Introducing Droplet®

Martin Withers

www.droplet-hydration.com
Dehydration increases risk of:

- Urinary tract infections (UTIs)
- Constipation
- Dizziness→ falls, head injuries, fractured hips
- Delirium
- Sepsis
- Acute kidney injury
- Malnutrition
- Pressure ulcers
- Thrombosis

Dehydration increases demands on:

- Front line carers
- GPs / Out of Hours / pharmacy
- A&E attendance
- Hospital admissions
- Nurses, Medics and Paramedics
- Unplanned surgery
- Antibiotic usage
- Morbidity and length of stay
- Hospital flow and discharge teams
- Mortality
EFSA recommend an average intake of 2.0l for men & 1.7l for women via fluids\(^6\)

This is equivalent to \(7\) or \(8\) glasses a day.

We found that patients in Care Homes & Hospitals were drinking:

3 to 5 glasses a day on average.

\(^6\) European Food Safety Authority (EFSA)
1 Glass is equivalent to 8oz (224ml)

The average daily increase in fluid intake compared to pre-Droplet consumption in care homes and control groups in hospitals (8 weeks, 45 patients in care homes & 5 days, 43 patients in 4 hospital wards).
Avg Mls per day without Droplet

- AMU: 965
- 32A: 670
- 28A: 691
- 9B: 721
- Elgar: 815
“Droplet supports the crucial element of hydration for healthcare professionals to monitor, manage and improve patients fluid intake. This is why at Musgrove Park we are introducing Droplet in every ward.”

Kerry Trunks, Ward Sister, Musgrove Park

"Droplet has helped my residents enormously. Our Doctor has noticed that they are brighter and more animated since using Droplet."

Helen Russell, Care Home Manager, Polebrook Nursing Home
4 wards participated for 5 days, involving 43 patients with similar illnesses; 50:50 split with and without Droplet.

The patients that used Droplet drank on average 63% more fluids on a daily basis than those without.

Which equates to an extra 2.1 glasses.

In the Gastroenterology ward fluid intake nearly doubled.

Since the trial, Musgrove Park Hospital have introduced Droplet into all wards.
2 “Good” CQC Rated care homes monitored daily fluid intakes of 45 residents (10 Male / 35 Female) across an 8 week period:
4 weeks without and 4 weeks with Droplet.

The average daily fluid intake increased by 60% (+709ml).

Which equates to an extra 2 glasses.

Both care homes have continued to use Droplet to improve their resident’s hydration intake.
Pilot with Southern Health

• Older persons ward at Gosport Memorial, Petersfield Community and 2 care homes participated with 38 Droplet users.

• 6 week evaluation period

• Targeted outcomes -
  • prove Droplet works to increase hydration
  • Monitor falls
  • Monitor incidences of UTIs
6 week impact with Southern Health
Final thoughts..

• When it comes to good hydration within your care setting, what should you be looking to achieve?

• In terms of patient safety and health, is drinking enough fluid treated the same way as taking in enough food calories?

• What should the reason to have Droplet as part of your solution against patient dehydration be? Proof that Droplet alone reduces UTIs, falls, length of stay....or that Droplet helps your patients or residents drink healthy amounts while in your care?

• No-one I have spoken too within the NHS believes people are drinking enough fluid in a care setting. If Droplet can resolve this, isn’t it something you should have in your care setting?
Any questions?

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