



# T Level Technical Qualification in Health

Occupational specialism assessment (OSA)

## Supporting the Adult Nursing Team

Assignment 1 – Case study stimulus materials

Assignment brief insert

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## T Level Technical Qualification in Health Occupational specialism assessment (OSA)

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## Assignment brief insert

Assignment 1

Case study stimulus materials

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## Item A: transcript of conversation between you and Martha 2 days ago

You: I have brought you some tea and biscuits Martha.

Martha: Thank you, I'm sorry I have forgotten your name.

You: That's OK Martha, it's (your name). I will take your cup away with me. Oh Martha, you hardly touched your last cup.

Martha: Yes, I try not to drink too much after 4pm in case it keeps me awake. Don't worry, I am fine, and I know you are busy.

You: No, honestly, everyone has got their evening drinks. You said you would finish telling your story. You said you were a teacher but had to stop when you got pregnant. Why was that?

Martha: Yes. That is right. Well, that was what happened back then. Most women didn't expect to work after they got married. Winston was quite progressive really for his day. He said until I had children, he didn't mind if I wanted to carry on working. It made such a difference to my life really. I don't know how I would have managed to bring up the children without that income when he died so young.

You: It must have been so difficult Martha.

Martha. Well yes, it was, but you know, you had to just get on with it. Anyway, I am tired now. Before you go, would you mind just picking up that stick that has slipped behind the drawers – I shall need that later.

You: Yes, of course. Martha – it's damp down here. I will get a cloth.

Martha: No need. I just soaked it up. It was just a bit of the tea.

You: Are you sure Martha – I wouldn't want you to slip.

Martha: Yes, I'm sure. It will be fine and fully dry by morning. Goodnight.

You: Martha, there are some clothes under your drawers. Shall I get them out for you?

You notice that the patch of damp has a urine odour, and you see several pairs of underwear pushed under the drawers. As you go to pick up the underwear, Martha sharply asks you to leave them for her to sort out in the morning. You record this information in Martha's records, and you inform your supervisor.

## Item B: fluid balance chart

Patient's weight – 54kg

### FLUID BALANCE

Time	INTAKE: ml			OUTPUT: ml		
	Oral	Intravenous	Other	Urine	Other	Vomit
01:00				120ml		
02:00						
03:00						
04:00						
05:00						
06:00	Water 200ml			280ml		
07:00						
08:00	Tea 200ml					
09:00						
10:00						
11:00	Water 250ml					
12:00						
13:00				360ml		
14:00	Tea 200ml					
15:00						Vomit 80ml
16:00						
17:00				150ml		
18:00	Water 150ml					
19:00						
20:00				300ml		
21:00						
22:00						
23:00						
<b>TOTALS</b>						
<b>Total intake: 1000ml</b>			<b>Measured output: 1290ml</b>			
<b>BALANCE: - 290ml</b>						

## Item C: hydration toolkit

### The basics of hydration in older people:

Maintenance of fluid balance throughout the systems of the body is a complex system which becomes less efficient in older people. This makes older people more susceptible to becoming dehydrated.

The main age-related changes are as follows:

- the response to the changes in concentrations of salts and sugars that occur when an individual drinks less does not work as well as in younger people
- there is reduced awareness to thirst due to reduced production and sensitivity to the anti-diuretic hormone, especially in individuals with dementia and those who have had a stroke
- there is reduced ability to conserve water and concentrate urine and a reduced rate of fluid filtration through the kidneys – the kidneys are less efficient at resolving problems
- the total body water reduces with age so there is less reserve
- the ability to taste reduces with age so drinks may taste different
- older people may be taking medication which affects fluid balance – due to dementia or physical difficulties, they may be reliant on carers for drinks and/or prompting to drink

### The signs and symptoms of dehydration in older people:

Diagnosing dehydration in an older person can be challenging and requires consideration of a number of factors, including fluid intake and physical changes.

The following signs and symptoms are traditionally thought to suggest that an individual is dehydrated:

- thirst, headache, dry mouth and lips
- tiredness, feeling dizzy or lightheaded
- passing small amounts of dark coloured, concentrated urine
- dry sunken eyes, fragile skin, confusion

However, these can often be due to other conditions in older people such as normal age-related changes, dementia and the side effects of medication.

### The impact of inadequate hydration in older people:

The following list provides an outline of what effect inadequate hydration can have on an older individual:

- poor oral health
- constipation
- pressure ulcers and sore dry skin
- dizziness increasing the risk of falls
- low blood pressure increasing the risk of falls
- increased urinary tract infections, incontinence
- kidney stones, acute kidney injury (NICE 2013)
- increased illness associated with chronic conditions such as diabetes

- increased risk of drug interactions and side effects – probably more common than we acknowledge
- reductions in cognitive ability – when thirsty (0.8 to 2% dehydration in older people), there can be 10% reduction in cognitive ability (Rogers et al 2001); this has a particularly devastating impact if an individual already has dementia (confusion is part of this, producing challenging behaviour and increasing the risk of falls)
- increased risk of clots and heart attacks (Chan et al 2002)
- twofold increase in death rate in stroke patients (Rowat et al 2012, Kelly et al 2004)

Extract from the Wessex Academic Health Science Network (2016). Good hydration for older people: toolkit now available. Available at: [wessexahsn.org.uk/news/1655/good-hydration-for-older-people-toolkit-now-available](https://wessexahsn.org.uk/news/1655/good-hydration-for-older-people-toolkit-now-available) (Accessed: 11 January 2022).

## Item D: food and fluid chart for Martha

<b>Name:</b> Martha Williams		<b>Location:</b> Manley Park		<b>Date:</b> 2 April 2022		<b>Body weight:</b> 51 kg
<b>Date of birth:</b> 20/06/1939		<b>Food chart requested by:</b> District Nurse A Howard				
Meal/snack	Foods/nutritional supplements/drinks/nourishing drinks/special diets, such as pureed	Amount taken				Action and signature
		Portion served (small, medium, large)	Amount eaten (none, 1/4, 1/2, 3/4, all)	Fluid consumed (mls)	Fluid output (mls)	
<b>Breakfast</b>						None
Cereal	Porridge made with whole milk	1 bowl	3/4			
Milk/sugar						
Cooked items						
Bread/toast						
Spread						
Drinks				Tea 150	Pad damp	
<b>Mid-morning</b>						
Snacks	Refused					
Drinks				Coffee 100	Urine 100	
<b>Lunch</b>						Coughing during meal and vomited – reported to senior, supervisor
Soup						
Main item	Grilled chicken	Medium	1/4			
Potato/rice						
Vegetables	Side salad	Medium	1/4			
Pudding						
Drinks				Water 150	Urine 200	
<b>Mid-afternoon</b>					Vomit	
Snacks				Water 50		
Drinks				Tea 150		

<b>Dinner</b>						Reported to senior that Martha ate little
Soup						
Main item	Boiled egg	1	None			
Potato/rice	Toast/white bread	3 slices	None			
Vegetables						
Pudding	Chocolate cake	1 slice	1/4			
Drinks				Water 100		
<b>Supper</b>						
Snacks						
Drinks				Tea 50	Urine 150	
<b>Night-time</b>						
Snacks						
Drinks				Refused		
Any other nutrition						

Adapted from GIG Cymru NHS Wales (2019). Food and Fluid Record Chart. Available at: [www.gov.wales/food-and-fluid-record-chart](http://www.gov.wales/food-and-fluid-record-chart) (Accessed: 11 January 2021).



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