

# Living with a Urinary Catheter

## Hydration Guide



Staying consistently hydrated is the most effective lifestyle change you will make

**Expert advice from Specialist Urology Clinical Nurses and a UK Registered Dietitian**



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BRITISH ASSOCIATION  
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Educational content approved

# Introduction

Fittleworth has worked in partnership with Urology Clinical Liaison Nurse Christine Parsons, Urology Clinical Nurse Advisor Katie Heavens RGN Dip and Laura Coster BSc (Hons), HCPC Registered, mBDA to create this hydration guide.



## Christine Parsons

Christine Parson's career began in 1983 and she has over 36 years nursing experience. She has spent the past 12 years specialising in Urology; 5½ of those working as a Urology Clinical Liaison Nurse at Fittleworth. Christine has a wealth of knowledge and a real passion for both Urology and Continence, which she passes to both the patients she supports and employees at Fittleworth to better improve the service it provides.

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## Laura Coster

Laura is an NHS and private practice dietitian who sees patients one-to-one and presents nutrition workshops around the UK. She has held four Senior Dietitian posts in the NHS and has helped urology patients on hospital wards and in clinics.

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## Katie Heavens

Katie Heavens began her career in the NHS over 23 years ago, having worked as a Healthcare Advisor prior to completing her registered nurse training in West London. In 2004, Katie was successfully appointed as the Urology Nurse Practitioner at Homerton Hospital and in 2007 became the Continence Nurse Specialist at Basildon Hospital. In 2015, Katie became a Clinical Nurse Advisor in Urology for Fittleworth and has an honorary contract with North East London Foundation Trust.

Katie has also worked with the British Journal of Nursing on a variety of topics including: Over Active Bladder Syndrome, Percutaneous Tibial Nerve Stimulation, and intermittent self-catheterisation and has published two articles in the British Journal of Nursing.

# Contents

- 4-5 Why hydration is necessary
- 6-7 Recognising dehydration
- 8-9 What counts as hydrating fluids?
- 10 Hydrating foods
- 11 Increasing hydration - putting hydration tips into practice

## Guidance for carers

- 12-13 Hydration guidance for carers
- 14 Top tips for carers
- 15 When further support is required

***Includes pull out, 4 week hydration tracker to monitor daily fluid intake - turn to the centre of this brochure.***

At the time of writing, all information was based on current guidelines and evidence-based best practice, November 2019.

### ***Important Notice – Always check with your GP***

*The information provided is intended for guidance alongside any professional medical advice from your healthcare team, and is not a substitute for any tailored advice you are given from a qualified medical professional.*

*There are various medical conditions such as heart or renal failure that require advice on fluid restriction. It is always best for individuals in these categories to discuss with their Doctor, Specialist Nurse or a Pharmacist before making any changes to their diet or hydration habits.*

# Why hydration is necessary

Hydration is important for all aspects of our bodily functions; being hydrated means having enough fluid in your body for it to work as efficiently as possible. If you are using a urinary catheter, you're likely to be extra aware of the importance of hydration in order to maintain a healthy bladder as well as avoiding urinary catheter complications and catheter associated urinary tract infections (CAUTIs). Approximately 50-60% of our body weight is water, so for a female weighing 10 stone, that's 5-6 stone in just water (63.5kg and 31-38kg respectively). The water in our bodies helps transport nutrients, regulates our temperature and aids the removal of waste products.

Many people become dehydrated by not drinking enough fluid or by losing fluids and not replacing them. If our bodies lose too much fluid, or if we don't consume enough, this can lead to medical problems that may require treatment in hospital.

## Dehydration-related health problems:

- Urinary tract infections (UTIs)
- Headaches
- Constipation
- Dizziness that can lead to falls
- Confusion
- Kidney stones
- Pressure ulcers/skin conditions



# Why hydration is necessary

*For people using urinary catheters, consuming enough fluid is especially important due to the risk of:*

## **Catheter Associated Urinary Tract Infections**

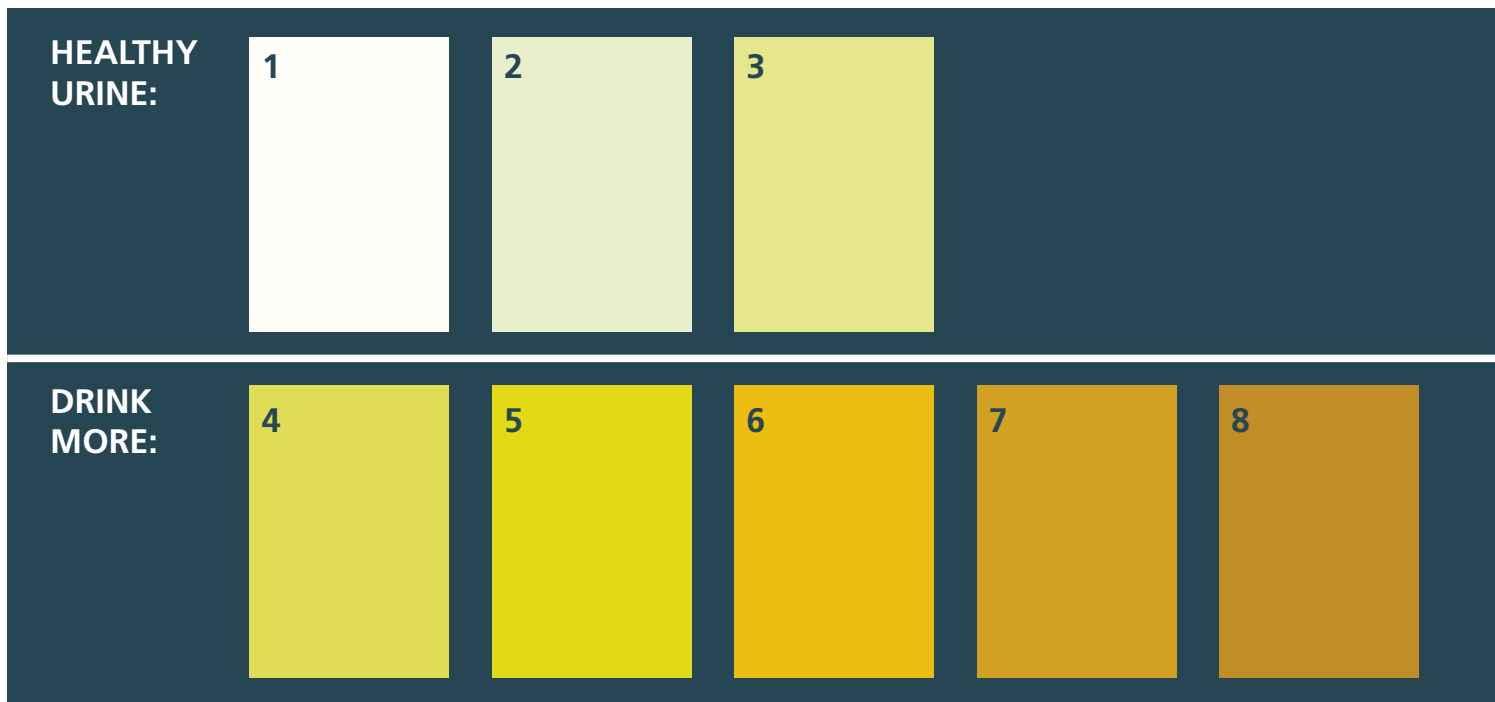
There is a heightened risk of developing a urinary tract infection if your urine becomes dehydrated as bacteria is able to become active in the bladder. Increasing your fluid intake helps flush the bacteria from the body and flush the catheter through. If you are using a urinary catheter, there is a greater risk of infection, or catheter complications such as blockages or catheter bypassing problems. Dehydration, which causes concentrated urine, increases the risk of catheter blockage, so increasing your fluid intake will help reduce urine concentration.

## **Constipation**

Dehydration can cause your bowel motions to become more solid and difficult to pass. A reduction in the number of bowel movements you normally have or difficulty/discomfort having a bowel motion can be a sign of constipation. Increasing your fluid intake will help the stool become softer and easier to pass. It is important to avoid constipation whilst using a urinary catheter. A full bowel can press on the bladder which puts pressure on the catheter, preventing it from draining urine properly.

# Recognising dehydration

The urine produced soon after waking is usually darker yellow, otherwise urine should be coloured 1-3 according to the urine colour chart.



***Urine colour changes can be related to food and drink e.g. consuming lots of beetroot or bright coloured fizzy drinks.***

Between 800-2000ml of urine per day is considered normal; however it is important to use this as a guide and understand what is a normal daily urine volume for you. Other dietary factors can also change the volume of our urine e.g. a higher volume due to consuming lots of caffeine. Using the urine colour chart to monitor your hydration levels is a more effective way to measure hydration so that you can increase your fluid intake accordingly if your urine colour falls within 4-8 of the chart.

It's important to be able to recognise when you're dehydrated, especially when using a urinary catheter to prevent the symptoms and health problems associated with urinary tract infections and constipation.

***Thirst is not a reliable marker of dehydration, it's a symptom that happens after you are already dehydrated.***

Children and older adults can have a weaker thirst response to dehydration so it's important to monitor their hydration. See guidance for carers, page 12.

# Recognising dehydration



*If a person's dehydration isn't managed well, there can be severe dehydration signs that indicate they should immediately go to the hospital.*

Anyone can become dehydrated, however some groups of people are particularly at risk:

- Older people (they may be less aware that they are becoming dehydrated)
- People with long-term conditions e.g. diabetes/alcoholism
- Babies/infants (they have low body weight and are sensitive to small amounts of fluid loss)

## Common signs of dehydration:

- Less frequent, a lower volume and darker urination
- Dry lips, mouth and eyes
- Feeling dizzy or lightheaded (especially on standing)
- Headaches
- Muscle cramps
- Lack of concentration
- Constipation

## Severe dehydration signs:

- Feeling unusually tired or confused
- A weak or rapid pulse
- Fits (seizures)
- Being unusually drowsy/unroutable

# What counts as hydrating fluids?

Drinking plenty of fluids regularly throughout the day (at least 6-8 cups a day, this is 1.8-2.4L or 3-4 pints) is the key to staying hydrated. If you are active and/or the weather is particularly hot you should increase your fluid intake.

**It is important to acknowledge that some medical conditions such as heart or renal failure may require advice on fluid restriction, so individuals in these categories should follow a physician's advice.**

Not all drinks are hydrating and some can actually contribute to dehydration. When looking for hydrating options, choose:

- **Water\***
- **Well-diluted squash or cordial**
- **Diluted fruit juice (~1/2 to 1/3 water vs. juice)\*\***
- **Milky smoothies\*\***
- **Milk-based drinks, e.g. milky decaffeinated\*\*\* coffee**
- **Coconut water**

\*Choose tap, filtered, bottled, still, sparkling, plain or flavoured – they're all equally as hydrating; opt for low sugar options (<5g/100ml).

\*\*Fruit juices and smoothies should remain less than 150ml/day as they're higher in sugar.

\*\*\*If you routinely drink less than 3-4 cups of regular caffeinated tea or coffee a day, these drinks can be hydrating; consuming more than 3-4 cups of these drinks a day can mean the caffeine over-stimulates the bladder and bowels causing you to lose more fluid.

**Keeping as hydrated as possible has been clearly demonstrated in clinical research as being the most effective lifestyle change you can make to decrease urology-related problems.**

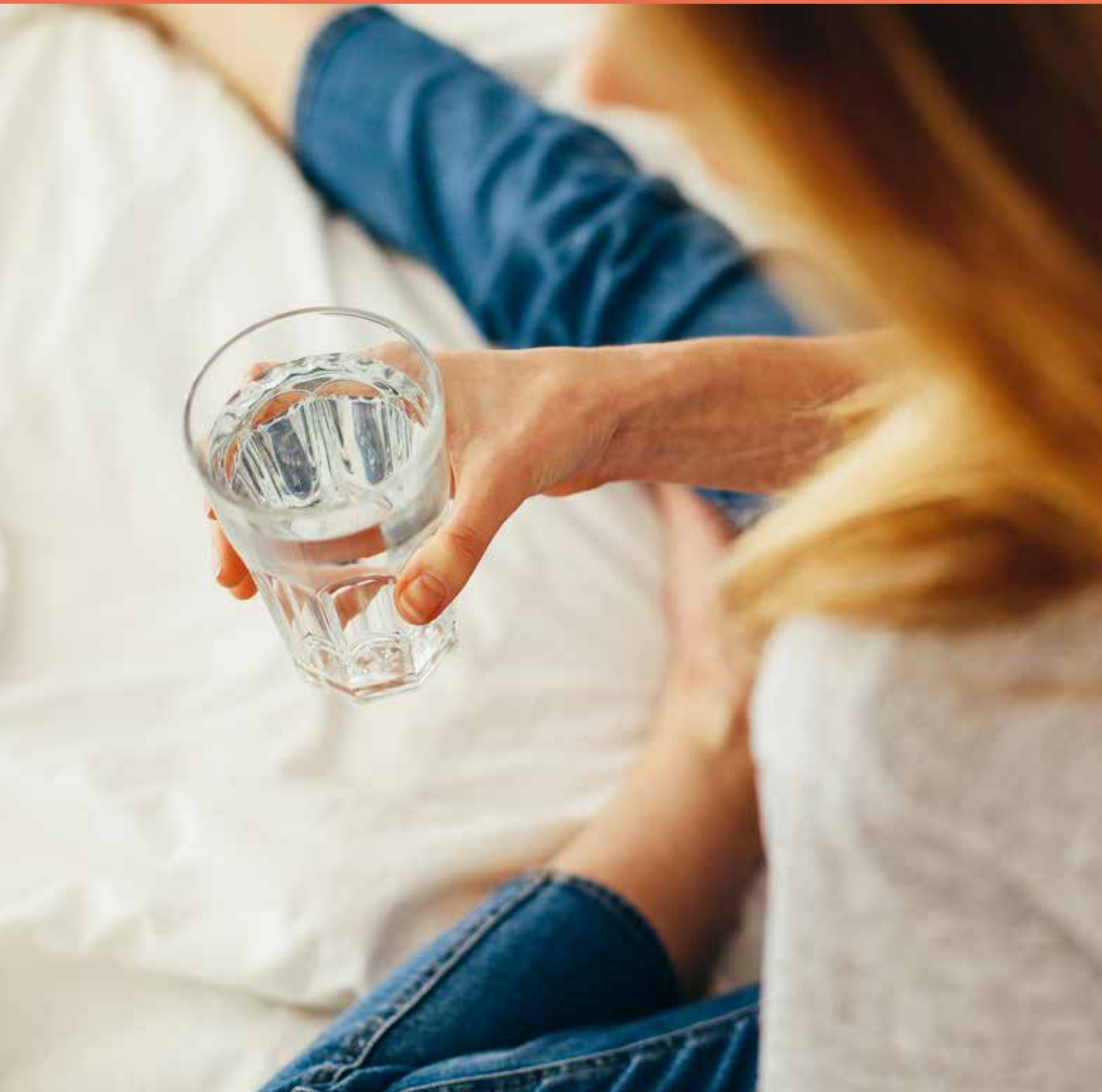
*Some people find there are specific foods or drinks that irritate their bladder, causing discomfort or increased urination. There are lists online that unnecessarily exclude lots of foods and drinks and so it's best to see a registered dietitian to get accurate advice, while not compromising nutrition or hydration. Some people find keeping a food and symptom diary to be helpful to see if there are any patterns they can find themselves. Be careful when interpreting these as some people will then exclude more from their diet than required.*





Hydration guidance:

# Your pull out hydration tracker





Use this hydration tracker to monitor the amount of fluids drank each day





# Use this tracker to monitor hydration

It is recommended to have at least 6-8 cups or 1.8-2.4L of fluid per day. If you are drinking 8 cups per day, aim for approximately 225ml-300ml of fluid per cup/glass. This is intended to act as a guide and volume of fluid can be adjusted accordingly if opting for more or less cups.

**Week 1 - Date:** \_\_\_ / \_\_\_ / \_\_\_

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

**Week 3 - Date:** \_\_\_ / \_\_\_ / \_\_\_

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

**Example:** Colour in each cup for the amount drank throughout a day.  
You can colour in a quarter of a cup, half or full cup.

Friday

*300ml glass*



Week 2 - Date:     /     /    

Monday



Tuesday



Wednesday



Thursday



Friday



Saturday



Sunday



Week 4 - Date:     /     /    

Monday



Tuesday



Wednesday



Thursday



Friday



Saturday



Sunday





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# What counts as hydrating fluids?

Alcoholic drinks increase urination and can over-stimulate the bowels, therefore alcohol cannot count as one of your hydrating 6-8 cups of fluids a day. It's best to keep within the government's recommendations of 14 units a week, spread across 4 or more days and having 2 days a week alcohol-free. A unit of alcohol is 1 x 25ml spirit measure e.g. gin, whereas a standard glass of 12% abv. wine or regular strength beer is 2 units.



***This is what 14 units looks like:***



***It's recommended that you check with your Doctor or Pharmacist whether your medications or immediate health may be affected before drinking alcohol.***

There is mixed research regarding the hydrating effects of fizzy, sugary drinks like cola/lemonade etc. We absorb fluid from our gut into our blood through osmosis, where water will move from the least concentrated fluid to the greatest concentration i.e. from our guts to our blood. Sugary drinks (including fruit juices or smoothies) are 'hypertonic', meaning that they have a higher concentration compared to our blood. Hypertonic fluids can be more difficult to absorb and can cause water to leave our blood, causing a loss of fluid or electrolytes. It's best to choose 'hypotonic' (less concentrated) or 'isotonic' fluids (a similar concentration to our blood) most of the day.

***Refer to the table on page 8 for a list of hypotonic/isotonic fluids.***

You shouldn't need to choose sports or electrolyte drinks most of the day, but when it's hotter weather or after sweating you may need to drink more because of the electrolyte and fluid losses. Sports drinks labelled as 'electrolyte' or 'rehydrating' can be helpful, but be careful as they can sometimes contain lots of sweeteners. If you do choose to consume sports or electrolyte drinks, have approximately 500ml either during or after the heat/sweating, or throughout the day, and choose other hypotonic/isotonic drinks the rest of that day.

# Hydrating foods

Most people need 6-8 cups or 1.8-2.4L of fluid per day. In addition to drinks, there are many hydrating foods which can be incorporated in someone's diet to increase hydration.

## Hydrating fruits and vegetables:

A portion of fruit is approximately 80g or an amount that fits comfortably in a handful. Unless told otherwise, have up to 2 portions at a time to avoid consuming too much sugar. If you have diabetes, it's advised to have 1 portion of fruit up to 3 times a day.

- Melon
- Apple
- Cucumber
- Berries
- Courgette
- Peppers
- Cauliflower

## Other hydrating foods:

- Cottage cheese
- Yoghurt and custard
- Soups or broths
- Sauces or gravies
- Ice lollies
- Jellies

*Some of these foods are high in sugar, whilst others contain lots of sweeteners. Eat these foods in moderation as a treat to avoid consuming too much sugar. Alternatively, choose a lower calorie option by making your own sauces with plain yoghurt and adding your own flavouring e.g. herbs and spices.*

*If you have any known allergies to the above foods, ensure that these are avoided. If you're unsure or require further medical advice, ask for a professional diagnosis from your GP before consuming these foods.*

***Some people find there are specific foods or drinks that irritate their bladder, causing discomfort or increased urination. See page 8 for more information.***



# Increasing hydration - putting hydration tips into practice

## An example of what a day could look like for increasing hydration...

<i>Food or drink and measure</i>	<i>Approximate fluid provided</i>
A medium bowl of cereal with <b>semi-skimmed milk</b>	<b>150ml</b>
Small glass of <b>diluted orange juice (1/2 water)</b>	<b>150ml</b>
Cup of <b>tea</b>	<b>300ml</b>
Large bread roll with <b>cottage cheese</b> (~90g) and <b>cucumber</b> (~60g)	<b>72ml + 57ml</b>
Standard sized bottle of <b>water</b>	<b>500ml</b>
1 medium <b>apple</b> (~160g)	<b>140ml</b>
Large glass of <b>diluted squash</b> with 3 <b>ice cubes</b>	<b>325ml + 75ml</b>
Medium pot of <b>yoghurt</b> (~125g)	<b>110ml</b>
Sausages with mashed potato (made with <b>milk</b> ) and <b>gravy</b> (1/4 of a mug, ~75g)	<b>100ml + 65ml</b>
Home-made <b>iced lolly</b> (~80g)	<b>55ml</b>

**Total fluid  
2099ml**







# Hydration guidance for carers

A carer can be anyone, including children and adults who look after a family member, partner or friend that require help due to illness or disability and is unable to cope without their support.

Sometimes people you are caring for do not have a sense of how much they are drinking, including if they've drunk enough. Maintaining the hydration of someone you're caring for can sometimes be difficult when they are reluctant to drink or have lost their 'thirst' mechanism. It's a good idea to keep track of what a person is drinking by monitoring this on a daily basis.

***Use the pull out hydration tracker enclosed in the middle of this brochure to keep an eye on the fluid intake of the person you are caring for...***



Ensure the person you are caring for has access to fluids throughout the day. If they become ill, particularly with a fever, vomiting or diarrhoea, there is a high risk of becoming dehydrated, so it is important to start replacing fluid as soon as possible. If it is proving difficult for them to keep fluids down because they are vomiting, try enabling them to drink small amounts at a time in order for them to stay hydrated.

# Top tips for carers

## Top hydrating tips:

- Carry a bottle of drink for the person you are caring for when outside the home. Maybe a motivational bottle indicating how much they should drink by time markers throughout the day. Think of the saying, “out of sight, out of mind”.
- Make drinking a social activity such as having a cup of tea together
- Offer fluids they enjoy, this doesn't always have to mean bottle after bottle of plain water!
- Encourage foods which have a high water/fluid content such as soup, yoghurt, ice cream and jelly\*
- Make healthy and hydrating ice lollies from diluted squash, fruit juice or milky smoothies
- Add sauces to meals or desserts to increase fluid intake, e.g. gravy or custard
- Add ice cubes to drinks – 1 ice cube adds 25ml of fluid
- Use the urine colour chart on page 6 to monitor their hydration levels

*\*Some of these foods are high in sugar, whilst others contain lots of artificial sweeteners. Offer these foods in moderation as a treat to avoid them consuming too much sugar.*

*Some of the foods suggested throughout this brochure contain allergens. Always check whether the person you are caring for has any allergies before offering any of these foods to them.*



# When further support is required

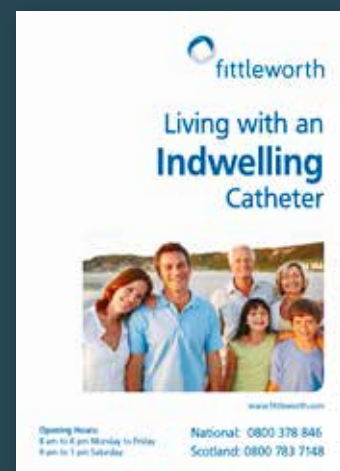
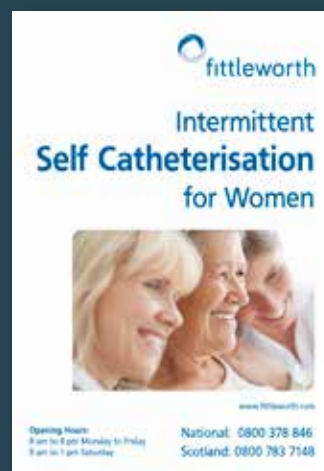
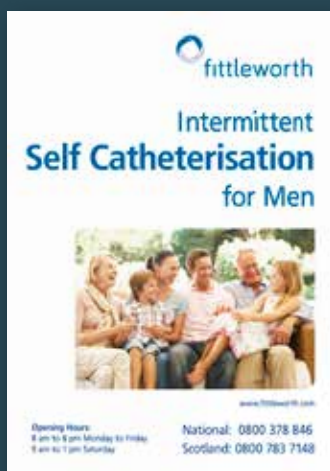
If someone you are caring for experiences any of the following, call your GP immediately. If out of hours, we recommend you call the NHS helpline on 111 or take them to your local Accident and Emergency department as soon as possible.

## EMERGENCY SYMPTOMS:

- **Nausea and vomiting**
- **Significant decrease in amount of urine or darker colour**
- **Feeling unusually tired or confused**
- **A weak or rapid pulse**
- **Fits (seizures)**
- **Being unusually drowsy/unroutable**

Expert guidance on the importance of hydration when using a urinary catheter

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