

Professional Supervision - Risk of Hypothermia Colder Weather

Dear Team,

As colder weather approaches, the risk of hypothermia increases, particularly for older adults living with dementia. These individuals are more vulnerable due to age-related changes in thermoregulation. It is therefore essential that all staff take appropriate precautions when supporting residents at bedtime.

Many older adults experience nocturnal diuresis, an increase in urine production at night. This occurs partly because when a person lies down, kidney perfusion increases, allowing more blood to flow to the kidneys. The resulting increase in urine production can lead to heavier or more rapid episodes of incontinence shortly after the resident is assisted to bed. This effect is more pronounced in older adults.

To reduce the risk of hypothermia, continence products must be correctly fitted, and residents must be kept warm and dry. Poorly fitted products can allow urine to pool against the skin, and moisture accelerates heat loss, lowering core body temperature more quickly, particularly in older adults who already have reduced thermoregulation. Ensuring warmth, dryness, and properly fitted continence products is therefore critical.

Hypothermia can develop in vulnerable individuals even after a relatively short exposure to cold. Small drops in room temperature can put older adults, especially those with dementia or frailty, at risk.

Preventative of Future Deaths

A previous coroner's case in a London care home illustrates this risk. A gentleman with advanced dementia and cognitive impairment was assisted to bed on a cold winter night. A window was left open, and the gentleman, who had reduced kidney function, voided a large amount of urine shortly after being settled. Kidney perfusion naturally increases at night when lying down, which contributed to heavier urine output. The urine pooled against his skin and quickly became cold. Combined with the cold air from the open window, his core body temperature dropped rapidly, resulting in hypothermia and death.

This tragic outcome could have been prevented with simple measures: closing the window, ensuring the resident was kept warm, and performing personal care checks shortly after settling them in bed.

Got it! Here's the revised version with **room temperature checks** included instead of resident temperature:

Risk Preventative Measures

- Maintain bedroom temperatures at 18–21°C for occupied rooms (in line with NHS/HSE indoor winter temperature recommendations).
- Ensure windows are closed unless there is a clinically justified reason for ventilation and suitable risk-reduction measures are in place to prevent hypothermia.
- Check continence products and bedding promptly, replacing any wet materials without delay, as exposure to moisture significantly increases heat loss.
- **Check and record the room temperature** when assisting residents to bed to ensure the environment is safe and warm.
- Residents should be checked approximately 30 minutes after being assisted to bed, and this must be recorded in the daily notes. This is especially important for residents at higher risk of early incontinence or temperature-related vulnerability. This early check helps identify any **heavy void**, maintain comfort, and prevent avoidable drops in body temperature.
- If there are any concerns regarding a resident's room temperature, continence needs, or their ability to maintain warmth, escalation to the Registered Nurse is required without delay.

Core Assessment (21) - Hypothermia Risk Assessment Tool – Older Adults with Dementia

Purpose:

To identify Residents at increased risk of Hypothermia and ensure proportionate prevention, monitoring, and escalation in line with safe, person-centred care (CQC Regulation 12 Safe Care and Treatment) NICE recommendations for older adults, frailty, and temperature monitoring.

Section 1 – Risk Factors

Risk Factors	Low Risk (1 point)	Medium Risk (2 points)	High Risk (3 points)
1. Age	Under 75	75–85	Over 85
2. Dementia Stage	Mild	Moderate	Advanced
3. Thermoregulation / Frailty	No known issues	Mild frailty / some reduced mobility	Advanced frailty, bedbound, cachexia, or impaired ability to sense cold
4. Incontinence	Occasional, well-managed	Frequent, may saturate	Heavy nocturnal incontinence / early saturation after bedtime
5. Continence product fit	Good fit consistently	Requires support with fitting	Regular leakage or poorly fitting products
6. Behaviour that challenges (e.g., removing clothing, bedding, or continence products)	Rarely	Occasionally	Frequently / Persistent
7. Night-time diuresis	Normal	Increased	Markedly increased
8. Kidney function / urine output	Normal kidney function, normal urine output	Mild impairment or nocturnal increase	Moderate/severe impairment or marked nocturnal diuresis with frequent incontinence
9. Mobility / Activity	Mobile independently, low wandering	Needs some support, occasional wandering	Bed- or chair-bound, frequent wandering or unsupervised activity
10. Room temperature stability	Consistently 18–21°C	Occasional fluctuations	Often below 18°C or difficult to maintain safe temperature
11. Access to warm clothing / bedding	Appropriate and sufficient	Requires reminders or support	At risk of removing clothes/bedding
12. Window / ventilation risks	Window always closed at night	Occasional ventilation required	Resident may open window / drafts / cannot close fully
13. Low BMI / poor nutrition	BMI > 20	BMI 18–20	BMI < 18 or recent weight loss
14. Recent illness or infection	None	Mild illness	Severe illness, sepsis risk, or reduced thermoregulation
15. Previous episodes of cold / low temperature	None	One past episode	Multiple or recent hypothermia/high cold exposure
16. Medications affecting thermoregulation	None	1–2 medications (e.g., diuretics, sedatives, antipsychotics)	3 or more medications affecting thermoregulation or high-risk combinations
17. Skin integrity / Pressure Ulcer Risk	No risk	Minor risk / mild skin compromise	Significant skin breakdown or high risk

Scoring

- **Low Risk:** 17–27 points
- **Medium Risk:** 28–37 points
- **High Risk:** 38+ points

Recommended Actions by Risk Level

Low Risk (17–27 points)

Maintain room temperature between 18–21°C. Provide routine continence care, standard hourly or scheduled checks, and ensure warm clothing and appropriate bedding. Document room temperature, behaviour, and any observations in care records.

Medium Risk (28–37 points)

Maintain room temperature between 18–21°C and provide routine continence care. Perform standard hourly or scheduled checks and check the resident approximately 30 minutes after being settled in bed for early incontinence. Ensure continence products are fitted correctly and residents have warm clothing and appropriate bedding. Increase observation frequency if indicated by behaviour, mobility, medications, or health status. Document room temperature, behaviour, kidney function, medications, and interventions.

High Risk (38+ points)

Maintain room temperature between 18–21°C and provide routine continence care. Perform hourly or scheduled checks, increasing frequency based on resident needs, abilities, behaviour, and medication/kidney risk factors. Check approximately 30 minutes after being settled in bed for early incontinence. Ensure continence products are fitted correctly, residents have warm clothing and appropriate bedding and replace wet bedding immediately. Consider additional bedding or layers without overheating. Review hydration, nutrition, kidney function, medications, and continence management. Ensure a **Thermoregulation Care Plan** is in place. Consider a **medical review** if low body temperature, kidney impairment, multiple medications affecting thermoregulation, or persistent risk factors. Document all observations, actions, room temperature, kidney function, medications, and behaviour