

The Hydrant at Stoke Mandeville Hospital.

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Background

In 2008, I attended a nutrition conference at the Royal College of Nursing. There were many stands there, all with excellent products to help with patient care. However, the stand that predominantly drew my interest was the Hydrant. It appeared to be an incredibly simple concept. A bottle with a straw attached that could be used by patients with reduced mobility to ensure that they received adequate hydration. Mark Moran, the inventor, had come up with the idea when he was in hospital recovering from a spinal operation, and had difficulty accessing water.

Stoke Mandeville is home to the National Spinal Injuries Unit. We are justifiably proud of it as it has won both national and international recognition as being a centre of excellence. However having spent some time talking to the nurses and the occupational therapists on the unit, it appeared that many patients in wheelchairs did have problems with accessing water easily.

Previous Heath Robinson inventions have included water bottles with oxygen tubing attached, and then taped on to wheelchairs so that patients could have instant and reasonably easy access to fluids. One of the biggest problems this group of patients have is very restricted hand movement, and so holding a drinking bottle or sports cup was not an option for them.

Adequate hydration can assist in the prevention of pressure ulcers, constipation, urinary tract infections and incontinence. All of these are problems that have been identified with paraplegic patients.

I called a meeting of relevant and interested groups – the occupational therapists, a spinal ward sister, the matron of the Spinal Unit, infection control, catering partners and procurement. At this point I did not invite any patients as I did not know if the implementation would be possible and did not want to raise hopes.

I invited Mark Moran, the inventor and managing director of the Hydrant to attend the meeting and present the Hydrant to the group.

There were a lot of questions – the most pertinent being from Infection Control which was “How could it be cleaned?”

Mark replied that the bottles could be cleaned through the ward dishwasher – much the same as the ward water jugs. He also agreed that whilst the straws did not need to be changed daily in the community, in an acute setting it was vital for the control and prevention of the spread of infection.

The occupational therapist and nursing staff present were all keen to trial the Hydrant in a clinical setting.

We therefore agreed that we would give it a 3 month trial and I would write a protocol for its use (see attached) This protocol would prove to be the key to its success, alongside some very keen and enthusiastic ward housekeepers who really did all they could to ensure that patients managed the Hydrant as easily as possible.

The three month trial was successful. The protocol was written by myself and Infection Control Nurse Lisa Andrews. We arranged with procurement to have the hydrant stocked at ward level.

Over three years later it has been an enormous success. It is used by all of our spinal wards – the patients generally start with the Hydrant, and as movement returns to their hands they progress to the Hydrant sports cup. This too can be attached to the back of the wheelchair for ease of access. The protocol provides a framework for effective and safe use. It has also been sent out to many other interested Trusts.

As a piece of equipment it really has improved patient satisfaction. One patient reported that prior to the Hydrant, if she wanted to get a drink she would have to manoeuvre a cup under a water dispenser and then somehow take a drink. Invariably she would spill it – so she would then have to go and find a nurse to help her change her clothes. This would mean having to get back on the bed to have a full change of clothes – the whole procedure could take up to half an hour to perform. With the Hydrant she found that she had far more independence and was actually drinking far more because she did not have the anxiety of spilling the water.

| Some things cannot be measured - dignity being one of them. In a time when we read more and more reports of patients not being given the help they need, or being unable to access water, the Hydrant has given a group of vulnerable and (sometimes) dependent patients their dignity back. I would have no hesitation in recommending the Hydrant to any healthcare provider.

| I have quoted below some comments that patients have made about the Hydrant.

Please note that in order to protect patient confidentiality no names have been used. These are all patients from a spinal rehabilitation ward at Stoke Mandeville Hospital.

“From a Tetraplegic point of view it is so convenient as I have limited arm movement and I don’t have to worry about getting a cup.”

“I am drinking far more. Each bottle holds a litre and it takes loads of cups to drink a litre”

“I know that I am supposed to drink plenty and this helps me do it as it is so easy and the staff will always put more water in it if I ask”.

“It used to be a real hassle having to ask for cups of water so half the time I would not bother. Also if you have a cup then the chances are that you drop it and then you have water everywhere and you have to ask a nurse to help you get changed”

“It gives me more independence”

“The bottle is refilled at least twice a day but the staff will do it more often if needed” I am definitely drinking more”

“I can drink at night because it hooks on the back of the bed so I don’t have to disturb anyone for a drink... I can just grab my straw and suck”.

“I put squash in mine and (sometimes) Magners!”

“It’s a Godsend”.

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