

Thirst in Critical Care (CC); a multi-disciplinary (MDT) survey of attitudes and current practice.

J Clark¹, Dr J Meyer², Dr S Archer¹.

Departments of Speech and Language Therapy¹ and Critical Care² Guy's and St Thomas' NHS Foundation Trust

BACKGROUND:

- Interventions to alleviate thirst in critically ill patients are recommended (1, 2).
- This survey aimed to determine staff attitudes and current thirst management in a large, CC department.
- The responses would be used to inform service improvement.

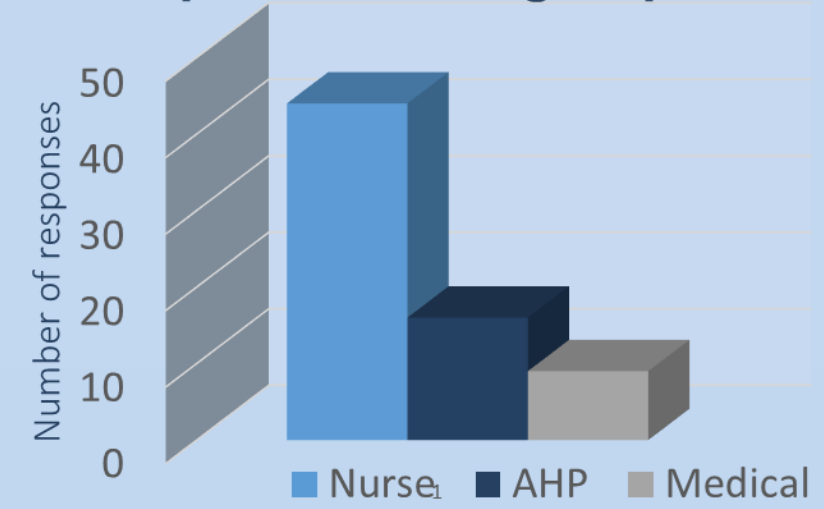
METHODS:

- Mixed methods staff survey with 8 questions examining current practice, attitudes, confidence and proposed solutions
- Internal email and virtual communication boards used to advertise the survey, aiming for a response rate of 50-75.

RESPONSE:

The survey yielded 69 responses.

Fig 1. Respondees by professional group



RESULTS:

ATTITUDES: *Effectiveness* of current practice via 0-10 NRS: 5/10 (range 1-9) / *Confidence* with current practice: 5/10 (range 2-9)

ASSESSMENT PRACTICES:

'Do you routinely ask your patients about their thirst?' (N=69)

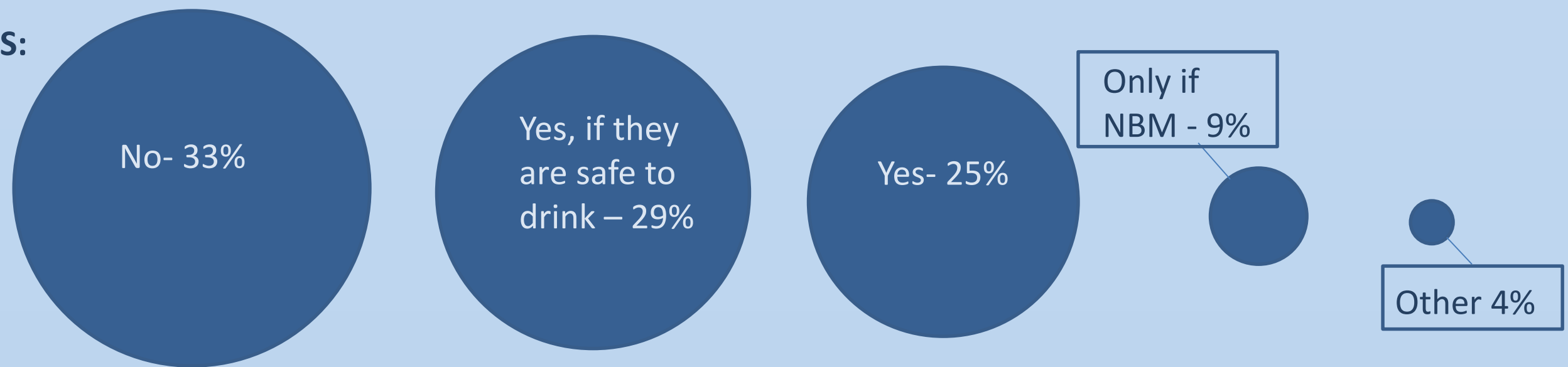
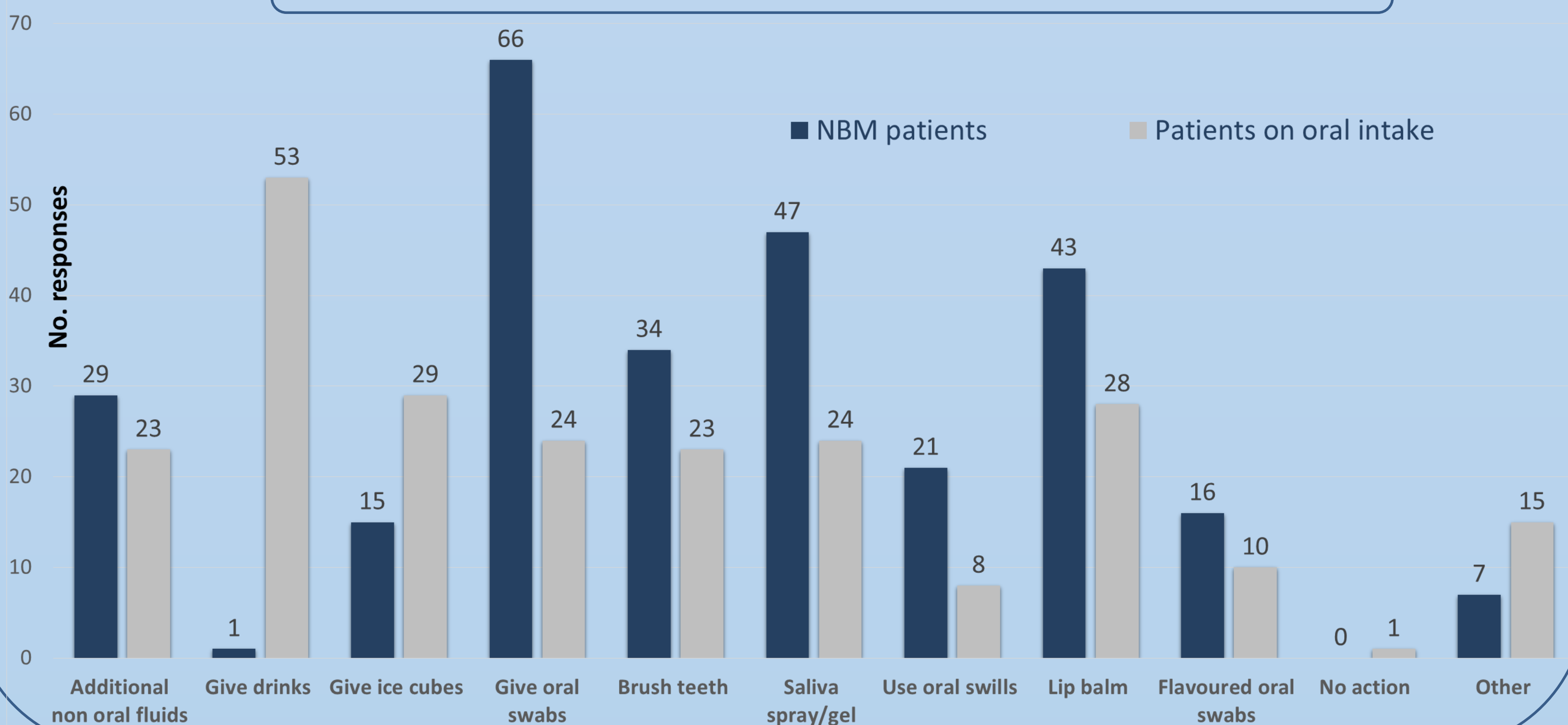


Fig 2. Interventions provided NBM and oral intake patients in CC



PROPOSED SOLUTIONS TO IMPROVE THIRST MANAGEMENT:



- Access to ice



- Alternatives to oral swabs



- Better distinction between thirst management and oral hygiene measures



- An option for thirst treatment which balances patient safety and comfort

CONCLUSION:

There is potential for improvements in ICU staff confidence and perceived effectiveness of thirst management. The breadth of thirst interventions reported in this survey indicates high staff willingness to treat thirst, but marked variation in current practice. Implementation of a systematic, evidence based approach to thirst management in critical care could benefit patients and staff by promoting consistent, safe and effective care.

References:

- Puntillo K, Nelson L, Weissman D et al. *Palliative care in the ICU: relief of pain, dyspnea, and thirst—A report from the IPAL-ICU Advisory Board*. Intensive Care Med. 2014; 40:235–248.
- Puntillo KA, Arai S, Cohen NH, et al. Symptoms experienced by intensive care unit patients at high risk of dying. Crit Care Med. 2010;38(11):2155-2160.

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