



Service Priorities and Programmes
Electronic Presentations

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Thirsty in Hospital

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Introduction

Hospitalized patients especially elderly not drinking enough water are susceptible to problems such as infection, poor wound healing and confusion, which can lead to increased requirement for medical care, morbidity and mortality. Unlike food intake, patients' fluid intake has rarely been systematically evaluated in Hong Kong hospitals.

Objectives

Between 20th and 23rd June 2017, Alice Ho Miu Ling Nethersole Hospital (AHNH) and Tai Po Hospital (TPH) have organized the first 'Nutrition and Hydration Week' through educational talk and extra water rounds in selected wards to raise staff awareness about the importance of optimal hydration. Pre- and post-event surveys of patients' fluid intake were conducted to review the impact of such education program.

Methodology

Two wards from AHNH Department of Medicine, one ward from AHNH Department of Orthopaedics & Traumatology, and one ward from TPH Department of Medicine & Geriatrics participated in this survey. Patients on oral diet with intake/output chart were conveniently recruited. Their intake/output charts on 24th May 2017 and 28th June 2017 were collected as pre- and post-event surveys respectively and oral fluid intake quantified. The characteristics and 24-hour oral fluid intake of the two groups were compared by independent t-test and chi-square test as indicated.

Result

There were 44 patients (12 female, 32 male) in pre-event group, age ranged 26 to 98 years (mean=76,SD=12yrs) and body weight (BW) ranged from 27.5 to 80.8 kg (mean=54.7,SD=10.8kg), and 40 patients (11 female, 29 male) in post-event group, age ranged from 31 to 102 years (mean=73,SD=14yrs) and BW ranged from 30.0 to 80.3 kg (mean=54.2,SD=11.6kg). The two groups have no significant difference in age (p=0.228, t-test), BW (p=0.845, t-test), proportion of patients considered as

confused by nurse ($p=0.423$, chi-square test), self-care ability ($p=0.116$, chi-square test) and the requirement for thickened fluid ($p=0.479$, chi-square test). The mean 24-hour oral fluid intake of post-event group 1020,SD=419mL is significantly higher than pre-event group 832,SD=414mL ($p=0.042$, t-test). The difference is even more significant when fluid intake is adjusted for patients BW with post-event group 19.3,SD=8.0mL/kg higher than pre-event group 15.05,SD=7.46mL/kg ($p=0.014$, t-test). Prevention of patient dehydration has to be approached multidisciplinary. By means of sustainable education program, patient carers and members of healthcare team should be made aware of the risk factors and signs for dehydration and should frequently encourage patients to drink adequate fluid. Hospital based education event such as 'Nutrition and Hydration Week' help raise staff awareness and can bring about positive impact on patient care.