# Development and evaluation of a Thirst Bundle for adult critically ill patients in a tertiary UK Critical Care (CC).

## Guy's and St Thomas'

NHS Foundation Trust

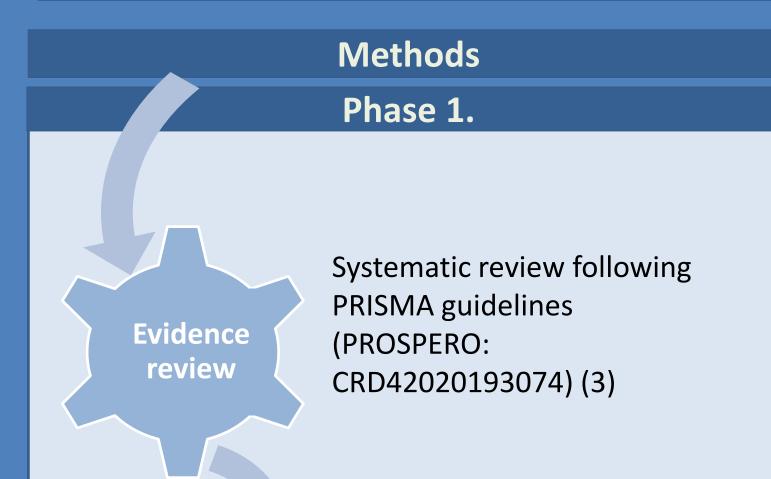


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#### Background

Interventions to counteract thirst are recommended by experts in CC medicine (1). Despite the well documented symptom burden (2), best practice guidelines for thirst treatment are absent in many UK hospitals. This service improvement initiative aimed to agree and pilot the safety, feasibility and efficacy of a topical treatment bundle for thirst with patient and multi-disciplinary (MDT) input.



#### **Pilot Results:**

- During the pilot, 78 thirst assessments were reported with 20 patients. Median LOS 16 days (range 1-39).
   51% identified significant thirst.
- Thirst bundle led to a reduction in thirst symptoms.
- No safety concerns raised.
- Oral hygiene practices were not affected

## The Thirst Bundle: based on Puntillo et al 2014

 HIRST INTERVENTION PROCEDURE - THIRST ASSESSMENT

 Every patient should receive a once daily thirst assessment.

 Rating of thirst is completed using none, mild, moderate, severe rating.

 If your patient cannot express any symptoms you can use your clinical judgement as to whether thirst is present and if so, how severe is it.

 INCLUDE

 • Your patient is reporting moderate or severe thirst.

 • Your patient is reporting moderate or severe thirst.

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 • Your are concerned your patient is present and if on onex (e.g. syngectomy, glossectomy).

 • Your patient does not be not severe thirst.

 • Your patient to severe thirst.

 • Your are concerned your patient does not be not severe as was being or seth brushing or severe largers.



#### Phase 2.

Patient and staff thirst forum

MDT steering group feedback and agreement on intervention

ICU survivor feedback on proposed intervention

Staff survey on current attitudes and practice

#### Phase 3.

Local awareness raising

Provision of equipment and thirst bundle procedural leaflets

Piloting of the GSTT Thirst Bundle on 11 bedded high dependency care

Process, outcome and balancing measures were agreed as indicators of safety, feasibility and effectiveness.

### Results

#### THIRST INTERVENTION PROCEDURE



STEP 3. Spray your patient's mouth up to 5 times with ICE COLD water aiming at the front of the tongue

STEP 4. Apply menthol lip balm to the lips

STEP 5. Reassess your patient's thirst using the same assessment as completed in step 1.

STEP 6. Document your pre/post treatment scores on the thirst tab in ICIP flow sheets

Monitor throughout and stop if you see any adverse response

#### Conclusion

By combining patient feedback, local MDT knowledge and best available evidence we have agreed a thirst intervention locally for usage across the MDT and completed a pilot phase. Clinical application of the treatment has shown positive trends in reducing the burden of thirst symptoms for critically ill patients and no safety concerns were identified. The pilot demonstrated requirement for further consideration of ease of assessment and scope for further training to embed the GSTT Thirst bundle into routine practice.



**Patient** 

and staff

feedback

The thirst intervention developed included three elements; ice cold swabs, ice cold water sprays and menthol lip balm (4).

ICU survivor feedback indicated the bundle was acceptable.

The steering group agreed a range of measures to assess thirst based on the literature and clinical feasibility, including markers based on clinician judgement and patient-reported scales.

#### Acknowledgements

**GSTT Thirst Steering Group:** Natalie Holman, Laura Mylott, Sarah-Jane Evans, Julie Middlehurst, Dr. Meyer Joel, Dr Andrew Jones, Jannah Valencia, Dr Kathleen Daly, Narbhla Donnelly, Micaela Hjerpe.

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