

# Nutrition & Hydration Week 2026

16<sup>th</sup>-22<sup>nd</sup> March 2026

**POSTER PACK**



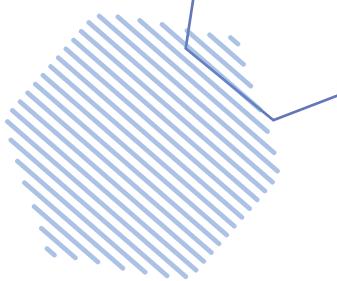
This year's Nutrition and Hydration week will take place from the 16<sup>th</sup> to the 22<sup>nd</sup> of March. The week is designed to highlight the importance of adequate hydration and nutrition and how to support patients in achieving this.

Malnutrition and dehydration are common complications of dysphagia. This Poster Pack is designed to support you in improving the nutrition and hydration status of dysphagia patients.



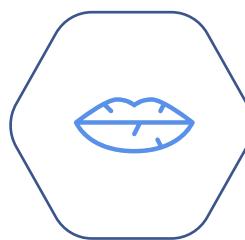
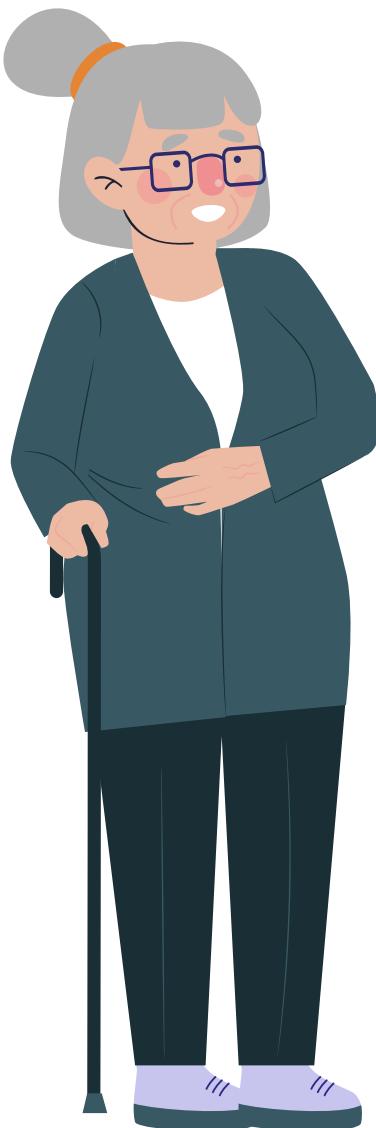
For additional support and materials on nutrition and hydration please visit the N+ Hub where a range of materials including texture modified diet recipes, podcasts and more, is available.

# Hydration



Keeping a dysphagic patient hydrated can be challenging, as patients with dysphagia tend to drink less than patients without the condition. Studies have shown that anywhere from 19 - 100% of elderly dysphagic patient may suffer from dehydration.<sup>1</sup> In the early stages it can be more difficult to identify dehydration, but early intervention and improved hydration can reduce the risk of several common complications such renal impairment, urinary tract infections, confusion and falls.<sup>2</sup>

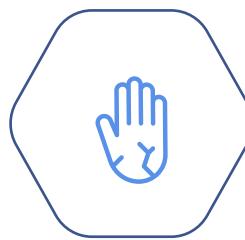
## SYMPTOMS OF DEHYDRATION



Dry mouth,  
lips & tongue<sup>3</sup>



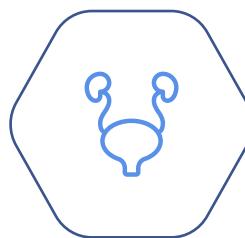
Sunken eyes<sup>3</sup>



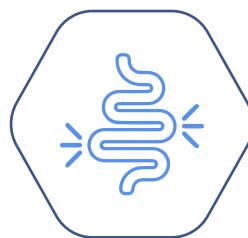
Dry, inelastic  
skin<sup>3</sup>



Confusion, dizziness  
and drowsiness<sup>3</sup>



Decreased urination and  
darker coloured urine<sup>3</sup>



Constipation<sup>3</sup>

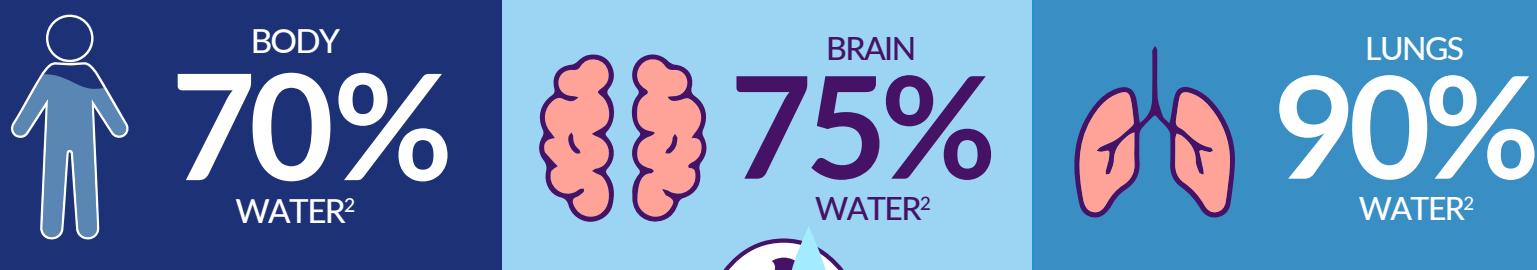
**References:** 1. Vinäs P et al. The Hydration Status of Adult Patients with Oropharyngeal Dysphagia and the Effect of Thickened Fluid Therapy on Fluid Intake and Hydration: Results of Two Parallel Systematic and Scoping Reviews. *Nutrients*. 2022;16;14(12):2497. 2. Clavé P et al. Dysphagia: current reality and scope of the problem. *Nature Reviews Gastroenterology*. 2015; 12:259–270. 3. British Nutrition Foundation: <https://www.nutrition.org.uk/nutritional-information/hydration/>. Accessed January 2026.

# What should good hydration look like?

# 6-8 glasses<sup>1</sup>

WATER NEEDED  
PER DAY

(Water, lower fat milk, sugar-free drinks  
including tea and coffee all count.)



Scan to download water tracker



[www.nplushub.co.uk/water-tracker](http://www.nplushub.co.uk/water-tracker)

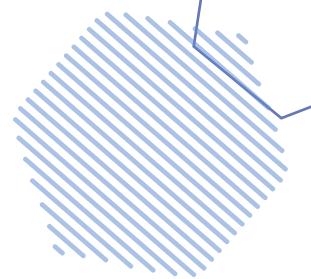


# WATER TRACKER



Day 1	<input type="checkbox"/>	Day 16	<input type="checkbox"/>
Day 2	<input type="checkbox"/>	Day 17	<input type="checkbox"/>
Day 3	<input type="checkbox"/>	Day 18	<input type="checkbox"/>
Day 4	<input type="checkbox"/>	Day 19	<input type="checkbox"/>
Day 5	<input type="checkbox"/>	Day 20	<input type="checkbox"/>
Day 6	<input type="checkbox"/>	Day 21	<input type="checkbox"/>
Day 7	<input type="checkbox"/>	Day 22	<input type="checkbox"/>
Day 8	<input type="checkbox"/>	Day 23	<input type="checkbox"/>
Day 9	<input type="checkbox"/>	Day 24	<input type="checkbox"/>
Day 10	<input type="checkbox"/>	Day 25	<input type="checkbox"/>
Day 11	<input type="checkbox"/>	Day 26	<input type="checkbox"/>
Day 12	<input type="checkbox"/>	Day 27	<input type="checkbox"/>
Day 13	<input type="checkbox"/>	Day 28	<input type="checkbox"/>
Day 14	<input type="checkbox"/>	Day 29	<input type="checkbox"/>
Day 15	<input type="checkbox"/>	Day 30	<input type="checkbox"/>

# Supporting Improved Hydration in Patients with Dysphagia



## OFFER PATIENTS DRINKS AT REGULAR INTERVALS

As people age, their sense of thirst decreases. This can also become more complicated in patients or residents with Alzheimer's or dementia who forget to drink.<sup>1</sup> Don't wait for a patient to ask for a drink, they may not remember!

Work towards offering and reminding patients/residents to drink hourly during the day and make sure drinks can be easily accessed where appropriate.

## REDUCE DRINKS THAT MAY INCREASE DEHYDRATION

Some drinks, such as alcohol and extremely sweet drinks, act as diuretics, this means they can increase dehydration.<sup>2</sup>

It is important that these types of drinks are consumed within reason and balanced with other fluids that can better support hydration.



## LISTEN TO YOUR PATIENT/RESIDENT

Choice is important. Hydration is likely to be better in patients or residents who enjoy what they are drinking.<sup>2</sup>

Find out what their favourite drinks are and how they can be prepared and consumed in a safe way for that person.

If a patient or resident is unable to share their preferences, ask their loved ones.



## GET CREATIVE WITH HIGH-WATER FOODS

If a patient or resident is struggling with drinks, consider how additional fluids can be added to mealtimes.

Fruits such as watermelon, strawberries and peaches, vegetables like cucumber, lettuce and celery, soups and plain yoghurt all have high water content levels.<sup>2</sup>

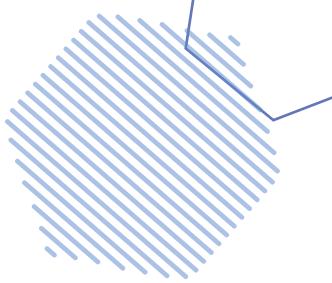
Before offering these foods to your patient or resident, please check with their healthcare professional that these foods are appropriate and if they require modification.

Scan here to explore recipes on the N+ Hub →



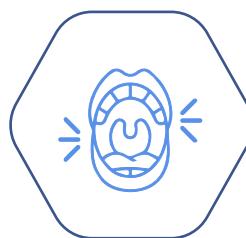
Click Here →

# Nutrition



Poor nutrition can be a common problem in those living with dysphagia, affecting up to 45% of these patients and residents.<sup>1</sup> Malnutrition can lead to sarcopenia, impact a patient's quality of life and make them more vulnerable to infection.<sup>2</sup>

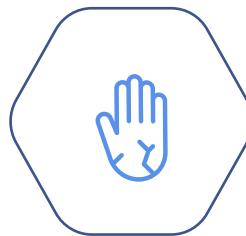
## SYMPTOMS OF MALNUTRITION



**Swollen bleeding gums and tooth decay<sup>3</sup>**



**Dizziness, confusion and fatigue<sup>3</sup>**



**Dry skin and poor wound healing<sup>2,3</sup>**



**Weak muscles (sarcopenia)<sup>3</sup>**



**Weight loss<sup>2,3</sup>**



**Fragile bones<sup>3</sup>**

Worried about a patient or resident? Scan here to download a weight chart and track their progress



[www.nplushub.co.uk/weight-chart](https://www.nplushub.co.uk/weight-chart)

# WEIGHT CHART



To ensure that the recommendations you have been given are working, your weight will need to be monitored, so please complete the below chart on a weekly basis or as advised by your healthcare professional.



## Tip

**If possible, it is best to weigh yourself in the morning before breakfast with no or little clothing on.**

If you notice a continual weight loss, please contact your GP, Speech & Language Therapist or Dietitian.

# Supporting Improved Nutrition in Patients with Dysphagia



## LISTEN TO YOUR PATIENT/RESIDENT

Choice is important and enjoying food choices is important to improving a patient or resident's quality of life.

Find out what their favourite foods are and how these might be modifiable for those on a texture modified diet.

If a patient or resident is unable to share their preferences, ask their loved ones.

## SENSORY EXPERIENCES MATTER

Eating is a sensory experience, that involves taste, smell, touch, texture and sight. Some patients with dysphagia may be on a texture modified diet, which means the look and texture of their food will be different.

Consider how you can replicate the look of their favourite foods with the use of colour, piping bags or moulds to create appealing shapes and presentation.



## CONSIDER YOUR SURROUNDINGS

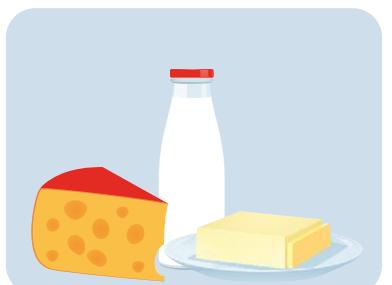
Mealtimes can be a stressful time of the day for people who have difficulty swallowing.

Consider how you can make your patient comfortable. Serve smaller plates of fortified food so they don't feel overwhelmed by portion size and make sure the patient or resident is sitting up right when eating.

## BOOST CALORIE INTAKE

Patients with dysphagia may not be able to eat large meals so it is important to think about how the calorie count of meals can be boosted.

Simple additions like adding cream or milk to soup, grated cheese to mash potato or honey to a bowl of porridge can help quickly boost the calorie count of a meal, where needed. If you are concerned about your patient or resident's nutritional intake please contact their GP or dietitian.



Scan here to explore recipes on the N+ Hub →



Click Here →

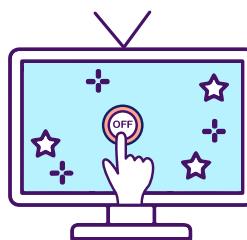
# Safe Swallowing

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top tips for safer  
swallowing

Sit in an upright position for meals and drinks. Lying down when eating or drinking can make swallowing difficult and unsafe

Remain sitting upright for at least 30 minutes after eating and drinking



Reduce distractions around you while eating or drinking e.g. turn off the TV or radio



Avoid talking when eating or drinking

Give yourself plenty of time so that meals are not rushed



Take small bites or sips of food and drink. Large mouthfuls can be difficult to swallow



Pause between mouthfuls, making sure you have swallowed everything in your mouth before taking another bite or sip

If you find eating tiring, it may be easier to have smaller meals more frequently



For family/carers: ensure the person is fully alert before offering food or drink to someone with swallowing difficulties

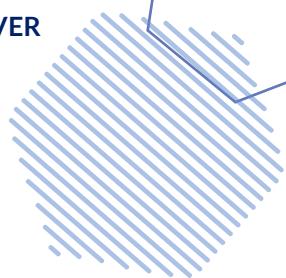


Avoid high risk foods unless advised otherwise by a Speech & Language Therapist. Follow all their recommendations; they are trained to ensure patients can eat and drink safely



Scan here to download list of common high risk foods\*

[www.nplushub.co.uk/high-risk-food-list](http://www.nplushub.co.uk/high-risk-food-list)



# High Risk Foods

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There are some foods that are very difficult to swallow safely. You should avoid these foods unless told otherwise by your Speech & Language Therapist. **This is not an exhaustive list so please consult your Speech & Language Therapist or if in doubt, leave it out!**

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Stringy/fibrous – celery, pineapple, bacon fat, melted cheese

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Husks – sweetcorn, granary bread

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Crunchy and crumbly foods – toast, crisps, biscuits, flaky pastry, crumble, pie crusts

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Hard foods – tough meat, chewy and boiled sweets, nuts, seeds

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Vegetable and fruit skins – beans, peas, potatoes, orange segments, vegetable stalks, grapes

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Mixed consistency foods – cereals that do not blend with milk, soups with lumps, yoghurt with bits

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Ice-cream, jelly and whipped cream - melt into thick liquid. Be careful with these foods and only use if your Speech & Language Therapist says it's safe

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