

3.4 Hydration

There are many considerations that are crucial to promoting safety and optimizing recovery when working with people who have had a stroke. The TACLS Quick Reference Guides were developed from the TACLS resource and can be used as quick reference to help *support healthcare providers* and informal caregivers who may not typically work with and care for people who have had a stroke.

We recommend reviewing the full **TACLS resource** for more complete information:
strokebestpractices.ca/resources/professional-resources/tacsl

Quick reference guide highlights

- **Always follow the current care plan for the person that you are working with.**
- **Dehydration** occurs when the body loses more fluid than it takes in.
- Dehydration can quickly become life-threatening and can increase risk of infection, constipation, fecal impaction, and urinary tract infection.
- Dehydration can result in decreased physical, mental, and cognitive function.
- People who have had a stroke and have suspected nutrition concerns, hydration deficits, dysphagia, or other comorbidities that may affect nutrition, should be referred to a speech-language pathologist (SLP) and/or dietitian.
- **Dysphagia** (swallowing difficulties) is common in people who have had a stroke. An SLP, a dietitian and other trained professionals may recommend alterations in food and fluid consistencies to support safe swallowing and promote hydration.
- **Never** change a person's diet, adapt a food texture or fluid consistency without consulting an SLP or dietitian.
- People need at least six to eight cups of fluid a day to stay hydrated. The amount and type of fluid that a person needs should be specified in the current care plan.
 - Note: Sometimes a person may be on fluid restrictions and must restrict and monitor their fluid intake due to other conditions or comorbidities. If you are unsure, check with the care team. Always follow the current care plan for the person that you are working with.
- **Types of fluids** include*:
 - **Beverages** such as water, juice, milk, tea, and coffee.
 - **Frozen liquids** such as ice cubes, popsicles, or frozen juice bars.
 - **Some foods** such as jellied desserts, pudding, ice cream, soup, or canned fruit.
 - *Encourage water as a beverage of choice and limit high sugar drinks such as juice, popsicles, and jellied desserts.



How you can help

- Monitor fluid intake and be aware of factors that can impact fluid intake. For example: if a person has a fear of choking, they may avoid drinking. If a person has aphasia, they may not be able to communicate that they are thirsty.
- **Never** change a person's diet, adapt a food texture or fluid consistency without consulting an SLP or dietitian.
- Monitor urine output and characteristics, and frequency and consistency of bowel movements (watch for constipation related to dehydration).
- Be aware of signs & symptoms of dehydration including dark, cloudy, concentrated, or strong-smelling urine, decreased urine output, confusion, thick, stringy saliva.
- Report any concerns to the stroke care team immediately.

Note: This information represents some of the priorities of care related to hydration; consult with the SLP, dietitian or stroke care team for any questions or concerns regarding hydration.

References:

1. Canadian Stroke Best Practice Recommendations: www.strokebestpractices.ca, **Acute Stroke Management**, 6th Edition, Section 9.6
2. Canadian Stroke Best Practice Recommendations: www.strokebestpractices.ca, **Rehabilitation and Recovery following Stroke**, 6th Edition, Section 7.2
3. Taking Action for Optimal Community and Long-Term Stroke Care (TACLS) – **Hydration**

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