

Assessment of Thirst Intensity and Dry mouth Among ICU patients.

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INTRODUCTION

Intensive care unit (ICU) patients are exposed to many sources of distress. Intensive care patients rate thirst as the most intense of 10 symptoms; it is the second most prevalent. Thirst is a common sensation that until recently had not been recognized and assessed by clinicians. Dry mouth or xerostomia, is another common thirst-related condition. Thirst and dry mouth are often driving, desire to drink water or any fluid is an attribute of the complex system of neurohormonal and ionic indicating which regulates the balance of water and sodium in body.

During stay in an Intensive care unit and post recovery room unit, the patients often report their desire to drink fluids, but most of the time it remains undocumented by nurses, Patients feel more distress and discomfort during their stay due to thirst intensity and dry mouth.

OBJECTIVES

1. To assess thirst intensity among patients admitted in ICU.
2. To assess dry mouth among patients admitted in ICU.
3. To determine the association of thirst intensity and dry mouth among patients with selected variables.

MATERIALS AND METHODS

A quantitative research approach and “Randomized Control Trial, Pre test post test control group design”

was undertaken for the study. (This poster is a part of an experimental study.) Total 60 subjects were selected using Convenience Sampling Technique. The study was conducted at Intensive care Units of M.M Hospital, Mullana, Ambala, Haryana, India. Data was collected by using Thirst Intensity Scale (consisting of Sample characteristics, clinical variables and categorical scale for thirst) and Dry Mouth Assessment Scale using Interview technique and Observation technique respectively.

Reliability of the tools was established by using inter rater reliability method and calculated value was found to be 0.81 for Thirst Intensity Scale and 0.8 for Dry Mouth Assessment scale.

Time period of the study was December 2015- June 2017. The Ethical clearance was obtained from Maharishi Markandeshwar University's ethical committee (MMU/IEC/773). Further guidelines were followed according to ICMR (India). This was followed by Formal administrative approval of Medical superintendent.

- Purpose of the study was explained and the subjects were assured about the confidentiality of their responses.

- Informed consent was obtained from the respondents regarding their willingness to participate in the research project.

- Descriptive and inferential statistics were used for data analysis.

RESULTS

The results of the study were analyzed using SPSS version 16.0. the results showed that in terms of demographic characteristics, out of 60 subjects around one third (36.66%) of the patients were in age group of 46 – 60 years and more than half (51.66%) the patients were males who reported thirst and dry mouth. In terms of clinical characteristics of patients, one third (30%) of the patients who had gastrointestinal diagnosis reported thirst and dry mouth. Majority (78%) of patients who were administered antibiotics drugs reported thirst and dry mouth.

Majority (71%) of patients who were on nil per oral status reported thirst and dry mouth.. More than half (61%) of the patients had sodium level less than 135mg/dl reported thirst and dry mouth. Majority (60%) of patients who were on NG tube feeding reported thirst and dry mouth. Majority (93.33%) of patients who were on IV fluids administration reported thirst and dry mouth . More than half of the patients were getting oral care (56%) reported thirst and dry mouth. More than half of the patients had ICU stay more than 24 hours(51.66%) reported thirst and dry mouth. There was a significant gastrointestinal diagnosis with thirst($p=0.009$). There was also significant association of patients nil per oral status(0.02). There was a significant association of patients' ICU duration stay and patients' on antibiotics drugs with dry mouth(0.007).

DISCUSSION

More than One third(36.66%) of the patients in this age group were having thirst intensity and dry mouth.

This finding is consistent with a study conducted by **Nancy A stotts et al** to identify predictors of thirst intensity in ICU which also concluded majority of patients were in age group of 46-60 years with mean age 55.7 ± 14.5 . The present study showed significant association of patients with gastrointestinal system diagnosis with dry mouth ($p=0.009^{**}$). Similar findings had been noted down in a study conducted by **Sven Niklander et al**, which showed a significant association of gastrointestinal diagnosis with xerostomia. ($p \leq 0.05$).

Implications

Nurses should be educated about the importance of assessment of thirst intensity and dry mouth and also about the tools to monitor thirst intensity and dry mouth.

There is a strong need to increase and update knowledge of nurses regarding safety protocol for patients who have increasing thirst intensity and dry mouth in post operative period.

CONCLUSION

Thirst intensity and dry mouth are stressors to patients admitted in ICU, increased by various clinical markers of patients and should be monitored as a part of the ICUs' quality management program.

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