Hydration benefits everyone

I welcome the Think Drink hydration campaign (online news, 11 August).

As a surgical nurse it’s something I have always promoted with my patients, encouraging drinking plenty post-surgery and for the junior doctors to ensure that sufficient IV fluids had been prescribed following surgery.

I learned the importance of post-op hydration early in my career from an experienced consultant and his anaesthetists. His patients had one of the best post-op recoveries, but it was also something we used to promote across the whole ward with our post-op patients.

Hydration reduced the risk of acute kidney injury occurring, something which is commonly overlooked in younger patients.

Sarah Stevens

How about a Think Drink campaign for nurses working in the wards? They are often dehydrated themselves.

Malvina Benitez

Bribes and plasters won’t do

I disagree with Graham Scott’s editorial (9 August). We should not be bribing men into nursing, we should be fighting to reinstate the bursary for all healthcare students and be looking at the issues around gender stereotyping and perceptions relating to occupations.

Michael Coram

The news of expanding nurse training places is yet another announcement by the government devoid of any attempt to take any accountability for their role in the destruction of our profession.

Without addressing retention problems such as the pay cap, safe staffing and under-funding, people will simply not stay in nursing. We need to make nursing attractive and care for our nurses.

Even if these new places do get filled, our 40,000 vacancy rate is set to increase as the government do not seem to be interested in tackling retention.

Danielle Tiplady

Good care cannot help all

Thank you for the thoughtful article ‘Nurse backs challenge to law on assisted dying’ (analysis, 26 July). It was well balanced, but I feel I must challenge some statements in it.

Several American states have legalised assisted dying. Statistics from Oregon suggest that communication with health professionals improves when people have the opportunity to talk openly about their wish to die. So, it is unlikely that there will be detrimental changes to nurses’ relationships with patients if assisted dying is legalised here.

Requests for assistance to die have remained fairly steady in places where it is legal, indicating that good end of life care services may prevent requests.

However, why should that deprive those few who wish to have an assisted death? This is the implication of the statement by Christian Medical Fellowship in the article. Excellent care cannot be the complete panacea.

Gay Lee

Tweets of the week

‘Nursing is a skilled profession, not a series of tasks that can be offloaded to a cheaper substitute.’ Exactly.

@JaneEBall

Shocking levels of complacency from the DH as nursing levels become dangerously low... patients dehydrating, is that what we want?

@saralivadeas

Looking forward to joining the team at Kettering General Hospital as head of nursing children’s services.

@hardcastle762

Gay Lee