some cream soups. We could even suck it up through a normal straw with a bit of effort (this typically wouldn't be a great idea for the people we support though). If we tip the spoon, it pours.



Level 3 is moderately thick: like runny honey, golden syrup, or pouring custard,. We could use a cup but it's usually easier to spoon. If we tip the spoon or put in on a fork, it drips or drizzles in strands.

Level 4 is extremely thick: like instant pudding or diary food or Greek yoghurt. It holds its shape on a spoon. If we tip the spoon it stays together in a dollop. If we put it on a fork it pretty much holds it shape: a bit might sink into the gaps but it wouldn't drip off.

Activity: Thick or trick quiz

Needed: Powerpoint slides

Instructions: Introduce the quiz. Read the first slide and get the learners to call out their answer. Then click to the next slide to provide the answer and talk through the discussion point provided. Repeat for the remaining quiz questions. There are four questions.



There are some fluids and food that can be a bit of a surprise. Let's play a quick game of "thick or trick" as a fun way to find out about some of these surprises. I'm going to show you two foods. One of these pictures will be the safe thick choice that is probably ok for someone who needs thickened fluids. But one of them is the trick - it's an unsafe food that we should avoid for someone who needs thickened fluids.

Q *Which is the trick: Ice cream or mousse?*



A Icecream. If a food can melt, it's a trick. Ice cream melts in your mouth and becomes a thin liquid. So we need to avoid ordinary frozen treats.



Q *Which is the trick: Grapes or thick yoghurt*



A Grapes. If a food releases liquid it's a trick. Remember how we said that juicy fruit can be a great source of fluid? Unfortunately, juice is a thin fluid, so fruit like grapes, oranges, or watermelon are a trick.



Which is the trick: Porridge or cereal?



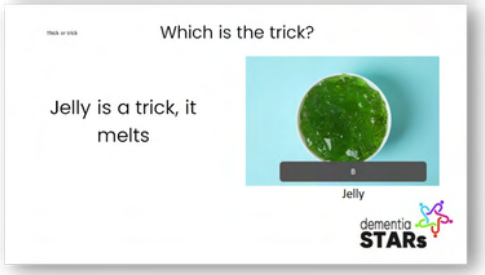
Cereal. Mixed textures are a trick. The milk is a thin fluid. Some soups can be like this, such as minestrone or chicken noodle soup. Even though they have filling 'bits' in them the soup base is a thin fluid.



Which is the trick: Puree or jelly ?



Jelly. The thickener for jelly is gelatine, and gelatine is a trick. Jelly melts in the mouth and becomes a thin fluid



Encouraging people to keep hydrated can be particularly challenging with thickened drinks, because they are often just not as nice! So how can we get creative with thickened fluids to help make them more pleasant [22]?



1. Flavour.

Thickened plain water is the worst for thickened fluids. Can we add some pretty strong flavour or use a different starting base? We can try out different drinks and see what works for that person. We can thicken pretty much anything!

Not all thickeners taste the same or have the same properties for digestion, so we want to make sure that the thickener that we are using has been approved by a Speech Language Therapist or dietician.

2. Temperature.

Room temperature is pretty horrid for any drink, so we still want our hot drinks reasonably hot and our cold drinks cold.
If we are making a hot drink like tea with milk, we want to add the milk before we add the thickener so we get the final consistency right. Sometime a premade thickened vanilla nutritional drink can be warmed up and coffee or milo powder added to make quite a nice hot drink.
One thing to be aware of is if you add a thickener to a hot drink, it will typically get even thicker as it cools. It can be really off-putting to have a super-thick cold cuppa!

3. Reframe.

If we are used to having a particular drink, but now it's different because it's thick, then that can be disappointing. Sometimes we can reframe the drink to make it something that we would expect to be thick – like calling it a smoothie, or milkshake, or frappe, or eggnog. If you are willing to go the extra mile, you can find recipes for smoothies and other thick drinks that are really appealing. Sometimes eating something we think of as food, especially food that's a bit sweet, may be more appealing than drinking thickened fluid – even when they are actually the same texture.

Hopefully with some trial and effort and creativity we can help everyone, even those on thickened fluids to stay well hydrated.

Are you ready for a drink now? We've covered a lot haven't we.

It's great to know that you will be heading out to make a difference to the day of the people you support by thinking – don't wait, hydrate.

When people have been assessed as having swallowing issues we know how to stick to thick.



Thank the learners for their attention. Provide the summary handout, going further handout, and feedback form.

AT YOUR PLACE

Here are a few questions to reflect on before you facilitate the session, to help make the session relevant and effective in your organisaton.

HYDRATION RESOURCES

How does a care worker record / report concerns that a person is at risk of dehydration and what works for that person to encourage hydration? How are all staff made aware? How is this integrated into the care plan? (include this on p.19)

LINE OF COMMUNICATION:

Who should contact if they have concerns about possible medical situations? (include this on p.20)

ORGANISATIONAL CULTURE:

Does you organisation have a drinks round or intentional rounding? Are there any other organisational initiatives around hydration? Why are these important? (Include this on p. 23)

YOUR CHECKLIST FOR THE DAY

Here are some of the things you may want to take with you

- [ ] Audiovisual equipment with PowerPoint presentation loaded
- [ ] Whiteboard pens and either a whiteboard or large paper pad to record learners' responses for activities
- [ ] This facilitator's guide
- [ ] Summary handout
- [ ] Going further handout
- [ ] Feedback forms
- [ ] Certificates of completion
- [ ] If applicable, you may wish to bring print-outs of the intentional rounding or dehydration prevention resources used at your place.



3. Resources

Hydration and dementia

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HYDRATION AND DEMENTIA

Helping hydration is a simple way you can make today a better day for the people you support: it improves mood, alertness, and energy and helps to prevent many health problems.

Don't wait

Water is good for our organs, brain, heart, joints, and skin. As we age our thirst, kidney function, and body water reserves decline which makes us more at risk of dehydration. Older people may not show the usual signs of dehydration like thirst or darker urine. Don't trust thirst to guide drinks: we need to be proactive.

Hydrate

Make a daily routine with frequent moments for drinking, so that people are prompted to drink one of their preferred drinks in their preferred cup. Try to make drinks appealing and noticeable. Provide company if you can. Mornings can be a great time to boost fluid. We can provide fluid through a wide range of drinks, juicy fruit and vegetables, soups and sauces.

Stick to thick

If someone has been put on a thickened fluid diet by a speech language therapist then it is important that we stick to it. This helps to prevent aspiration pneumonia. Mildly thick fluid is like apricot nectar, moderately thick is like golden syrup, and extremely thick is like instant pudding. Possible tricks to look out for are food that melts like ice cream or jelly, fruits that are very juicy, and meals with mixed textures. Thickened fluid can be less appealing so we can think about flavour, temperature, and finding options that are expected to be thicker.



Don't wait, hydrate!

NEW ZEALAND DEMENTIA FOUNDATION

CHT Healthcare Trust
WE TAKE GREAT CARE OF OLDER PEOPLE
Aged Care Fund

GOING FURTHER...
5 GREAT RESOURCES ON DEHYDRATIOM

1

BOOKLET

'Making every drink count' by Care UK has practical tips and recipes for making drinks appealing.

https://www.careuk.com/CareUK/media/Documents/Guides%20and%20booklets/Care-UK-s-hints-on-hydration-guide-final-LR.pdf

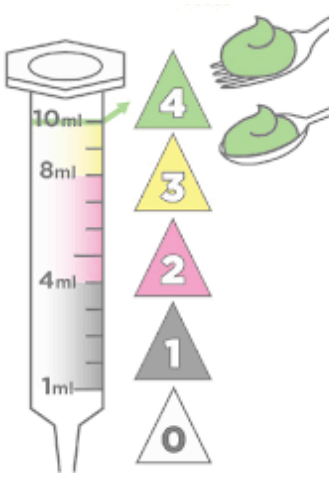


2

VIDEO

If you need to check if you have the right level of thickness for mildly thick (2) or moderately thick (3) fluid, you can use a special 'syringe test'.

https://iddsi.org/FAQ/Testing-Methods#:~:text=A%3A%20The%20IDDSI%20flow%20test,for%20IDDSI%20Levels%200%2D3.

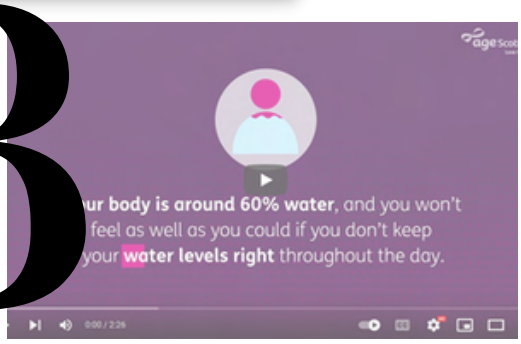


3

VIDEO

Age Scotland has a brief video on why hydration matters

https://www.youtube.com/watch?v=sQMvvN4fG3U



4

ARTICLE

Lee Hooper and her colleagues provide tips from a project that successfully improved dehydration in an aged care facility.

https://www.nursingtimes.net/roles/care-home-nurses/reducing-dehydration-in-residents-of-care-homes-17-08-2015/#:~:text=A%20key%20strategy%20is%20ensuring,from%207.00%20to%2010.30am)



5

CARTOONS

Oxford Academic Science Health Network have a series of six brief animated videos about understanding and improving hydration amongst older people we support.

https://www.youtube.com/playlist?list=PLWVg00myqsFZOBg7CSFeqGPRurVrppYWP



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Feedback on HYDRATION & DEMENTIA

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY DISAGREE
I understand more about hydration	○	○	○	○	○
I feel more motivated to prevent dehydration	○	○	○	○	○
I will be able to use what I learnt in my work	○	○	○	○	○
It was worthwhile coming	○	○	○	○	○

WHAT IS THE MOST IMPORANT THING YOU LEARNED TODAY?

WHAT IS YOUR GENERAL FEELING ABOUT THIS EDUCATION SESSION?

WHAT ARE YOU GOING TO DO DIFFERENTLY?

THANK-YOU FOR YOUR FEEDBACK, IT IS APPRECIATED

dementia STARs

CERTIFICATE

OF COMPLETION

_____

has completed the Dementia STARs
Hydration and Dementia Module

Date _____

Signed _____

Organisation _____



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Skin icon from https://www.flaticon.com/

FAQs

Here is a resource that you may find useful to answer this frequently asked question:

"But what about this this or that test of dehydration that was recommended in the past. Can't we use it to assess dehydration?"

The answer is no, because it will not be accurate for all older people. A large study found that no symptom in isolation accurately detected dehydration in older people, and no combination of symptoms accurately detected dehydration[23, see also 8, 14, 15]. This doesn't mean that we ignore possible symptoms. Rather, the take home message is that we can't rule out dehydration just because a particular symptom isn't present.

Signs and Symptoms assessed for accuracy in detecting dehydration

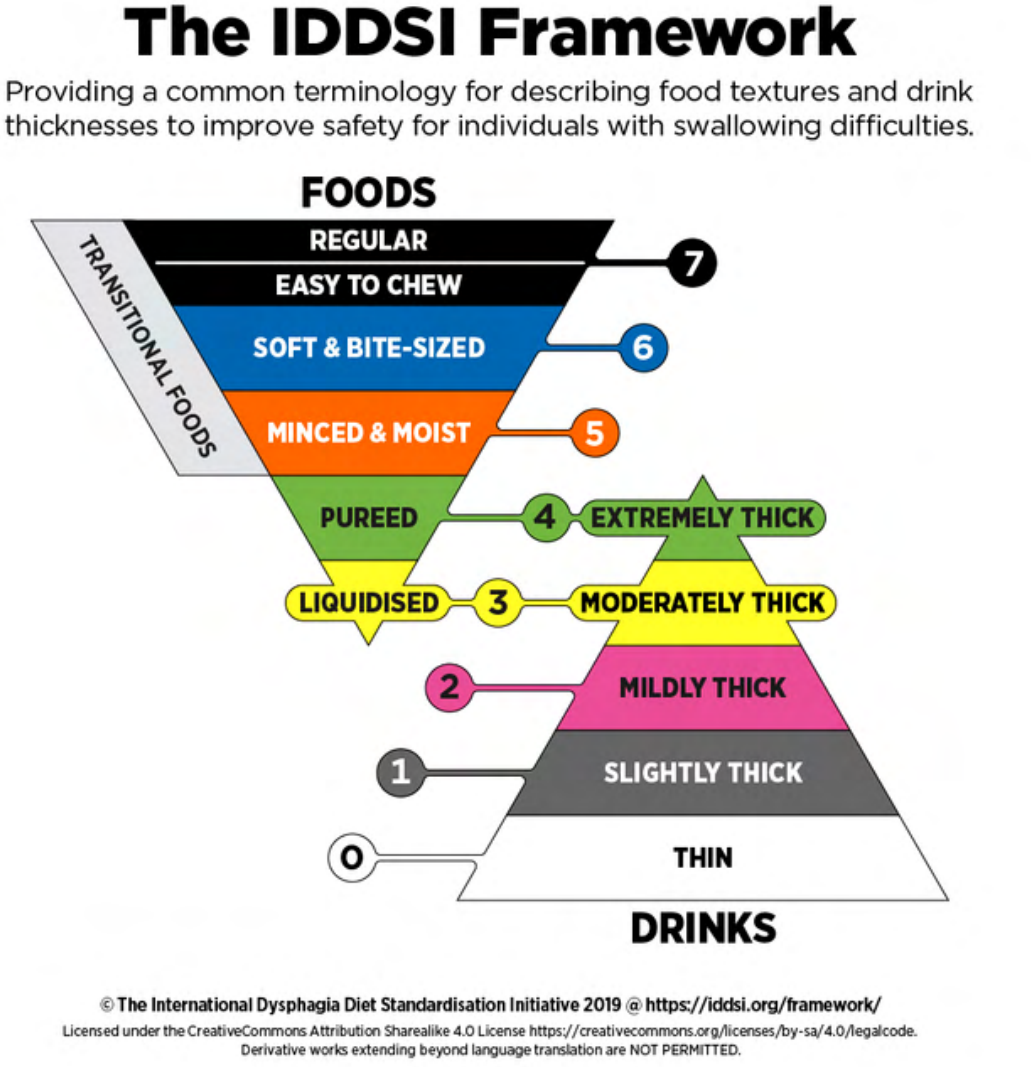
The DRIE (Dehydration Recognition in our Elders) study assessed common tests for signs and symptoms of dehydration and found none to be effective in isolation; there was also no evidence that they are effective when used in combination

Body system	Sign/symptom
Mouth (19 tests)	• Dryness of tongue and oral mucosa • Tongue furrowing • Tongue coating • Decreased saliva • Dry or cracked lips • Blueness of lips
Eyes (3 tests)	• Loss of tension of the eyeball • Reduced tear secretions
Skin (12 tests)	• Reduced turgor • Crinkling and dimpling • Dryness • Reduced armpit and palm sweating
Cardiovascular (5 tests)	• Increased capillary refill time • Hypotension • Postural hypotention • Elevated heart rate
Urinalysis (12 tests)	• Volume • Colour, cloudiness • Specific gravity • pH • Glucose, ketones • Blood, protein, leucocytes, nitrites
Temperature (1 test)	• Elevated temperature
Symptoms (4 tests)	• Thirst • Headache • Lethargy • Feeling 'out of sorts'

Table adapted from Bunn D et al (2019) Effective hydration care for older people living in care homes, *Nursing Times* (online), 115 (9), 54-58.

FAQs

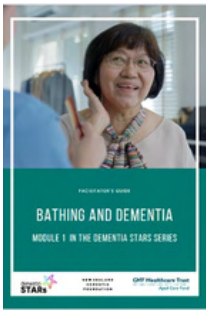
Here is the summary of the IDDSI framework that you may find useful if a learner asks about the other numbers, or about how this relates to food textures:



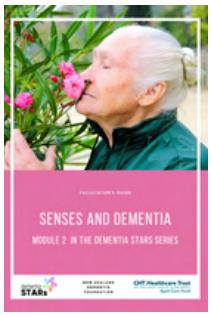
CONTINUE LEARNING WITH THE DEMENTIA STARS SERIES

We are delighted to offer eight Dementia STARs modules in this series. The Dementia STARs programme is an opportunity to reinforce a shared culture of person-centred care. Each kit offers all the tools needed to run an engaging introductory education session for direct care-workers and other staff.

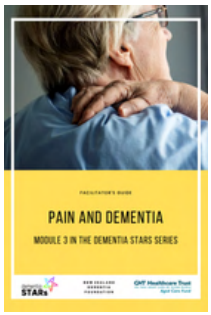
You can find the full series online at nzdementia.org/Dementia_STARs



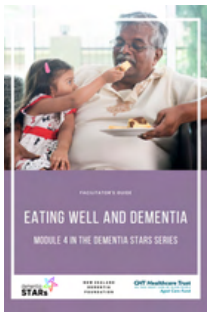
1: Bathing and dementia



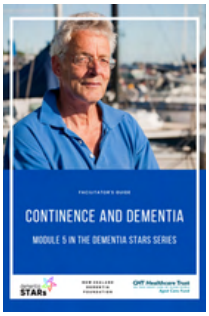
2: Senses and dementia



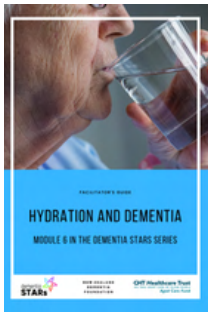
3: Pain and dementia



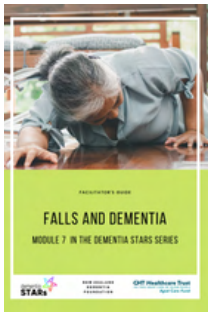
4: Eating well and dementia



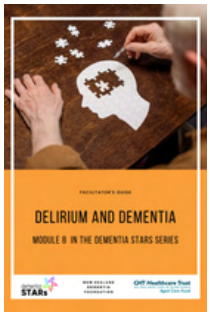
5: Continence and dementia



6: Hydration and dementia



7: Falls and dementia



8: Delirium and dementia

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