Taking Action for Optimal Community and Long-Term Stroke Care

A Resource for Healthcare Providers

Chapter 3: Body Function (Physical)

Sections 3.4 - Hydration

Updated October 19, 2020

Disclaimer

- Taking Action for Optimal Community and Long-Term Stroke Care is for informational purposes only and is not intended to be considered or relied upon as medical advice or a substitute for medical advice, a medical diagnosis or treatment from a physician or qualified healthcare professional. You are responsible for obtaining appropriate medical advice from a physician or other qualified healthcare professional prior to acting upon any information available through this publication

TACLS Overview

Overview

- This presentation has been developed to complement the information provided in Taking Action for Optimal Community and Long-Term Stroke Care
- TACLS content is aligned with the most current Canadian Stroke Best Practice Recommendations (www.strokebestpractices.ca)
- Some of the best practice recommendations are included in this resource for quick reference. For the full Canadian Stroke Best Practice recommendations visit: www.strokebestpractices.ca
- As you consider the following information, always ensure that you are practicing and working within your scope of practice and seek advice from qualified and appropriate team members as needed

COVID-19

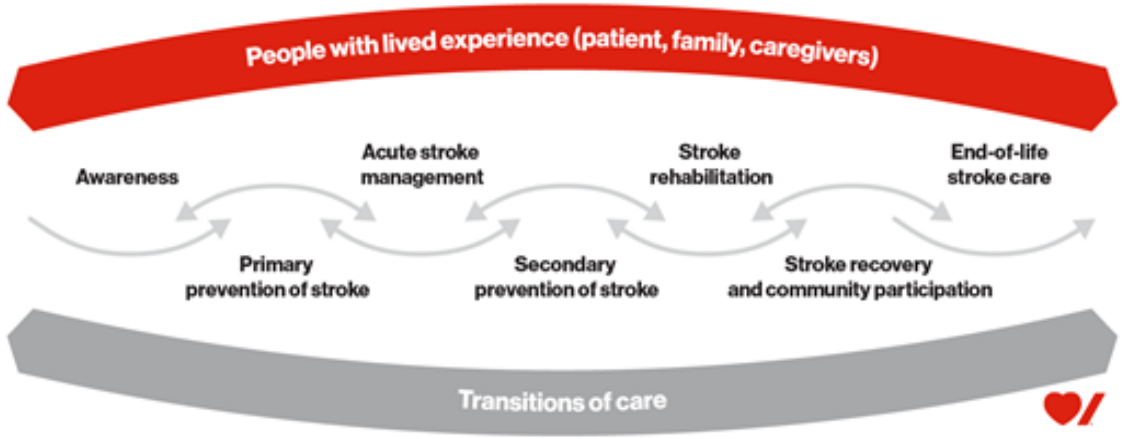
- In light of COVID-19, resources are being shifted across the healthcare continuum to help meet ongoing and changing needs.
- There may be some variability in the staff who would typically work with patients who have had a stroke.
- There are many considerations that are key to promoting safety and optimizing recovery when working with individuals who have had a stroke.
- TACLS can be used to help *support healthcare providers* and may be helpful to informal caregivers during this time by providing key information, skills and guidance when providing care to individuals who have had a stroke in any setting, from acute inpatient care to the community.

Purpose and Use of TACLS

- TACLS slide presentations are designed to be used as a resource, in conjunction with the TACLS manual, for informing and educating healthcare providers about how to care for individuals who have had a stroke across care settings
- Informal caregivers may also find these resources helpful
- TACLS content is aligned with the Canadian Stroke Best Practice Recommendations (www.strokebestpractices.ca)

Target Audience

- Healthcare providers who care for individuals who have had a stroke and are in acute care, inpatient rehabilitation, or community settings (such as at home or in long-term care)
- Informal caregivers, such as family members, may also find these resources helpful as they provide practical information to deliver safe and appropriate care



Your Role as Part of the Stroke Team

- There have been major advances in treatment and care of individuals with stroke and the types of care received in the early days following a stroke can have a direct and significant impact on outcomes
- Your role, observations and your ability to communicate effectively within the team is vital to helping the individual with stroke get the best possible care and experience the best possible recovery
- Your support can help individuals adjust to the changes that stroke brings, find new ways to help them thrive as they recover, and learn and adapt to “the new normal” that is life after stroke

Your role

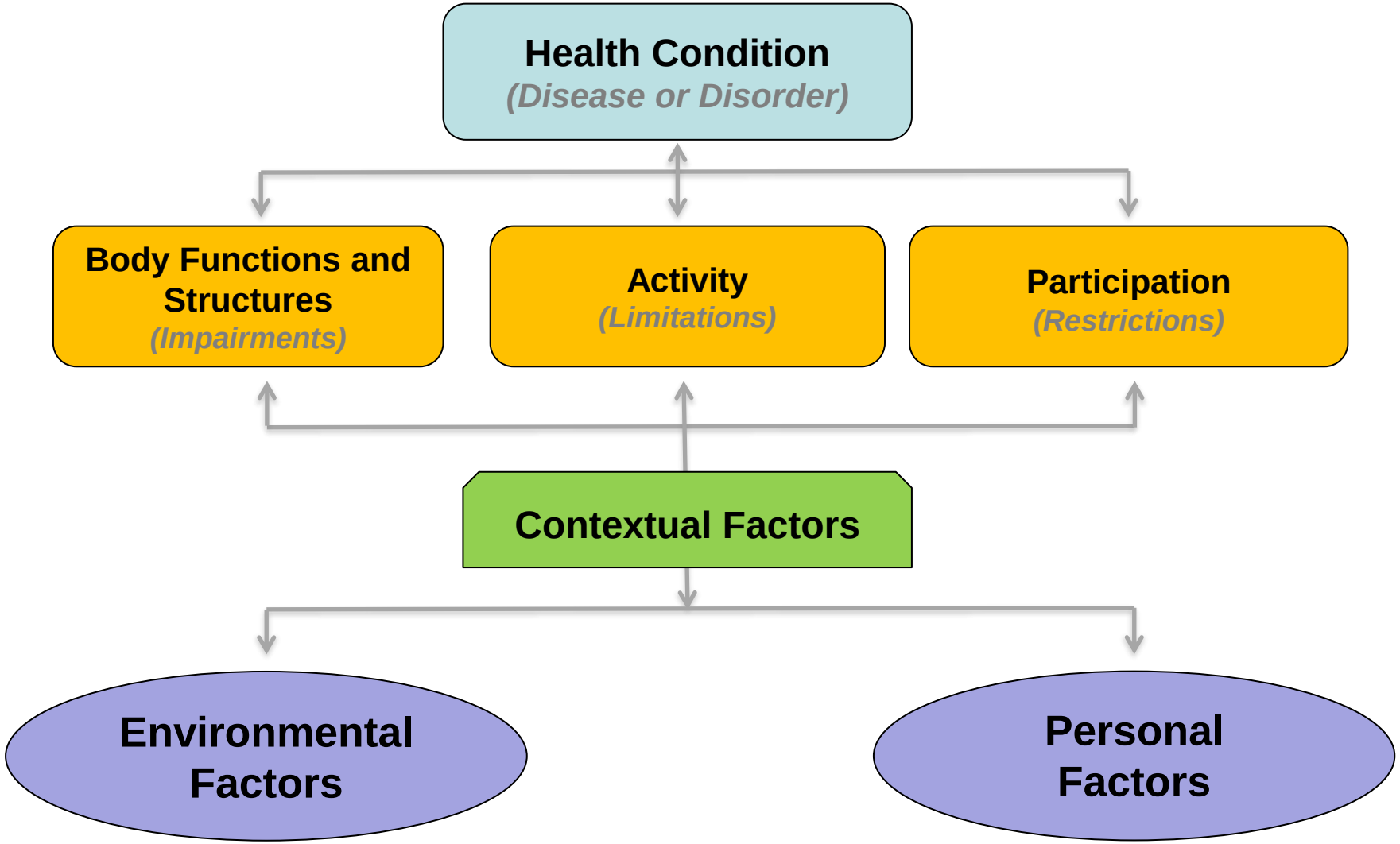
- It is very important to review and understand your role within the stroke care team
- Consult with your team if you
  - Are unclear about any aspect of the care plan
  - Have questions about how to implement the recommended care
  - Have concerns about the health of the person you are caring for
- Know your direct contact on the team and follow your workplace guidelines for communicating with the team
- Do not delay if a situation requires immediate attention – contact the appropriate team member as quickly as you can
- There may be times when the information in this resource differs from the instructions or care plan that have been developed by the organization you work for or by the stroke team. **In these cases, always follow the direction from your employer, your team, and the care plan**

Your Role: Communicate with your Team

Stroke care is a TEAM effort. The team is there to support you. Make sure to reach out to your team if you have any questions so that the safety and recovery of the individual you are working with and/or caring for is not compromised.

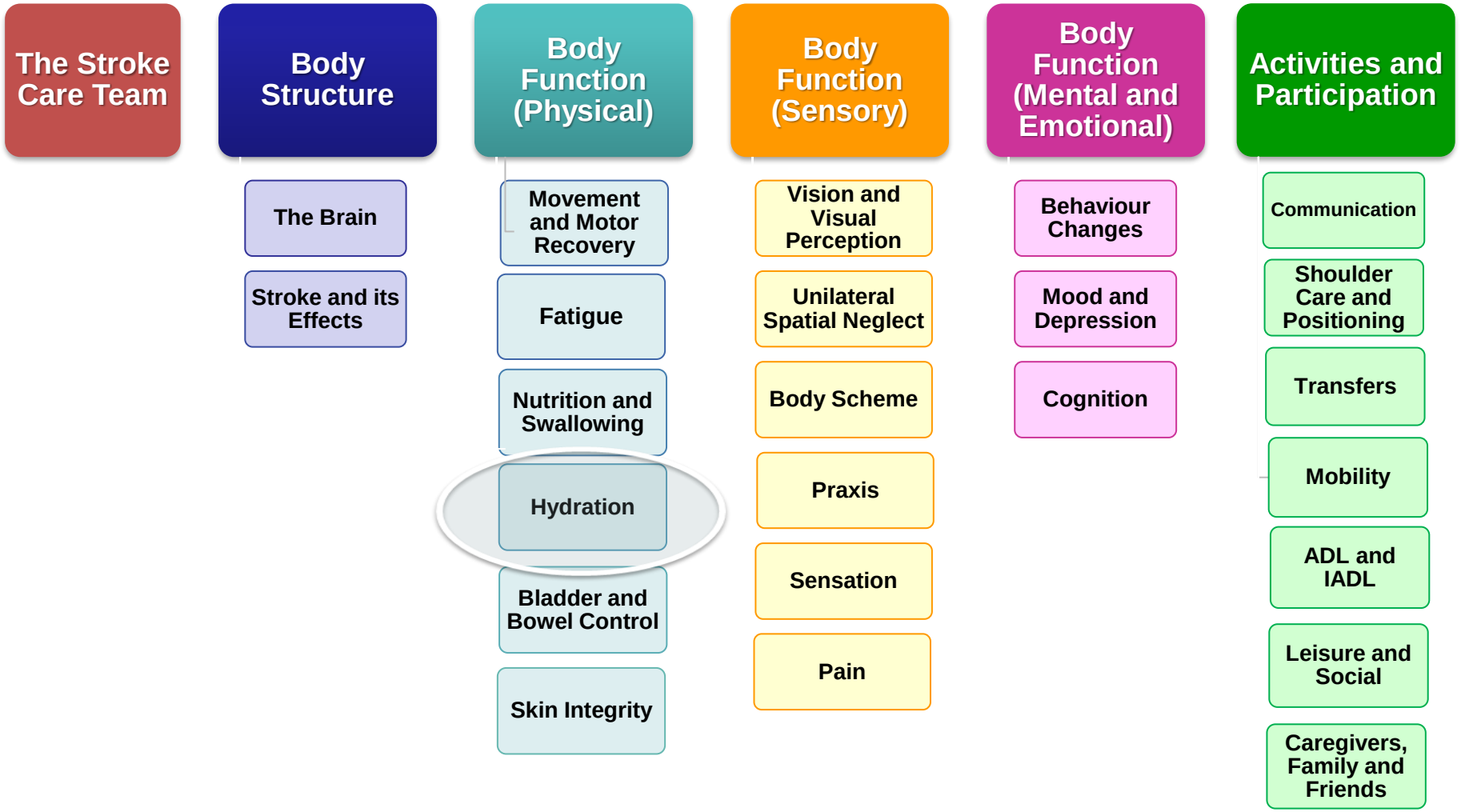
TACLS Structure

TACLS is organized to follow the International Classification of Functioning (ICF) structure.



https://www.who.int/classifications/icf/en/

TACLS Content and Layout



Section 3.4
Hydration

Hydration

- Topics in this section:
  - Daily fluid requirements
  - Dehydration
  - Hydration and urinary incontinence

Key Messages: Hydration

- Maintaining good hydration is very important after stroke
- Monitor the amounts of fluid the person who has had a stroke takes in each day
- Work with the stroke care team to find strategies to help the person remember to take enough fluids
- Report changes in hydration status to the stroke care team

Best Practice Recommendation

- The swallowing, nutritional and hydration status of stroke patients should be screened as early as possible, ideally on the day of admission, using validated screening tools
- Abnormal results from the initial or ongoing swallowing screens should prompt referral to a speech-language pathologist, occupational therapist, and/or dietitian for more detailed assessment and management of swallowing, nutritional and hydration status. An individualized management plan should be developed to address therapy for dysphagia, nutrition needs, and specialized nutrition plans

Best Practice Recommendation

- Patients should be screened for malnutrition, ideally within 48 hours of inpatient rehabilitation admission using a valid screening tool
  - Patients can be rescreened for changes in nutritional status regularly throughout inpatient admission and prior to discharge, as well as periodically in outpatient and community settings
  - Results from the screening process can be used to guide appropriate referral to a dietitian for further assessment and ongoing management of nutritional and hydration status

Best Practice Recommendation

- Stroke patients with suspected nutritional concerns, hydration deficits, dysphagia, or other comorbidities that may affect nutrition should be referred to a dietician. Dietitians provide recommendations on:
  - Meeting nutritional and fluid needs orally while supporting alterations in food texture and fluid consistency recommended by a speech-language pathologist or other trained professional
  - Enteral nutrition support in patients who cannot safely swallow or meet their nutrient and fluid needs orally
  - Nasogastric feeding tubes should be replaced by gastric-jejunum tube (GJ-tube) if the patient requires a prolonged period of enteral feeding
- The decision to proceed with enteral nutrition support, i.e. tube feeding, should be made as early as possible after admission, usually within the first three days of admission in collaboration with the patient, family (or substitute decision maker), and the interdisciplinary team

Canadian Stroke Best Practice Recommendations *Rehabilitation and Recovery Following Stroke*, 6th edition, section 7.2

Your Role as a Healthcare Provider

- Water is critical to life
- Dehydration occurs when the body loses more fluid than it takes in
- You play a key role in making sure the person who has had a stroke drinks enough to stay healthy, and letting the team know right away if you notice signs of dehydration
- It is important that you know whether the person you are working with has had a swallowing screen and/or assessment, if they have any swallowing issues, and what the current management strategy is to support safe swallowing
- Always follow the food and diet instructions in the care plan. Never change a person's diet on your own. Never adapt a food texture or fluid consistency on your own

Daily Fluid Requirements

- The average adult can live for only a few days without water
- We all need at least six to eight cups of fluid daily to stay hydrated
- The amount and type of fluid a person needs should be specified in the current care plan*
- Thickened fluids may be recommended for some people
  - E.g., nectar thick or honey thick consistency
  - It is important that you know whether the person you are working with has had a swallowing screen and/or assessment, if they have any swallowing issues, and what the current management strategy is to support safe swallowing
  - See TACLS section 3.3 *Nutrition and Swallowing* for information on swallowing impairment

**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 care team as needed. Always follow the current care plan for the person that you are working with*

Types of Fluids

- 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

** Choose water as beverage of choice and limit high sugar drinks such as juice, popsicles and jellied desserts*

Equivalent Amounts

Measure	Amount	
Cups	6	8
Ounces	48	64
Litres	1.5	2
Millilitres	1500	2000

Amount of Fluid in Some Common Foods

Canadian Stroke Best Practices

Food	Serving Size	Fluid Content
Jellied dessert	½ cup	120 mL
Pudding	½ cup	100 mL
Ice cream or sherbet	½ cup	120 mL
Popsicle	1 popsicle	90 mL
Yogurt	½ cup	90 mL
Canned fruit	½ cup	100 mL
Soup	1½ cups	165 mL
Simple conversion for daily fluid requirement		
1 cup = 250 mL	½ cup = 125 mL	

Dehydration

- Dehydration can quickly become life-threatening
- When a person is dehydrated, they may lose physical, mental, and cognitive function
- It also increases their risk of infection, constipation and fecal impaction, and urinary tract infection

Dehydration

- A person who has swallowing impairments may avoid drinking fluids for fear of choking
- Those who worry about incontinence may drink less to try to prevent accidents

See TACLS section 3.3 *Nutrition and Swallowing* for more information on swallowing impairments

Dehydration

- A person who has had a stroke is more likely to become dehydrated if they:
  - Are on a thickened fluid diet and do not take all the fluids provided
  - Have swallowing impairments known as dysphagia
  - Refuse fluids at meals or snacks
  - Need help with eating and drinking
  - Do not feel thirsty (this is common among older adults)
  - Are distracted while eating and drinking

Dehydration

- A person who has had a stroke is more likely to become dehydrated if they:
  - Are unable to communicate that they are thirsty
  - Have memory problems or are forgetful
  - Have an illness that increases fluid loss, such as vomiting, diarrhea, or fever and sweating, or that their fluid loss becomes greater than their intake

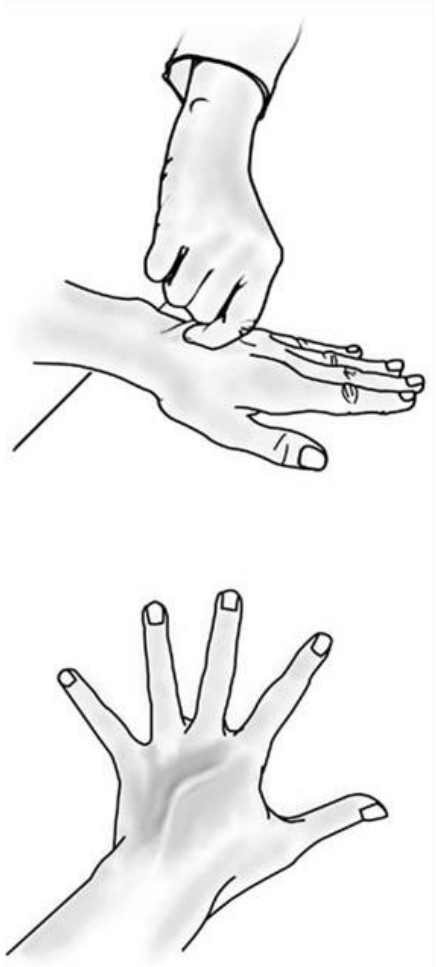
- Other issues that may impact nutrition and hydration:
  - Fatigue (e.g., if mealtime is close to rehabilitation/therapy time)
  - Distractions during nutrition intake

Signs of Dehydration

- Report any of these signs to the nurse:
  - Decreased urine output
  - Dark, concentrated or strong-smelling urine
  - Frequent urinary tract or bladder infections
  - Thick, stringy saliva
  - Constipation
  - Dizziness when sitting up or standing
  - Confusion or a change in mental status
  - Weight loss of 1.5 kg in less than seven days
  - Fever and sweating
  - Decreased skin elasticity

Skin Elasticity

- Gently pinch the skin on the back of the person's hand
- If it stays pinched up when you release it, the person may be dehydrated



Hydration and Incontinence

- Some people with urinary incontinence believe if they drink less they won't need to urinate as often
- The reverse is actually true
- Concentrated dark urine irritates the bladder lining. As a result, the person needs to release small amounts of urine more often

Hydration and Incontinence

- Adequate fluid intake flushes the bladder and helps prevent bladder irritation and urinary tract infection
- A hydrated person has clear, light yellow urine
- Cloudy, smelly urine can be a sign of inadequate fluid intake, not a urinary tract infection

Hydration and Incontinence

- Normal, healthy bowel function depends on adequate fluid intake
- The normal frequency of bowel movements is anywhere from three times per day to three times a week
- Low fluid consumption can result in hard stools that are difficult to pass

How You Can Help

- Try to ensure that the person gets the amount of fluid specified in the care plan by giving frequent, gentle reminders to drink (if no amount is specified, aim for six to eight cups a day.)
- Water is the preferred fluid, but you can offer a variety of milk, tea, soup and crushed ice. Ask what the person's favourite fluids are and make them available
  - Consult the care plan or the team dietitian with any questions
- Encourage the person to sip fluids throughout the day rather than drinking large amounts all at once
- Sometimes it's helpful to put the required amount of fluid in a container each day, so you both know how much is left to drink

How You Can Help

- If the person has neglect, put the container on the unaffected side
- If the person has difficulty holding a cup, consult with the occupational therapist for adaptive equipment that may help (e.g., a modified cup)
- Limit caffeinated drinks (e.g., tea, coffee, some soft drinks) to two or three servings per day. Caffeine promotes urination and fluid loss and should be limited. They are counted as part of the daily fluid intake
- Give the fluid at the temperature that the person prefers. Some people prefer room temperature, while others like drinks that are ice cold
- Never modify a fluid consistency from what is specified in the care plan
  - If you have any questions, consult the care plan and speak with the team speech and language pathologist and/or dietitian

Quiz

Test Your Knowledge

1. Which of the following may increase the risk of dehydration for a person who has had a stroke:
    a. Not having the feeling of being thirsty
    b. Refusing fluids at meals or snacks
    c. Fear of choking due to swallowing problems
    d. Inability to communicate that they are thirsty
    e. All of the above

Test Your Knowledge

2. Signs of dehydration include:
    a. Weight loss of 3.5 pounds (1.5 kg) in less than seven days
    b. Confusion or a change in mental status
    c. Fever
    d. Decreased skin elasticity
    e. All of the above

Conclusion

- More information regarding stroke and stroke care can be found at **www.strokebestpractices.ca**

- For additional resources visit: **https://www.strokebestpractices.ca/resources/professional-resources**

- Questions and comments can be sent to **strokebestpractices@heartandstroke.ca**

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Thank You

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