

## 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.

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### 5 Did you know? Facts about water as a nutrient

- Water is the main constituent of the body and forms 50-60% of body weight and around 75% of volume. The exact amount varies with age and sex and also depends on body fat content.
- Water contains no fats, no proteins, no carbohydrates and therefore no calories.
- Water is the perfect complement for a nutritionally balanced meal.
- There are no health advantages to drinking expensive bottled water instead of tap water from the public water supply.
- Even in the absence of any visible perspiration, approximately half of water loss occurs through the operation of our lungs and skin.
- The NHS advises that where clinically appropriate, patients should be drinking 2.5 litres of water a day, or half a litre with each meal.
- The Thirst 4 Life hydration initiative undertaken by Buckinghamshire NHS and Buckinghamshire County Council led to a 45% reduction in A&E attendances at Wycombe General Hospital from nursing and residential homes between November 2004 and March 2005.
- Unless there is specific medical advice against it, everybody can benefit from practicing good hydration.
- Remember that consuming sugary drinks slows down the rate at which water can be absorbed from the stomach.
- Fresh tap water does not need to be filtered or treated in any way.

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- Water is one of the six basic nutrients. It is widely seen as the most important because the body requires it constantly and all the important chemical reactions – such as the production of energy – take place in water.
- A hospital patient could drink two litres of tap water a day for nearly five months, and cost the NHS just the price of a first class stamp.
- 10 litres of tap water costs around one penny – that can be as much as 1,000 times cheaper than soft drinks, caffeinated drinks and bottled water.
- Simply breathing in and out uses more than a pint of water a day. Without water, you would only expect to live for around one week.
- Tap water quality in the UK is among the highest in the world.
- Drinking water helps keep the body flushed of waste products.
- Strange as it sounds, drinking more water actually helps to reduce water retention.
- We each use around 150 litres of water a day, but national surveys show us that we currently drink as little as one litre – that's around half the amount we need.
- We lose lots of water when we suffer from diarrhoea, sickness or infections that cause a fever. It is vital to drink more water at these times.
- Tap water tastes best when it is served fresh and chilled.
- It is generally recommended that adults should drink around two litres of water daily and considerably more when they perform exercise and/or the weather is hot. 6-8 good-sized glasses of water a day should give you this amount.
- Being well hydrated helps medicines to work more effectively and helps combat the diuretic effect of some medicines.
- If your tap water tastes of chlorine, put it in the fridge or leave it to stand for a short while and the taste will go.

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- Of the total amount of water on the planet, just 3% is fresh water. Much of that is currently frozen, leaving just 1% available to drink.
- When the body is not adequately hydrated, it responds by conserving its stocks, shifting water to where it is most needed and causing thirst.
- Fluid loss corresponding to 2.5% of body weight has been shown to reduce an athlete's physical performance capacity by 45%.
- For the price of one cup of coffee (£1), you can drink the equivalent of 1,000 litres of tap water.
- Water is the drink of choice for protecting your teeth and gums.

## Hospital Hydration Best Practice Toolkit

### 6 Practical tips for encouraging water consumption

1. Start by encouraging your hospital team to develop a policy on how you will provide water and monitor intake for your patients. Consider nurses' understanding of the issue, and how to explain the benefits of good hydration.
2. To remind nurses to encourage water intake for those at higher risk, hang a picture of a drop of water in wards and near patients' beds.
3. Some people may need to be reminded, encouraged and even convinced to drink more water. Using a positive approach often helps. "Here is some nice cool refreshing water for you" is often more productive than "Do you want something to drink?"
4. Water is best served fresh and chilled – not left in open jugs.
5. Many people prefer to drink 'little and often'. Try to offer water at mealtimes and also between meals.
6. Patients tend to drink all the water in their glass when they are swallowing their tablets. Offering slightly larger volumes of water at this time encourages them to drink more.
7. Serve small quantities of water alongside coffee and tea and explain why it would be beneficial to drink more water.
8. Patients often worry about increased toilet visits in the night, so encourage water consumption from when the patients wake in the morning.
9. Older people and those who are unwell can lose their thirst response and their taste sensation. Never take it for granted that they will know when they need to drink.

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10. Where possible, inform families and friends about the importance of promoting hydration when they visit. They can help in meeting that important hydration target.
11. NHS procurement agreements already exist to provide hospitals with access to mains fed water coolers at competitively negotiated prices. Information is available from the NHS Supply Chain [www.supplychain.nhs.uk](http://www.supplychain.nhs.uk)
12. During the day, try serving glasses of cool water with slices of orange, lime, lemon and ice cubes. Make sure you keep refilling glasses, so patients can drink little and often. By providing citrus fruit with water, you are also helping the consumption of Vitamin C.
13. Hot water with a piece of fruit – such as lemon, lime or orange – can appeal to those who want a hot drink.
14. The Hospital Caterers Association have produced Healthcare, Food and Beverage Service Standards to guide hospitals. It advises that “free, fresh water should be available to hospital patients, staff and visitors throughout the day”.
15. NHS Quality Improvement Scotland (Food, Fluid and Nutritional Care in Hospitals) asks that where clinically appropriate, patients should have access to fresh drinking water at all times. Food and fluid should be provided to patients at the correct temperature and texture.
16. As the weather gets warmer, increase the availability of drinking water and encourage patients to drink more. Older people perspire more in warmer weather.
17. Offer water and fluids at all mealtimes. Make sure that those who are less able can choose to drink.
18. Identify those patients at risk of dehydration or those that require assistance with drinking, and monitor and record their fluid intake.
19. Think of an easy counting system to help those with mild memory problems, confusion or dementia to consume enough water.
20. Persevere! Helping people to recognise and choose healthy options will take time and patience.

These suggestions are un-attributed and have kindly been offered by nurses, dieticians, catering teams, patient organisations and related charities. All medical practice and healthcare guidance must be observed before considering these suggestions. Suggestions are reproduced with the kind permission of the Royal Institute of Public Health, Kingston Hospital, the Hospital Caterers Association, the National Patient Safety Agency, the Royal College of Nursing, the National Association of Care Catering, Surrey NHS Primary Care Trust and Water UK.

## 7 Sample menu for providing adequate fluids within healthcare

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Early drink</b>	Tea or juice	Tea or juice	Tea or juice	Tea or juice	Tea or juice	Tea or juice	Tea or juice
<b>Full glass of water given out with early morning medication</b>							
<b>Breakfast</b>	Cereals/porridge Fruit juices Egg and bacon Toast or bread Preserves Tea or coffee	Cereals/porridge Fruit juices Scrambled egg Toast or bread Preserves Tea or coffee	Cereals/porridge Fruit juices Sausage/tomato Toast or bread Preserves Tea or coffee	Cereals/porridge Fruit juices Boiled egg Toast or bread Preserves Tea or coffee	Cereals/porridge Fruit juices Bacon/tomato Toast or bread Preserves Tea or coffee	Cereals/porridge Fruit juices Poached egg Toast or bread Preserves Tea or coffee	Cereals/porridge Fruit juices Scrambled egg Toast or bread Preserves Tea or coffee
<b>Water and fruit squashes / cordials available throughout the morning</b>							
<b>Mid-morning</b>	Tea or coffee	Tea or coffee	Tea or coffee	Tea or coffee	Tea or coffee	Tea or coffee	Tea or coffee
<b>Water and fruit squashes / cordials served with meal</b>							
<b>Lunch</b>	Roast lamb & mint sauce/ Poached salmon & parsley sauce Roast/new potatoes Broccoli/parsnip Apple pie & custard	Pork/vegetable casserole/ Tuna and pasta bake Creamed potatoes Carrots/peas Lemon meringue pie Tea or coffee	Steak and kidney pie/ Grilled plaice & lemon sauce Boiled potatoes Green beans/leeks Rice pudding Banana custard Tea or coffee	Chicken & white wine sauce/ Shepherds pie Creamed potatoes Savoy cabbage/carrots Plum crumble & custard Fruit/ice-cream Tea or coffee	Lancashire Hot Pot/ Cod Mornay Parsley potatoes Mixed vegetables/ broccoli Spotted dick & custard Yoghurt jelly Tea or coffee	Fried cod/ Cauliflower cheese Chips/mashed potatoes Peas/sweetcorn Fruit compote & custard Blancmange Tea or coffee	Boiled bacon & pease pudding/ Fish pie Boiled potatoes Carrots/swede Bread/butter pudding Peach melba Tea or coffee
<b>Water and fruit squashes / cordials available throughout the afternoon</b>							
<b>Mid-afternoon tea</b>	Tea/coffee/juice Iced fancies	Tea/coffee/juice Fairy cake	Tea/coffee/juice Lemon cake	Tea/coffee/juice Fruit scone	Tea/coffee/juice Ginger cake	Tea/coffee/juice Banana cake	Tea/coffee/juice Fruit loaf
<b>Water and fruit squashes / cordials served with meal</b>							
<b>Evening</b>	Cheese and tomato flan & salad/ Sandwiches (salmon/egg) Peaches & cream Tea or coffee	Welsh rarebit & tomato/ Sandwiches (sardines/ham) Cherry flan & cream Tea or coffee	Sausage and baked beans on toast/ Sandwiches (cheese with marmite/tuna) Peaches & cream Tea or coffee	Jacket potato (tuna or cheese) Sandwiches (ham/egg) Apricot & almond tart Tea or coffee	Macaroni cheese & tomato/ Sandwiches (bacon/turkey) Sherry trifle Tea or coffee	Ham with mixed salad/ Sandwiches (salmon/chicken) Lemon cheesecake Tea or coffee	Broccoli & cheese flan with salad/ Sandwiches (egg/pilchards) Chocolate cake Tea or coffee
<b>Late-evening</b>	Milky drinks Biscuits	Milky drinks Biscuits	Milky drinks Biscuits	Milky drinks Biscuits	Milky drinks Biscuits	Milky drinks Biscuits	Milky drinks Biscuits

## Hospital Hydration Best Practice Toolkit

### 8 Hospital guidance and standards

This fact sheet provides information on the advice and best practice currently available to healthcare professionals.

#### **Hospital Caterers Association, Good Practice Guide - Healthcare Food and Beverage Service Standards**

“In a wholesome diet, water must be considered as one of the six basic nutrients.....It might properly be called the ‘first nutrient’, since all of the body’s important chemical reactions – such as the production of energy – take place in it.....Chilled water should be available at ward level for patients throughout the 24 hour patient day. It is recommended that patients should be drinking 2.5 litres of water a day, or half a litre with each meal.”

#### **NHS Quality Improvement Scotland, Clinical Standards – Food, Fluid and Nutritional Care in Hospitals.**

(4.4) Food and fluid are provided to patients at the correct temperature and texture. Where required, patients are given assistance with eating/drinking while the food/fluid is at the correct temperature.

(4.6) Patients are provided with the equipment/utensils for eating/drinking that meet their individual needs.

(4.8) Where clinically appropriate, patients have access to fresh drinking water at all times.

(4.9) Where clinically appropriate, patients are given the opportunity to choose whether to eat/drink at or away from their bed.

#### **National Patient Safety Agency, Water: the Forgotten Nutrient - From Pipe to Patient**

“Water is well known for its revitalising properties. However, although it is essential to health and it is one of the six basic nutrients (along with carbohydrates, fats, vitamins, proteins and minerals), the importance of water often gets overlooked. Providing fresh water to patients helps to keep them hydrated and improves their wellbeing. Providing fresh water also demonstrates care of patients in a way that relatives and visitors can see.”

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### **Royal College of Nursing, Nutrition Now - Principles for nutrition and hydration**

“Food and water are essential elements of care - as vital as medication and other types of treatment. Ensure that there are enough nursing staff on wards and in the community to ensure patients receive the right food and hydration at the right time with the right supervision and assistance. It is our responsibility as members of a multi-disciplinary team to ensure patients in our care have the right nutrition and hydration at the right time. Working practices that prioritise nutrition and hydration can overcome the challenges that stand in the way of excellence”.

### **Welsh Assembly Government: Guidance for Health and Social Care Staff - Improving the quality of fundamental aspects of health and social care for adults, Eating and Drinking.**

Proper nutrition, that is food and drink, is important for recovery from illness, for the healing of wounds and for good health..... People must be offered a choice of food and drink that meets their nutritional and personal requirements and provided with any assistance that they need to eat and drink. Make sure that fresh drinking water is always available. If you are unsure about how long water has been in a glass or jug, change it.

Inappropriate levels of nutrition and hydration can lead to rapid deterioration in frail, vulnerable people. If you have any worrying observations about your patient, report these and seek further advice. Always provide the direct help that people need in order to eat and drink. Never leave a drink out of the reach of your patient. Always tell your patient when you have refreshed their glass or mug and tell them where you have placed it.

(9.1) People’s nutritional needs and physical ability to eat and drink are regularly assessed. If necessary, they are provided with specialist advice and support.

(9.3) Food and drink are served in an acceptable setting. They are at the right temperature and attractively presented.

(9.7) If eating and/or drinking cause people difficulties, they receive prompt assistance, encouragement and appropriate aids or support.

### **Department of Health - Independent Health Care, National Minimum Standards Regulations, Catering Services for Patients, Standard C19 (3)**

“Drinking water is available in all inpatient and outpatient areas.”

### **World Health Organization, Water, Sanitation and Health Guidance**

“Water is a basic nutrient for the human body and is critical to human life. It supports the digestion of food, absorption, transportation and use of nutrients and the elimination of toxins and wastes from the body.”

## Hospital Hydration Best Practice Toolkit

### 9 How good are your water facilities?

Take a look at your existing drinking water facilities for yourself. Photocopy this check list and record your answers to the following:

- Do you have facilities available for drinking water provision?
- How many outlets / facilities are there?
- Are facilities situated in safe and suitable areas for nurses, doctors, caterers and patients?
- Are facilities clean and well maintained?
- Do patients have access to fresh water throughout the day?
- Can able bodied patients serve themselves?
- Can less able bodied patients serve themselves?
- Are clean cups and vessels provided?
- Would you be happy to drink solely from these facilities every day?
- Are facilities supplied with fresh water and visibly labelled as such?
- The water should taste fresh and palatable – taste it – is it?
- How much flow of water can you realistically expect to get from the facilities you have in place – a slow trickle, a glass, a jug, a plentiful supply? (underline as appropriate)

**How did you do?** – Is fresh and wholesome water available to your patients, staff and visitors throughout the day?

Format supplied courtesy of ERIC. [www.enuresis.org.uk/](http://www.enuresis.org.uk/) Additional material courtesy of the Royal College of Nursing, Royal Society for the Promotion of Health, Royal Institute of Public Health, Department of Health, National Patient Safety Agency, Hospital Caterers Association, Patients Association, NHS Purchasing and Supply Agency, Northumbrian Water, The Welsh Assembly, The Scottish Executive, The European Point of Use Drinking Water Association, National Association of Care Catering, Leicestershire County Council and South Staffordshire Water

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## FACTFILE – Facts and Tips on Providing Fresh Water

- The UK mains drinking water supply is safe to drink and of extremely high quality. Through strict regulation, the UK has one of the highest quality tap waters in the world.
- Make sure you always take your drinking water fresh from the mains water supply. (Facilities management can advise you if unsure).
- Avoid taking drinking water from taps that are fed by storage systems and tanks (as above).
- Every hospital building has access to fresh water somewhere in its infrastructure. Normally the tap in the kitchen will be the one providing fresh, wholesome and cool water.
- Provide a variety of options for patients to help themselves, and support it with freshly served water throughout the day.
- If you choose to use water coolers, mains fed systems are the most sustainable. They don't run out, are more cost effective, remove the health and safety concerns regarding the lifting and changing of replacement bottles and save the inconvenience of storing them.
- Mains fed water coolers are the best option for saving money. Bottle fed machines can cost healthcare providers around £6 for each 19 litre bottle or around £1000 each year to run each machine. The equivalent cost of supplying mains fed water through a cooler would be less than 2p for each 19 litres.
- Consider purchasing water coolers that serve both chilled water and water at its natural temperature.
- If you are not sure whether your water supply is safe or wholesome, contact your facilities management team, local water company, or the Drinking Water Inspectorate. Contact details are available through the web area of this Toolkit [HYPERLINK "http://www.waterforhealth.org.uk"](http://www.waterforhealth.org.uk) [www.waterforhealth.org.uk](http://www.waterforhealth.org.uk)

## Hospital Hydration Best Practice Toolkit

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### Try the hydration awareness quiz

A tool to assist in the training of junior nursing and non clinical staff

**What is the chemical formula for drinking water?**

- H<sub>2</sub>O
- C<sub>3</sub>PO
- He<sub>3</sub>

**How many glasses of water should you drink each day for good health?**

- 1-2
- 3-4
- 6-8

**How much of your body is made up of water?**

- 75%
- 40%
- 15%

**How long can you live without water?**

- About one week
- About one month
- About one year

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**What is another name for water that is safe to drink?**

- Portable
- Potable
- Passable

**For one penny, how many glasses of fresh drinking water can you get directly from your tap?**

- 1 glass
- 10 glasses
- 50 glasses
- 1000 glasses (or more)

**Which would be the best drink to protect your teeth and gums?**

- Fizzy Cola
- Coffee
- Water

**How should you drink your daily water intake?**

- All at once
- Little sips regularly
- Big mouthfuls

**How much water does simply breathing in and out use up each day?**

- A pint
- An egg cup full
- A bath full

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**Which of these is not a sign of dehydration?**

- Headache
- Irritability
- Tiredness
- Sprained ankle

**We get some water from our food and drink, but from which one should we not get our water intake?**

- Decaffeinated tea
- Weak squash
- Fruit juice
- Alcohol

**What is the ideal colour for urine to be if you are well hydrated?**

- Light brown
- Dark yellow
- Pale yellow/clear

**Answers:** H<sub>2</sub>O, 6-8 glasses a day, 75% of the body, About 1 week, Potable, 50 glasses, water, little sips regularly, a pint, sprained ankle, alcohol, pale yellow/clear

## Hospital Hydration Best Practice Toolkit

### 11 Hydration best practice – Hospital water audit

**Photocopy this sheet and then tick off and count up the statements you can answer with a 'Yes'. Scores are analysed over the page.**

- You are clear about the benefits of improving water provision on your ward.
  - You have a clear strategy to promote water provision and consumption.
  - You have consulted and involved the rest of your team.
  - You are clear about what you want your hydration strategy to achieve.
  - You have a simple and clear code of conduct for providing water.
  - You have decided how and where water will be provided.
  - You have managed to make water available to all patients and staff throughout the day.
  - You are now actively encouraging consumption of water for patients.
  - The patients are regularly informed about the health benefits of drinking more water.
  - The patients have been consulted for their ideas on how water might be promoted and consumption increased.
  - You have a procedure for recording whether patients drink enough.
- Your strategy allows for increased promotion of water:
- In hot weather.
  - When patients are away from the ward area.
- You have established a system to ensure that all the water facilities are cleaned (including cups, glasses and jugs).

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- Patients can ask for and access toilet facilities when they need them.
- Toilets and toilet facilities are well maintained and clean.
- You have planned how you will now monitor and evaluate the impact of improved water provision for patients on your ward.

### How did you do?

Count up the number of boxes you have ticked and assess your current hydration practice.

### Score

0-5 – You are underway but more work needs to be done. To make sure that you and your patients get the health benefits of good hydration, you and/or your team should retrace their steps and look again at the areas you could not tick off. What needs to be changed to improve your score?

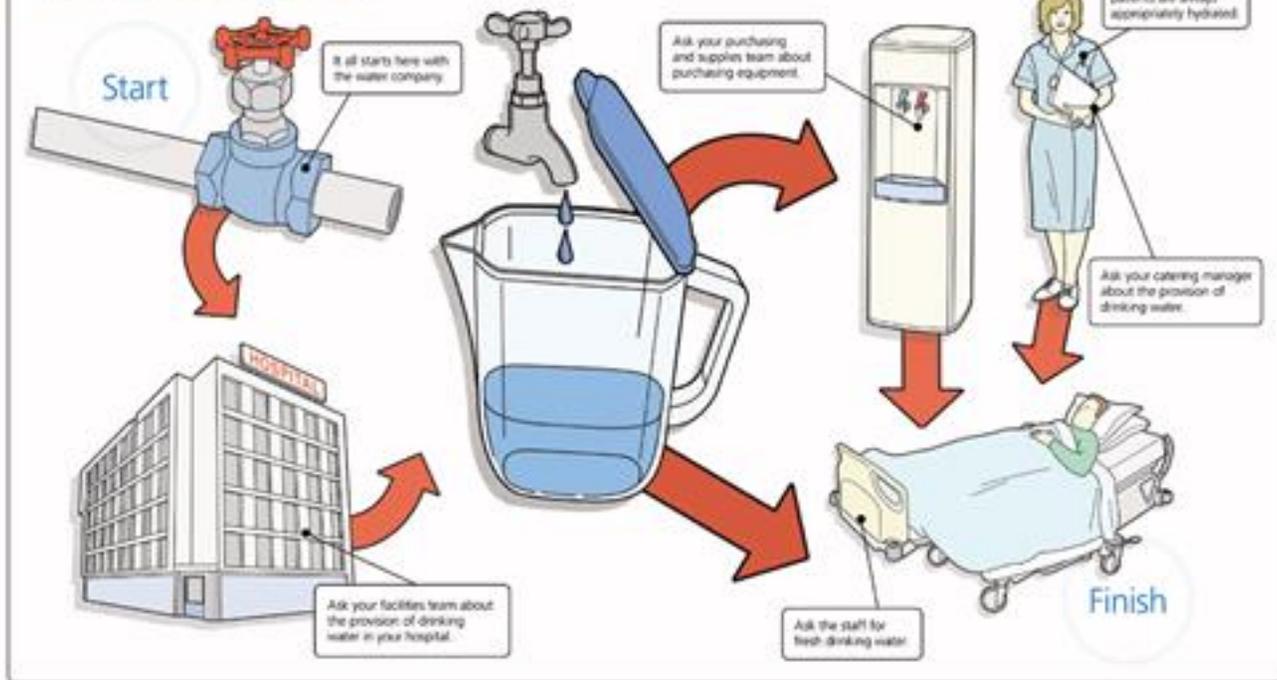
6-10 – Well done on getting this far. With this score you will soon be on the way to establishing a successful strategy for promoting good hydration and drinking water. You can use the toolkit fact sheets and check lists to work out where you can implement change and you will soon be able to help improve your patients' hydration and well being.

11-14 – You have come this far and are approaching the score for hydration best practice. With so much achieved, it is now simply a case of refining your efforts and looking at the individual areas for change.

15-17 – Congratulations, you have done very well and will now be making a real difference to the health and wellbeing of your patients. If you did not score the full marks, talk to your team about the areas you missed and how you can take the last few steps to good hydration for all.

# Water: the forgotten nutrient

from pipe to patient



**NHS**  
Purchasing and Supply Agency



**WATER UK**

**NHS**  
National Patient Safety Agency

"Water is well known for its revitalising properties. However, although it is essential to health and is one of the six basic nutrients (along with carbohydrates, fats, vitamins, proteins and minerals), the importance of water often gets overlooked. Providing fresh water to patients helps to keep them hydrated and improves their well-being. Providing fresh water also demonstrates care of patients in a way that relatives and visitors can see"

National Patient Safety Agency



Royal College  
of Nursing

**NHS**  
National Patient Safety Agency

part of the  
**nutrition  
now**  
campaign