

HOW TO: Maintain high quality nutritional care



Eating well and drinking enough water is very important for good skin health. It is particularly important for people at risk of developing a pressure ulcer or those with an existing pressure ulcer as their condition may worsen without it. This how to guide looks at simple measures to maintain a healthy balanced diet and what to do when you suspect an individual is malnourished.

WHY IS NUTRITION AND HYDRATION IMPORTANT FOR WOUND HEALING?

Pressure ulcers are caused by many different factors. While immobility is an important factor in the development of pressure ulcers, there is also a relationship between nutrition (including hydration) and pressure ulcer development. Although no studies have linked impaired nutrition with an increased incidence of pressure ulcers, it is possible that malnutrition may influence the ability of the skin to deal with pressure and the damage that it causes. Fortunately, malnutrition is a reversible risk factor, and it is therefore important to get nutritional care right in healthcare settings.

CAUSES OF UNDER-NUTRITION

There are several factors that can influence nutritional intake in elderly people. Access to food and fluid and the body's ability to deal with nutrients being key. If people are immobile for whatever reason, they are reliant on others to provide adequate food and fluid. Those patients who need assistance to eat and drink are at an even higher risk as they have no ability to do this themselves and in some circumstances, may not be able to verbally express feelings of hunger and thirst. Swallowing problems can make mealtimes unpleasant, causing them to eat even less. Patients with incontinence may also restrict their fluid intake in an attempt to reduce the frequency of episodes.

In care homes mealtimes are set and portions may be small. Access to food outside of mealtimes may also be difficult. Chronic ill health and/or pain is often associated with a reduced appetite as is anxiety, depression and certain medications.

IMPACT ON SKIN AND BODY FUNCTION

As the body gets older, cell loss and organ degeneration can significantly change body function. There can be a loss of muscle and an increase and re-distribution

of body fat. This can lead to obesity with a reduction in mobility. Bone density also reduces with age and bones become thinner. This leads to an increased risk of bone fracture and a loss of height.

As skin ages it becomes thinner, loses its tensile strength and elasticity. Blood vessels are more fragile, making bruising easier. There is an increased risk of injury, and even a small injury can damage the skin which takes longer to repair. All of this happens in healthy, normally nourished individuals. If you add in the effects of under-nutrition, where the right building blocks for repair are missing (eg protein, energy, vitamins and minerals), then it is easy to see how important nutritional care is.

HOW TO RECOGNISE MALNUTRITION AND DEHYDRATION

Malnutrition is common and often under recognised. The effects of malnutrition can take weeks or months to become noticeable. Screening for malnutrition is a way that nutritional problems can be identified early to enable treatment to take place (see page 4). Signs of dehydration may include recurrent urinary tract infection, constipation, dark urine, skin turgor, dry mouth, headache and falls. It can be caused by sweating, hot weather, diarrhoea, diuretic therapy, dysphagia etc. Individuals need 6-8 cups of fluid daily to stay well hydrated.

HELPING DEMENTIA PATIENTS EAT WELL

Under-nutrition is a common feature in people with dementia. It is important to prompt them to eat and drink, as they may forget, or lose the sense of hunger and thirst. People with dementia are easily distracted, so it is important to provide a quiet environment for eating. Set mealtimes are not ideal as some people like to 'graze'. Find out what they like to eat and offer finger foods, which can allow them to eat whilst 'on the move'.

How to ensure adequate nutrition

1 Carry out a nutritional assessment:

- a. Use simple screening tool (eg MUST) to document nutritional status.
- b. Very high-risk patients should be referred for a comprehensive nutritional assessment and an individualised dietetic treatment plan.






2 Encourage patients to eat a healthy balanced diet

- a. Assist patients who find eating meals difficult.
- b. Ensure patients have a choice with variations day to day.
- c. Encourage participation in the activities surrounding preparing and serving meals.
- d. Supplement meals using nutritional supplements.
- e. Ensure patients have regular drinks.

3 Review regularly to maintain high standards of nutritional care.

Carry out nutritional screening on admission and regular reviews in line with the risk. Identify solutions and write a care plan for the nurses to follow. Patients who need special help include those with a sight disability and dementia.

Simple measures to help maintain a healthy diet

-  Find out likes and dislikes and involve family and carers in menu plans
-  Make the food look appealing and offer a variety of food, as well as tasty and tempting desserts
-  Offer small meals, nutritious snacks/finger foods in between meals
-  Add simple food stuffs to food to increase nutritional value eg add butter, cheese, cream, full fat yoghurt, full fat milk
-  Offer 6-8 cups of fluid a day

The eat well plate is a guide for healthy balanced diet





Do's and don'ts

Do

- ✓ Use simple screening tools to identify patients at risk
- ✓ Ensure adequate access to food and drink
- ✓ Display menu cards and assist individuals who find making choices about food
- ✓ Talk to patients to establish what help they need with feeding
- ✓ Encourage people to eat well and drink regularly
- ✓ Help those who are unable to feed themselves. Involve friends and relatives if appropriate
- ✓ Consider adaptive cutlery or cut up food where assistance is required
- ✓ Fortify food by making simple additions
- ✓ Keep meal times protected — ensure relatives know the meal times and discourage visiting at these times
- ✓ Encourage people to exercise and move regularly to prevent weight gain
- ✓ Refer at risk individuals for specialist advice
- ✓ Inspect skin regularly to ensure adequate hydration

Do not

- ✗ Ignore early signs of under-nourishment such as weight loss and poor food intake
- ✗ Rush mealtimes
- ✗ Overfill cups or bowls.
- ✗ Forget to provide regular drinks



GREEN

Patient is well nourished and eating well:

Maintain current healthy eating plan.



AMBER

Patient is not eating well:

Review eating plan and supplement with protein drinks and watch fluid levels.



RED

Patient is malnourished:

Refer to dietician for full assessment and implement diet plan.

TOOLS FOR SCREENING AND ASSESSMENT

It is important to use a nutrition screening tool when under-nutrition is suspected. MUST is a five-step screening tool to identify adults who are malnourished, at risk of malnutrition, or obese. It also includes management guidelines, which can be used to develop a care plan.

The 5 'MUST' Steps are:

- Step 1** — Measure height and weight to get a BMI score.
- Step 2** — Note percentage unplanned weight loss and score
- Step 3** — Establish acute disease effect and score.
- Step 4** — Add scores from steps 1, 2 and 3 together to obtain overall risk of malnutrition
- Step 5** — Use management guidelines and/or local policy to develop care plan.

Assessment should also include:

- Ability to swallow
- Condition of skin, hair, nails, mouth/teeth, eyes
- Neurological/mental health
- Bowel habits
- Food likes and dislikes/allergies
- Usual dietary intake
- Any religious restrictions.

Early signs of risk may include unexplained weight loss, reduced appetite and poor food intake. If unrecognised, these early signs could lead to the development of more severe problems.

Assessment will also identify any nursing problems, where help is needed (level of independence/dependence) and help to develop a care plan to address problems. Simple interventions should be used initially, involving the person, carers or relative in the decision making process. It is important to refer for expert advice (dietician or specialist) when indicated.

HOW THIS GUIDE CAN BE USED TO PREVENT PRESSURE ULCERS

Careful attention to the nutritional intake of individuals is both a clinical and a quality-of-life issue. Depression, poor mobility, illnesses and effects of medication can lead to reduced appetite, poor food intake and weight loss, placing individuals at risk of poor skin health and pressure ulceration. Meals and mealtimes are especially important and provide an opportunity for regular social gathering and sharing. Some individuals will have special dietary needs and may be prescribed supplemental fluids and protein drinks.

SSKIN Bundles

Keeping patients moving is just one step of a simple five-step care plan (called a SSKIN bundle) to ensure all patients receive the appropriate care to prevent pressure damage. This includes:



Using the Safety Cross

Using the pressure ulcer safety cross to measure incidents of pressure damage can help to raise awareness and change attitudes to pressure damage. Keep the safety cross in a public area so that everyone can see it on a regular basis. This will show how many patients have developed a pressure ulcer in the care home. It should be used to record all pressure ulcers, regardless of grade and should help to identify improvements in care and reduce the number of pressure ulcers occurring.

Key points to summarise

1. Help individuals to eat a healthy diet and have regular drinks
2. Use simple measures to encourage individuals to eat well
3. Use a screening tool to identify patients at risk and assess the patient's clinical and nutritional needs regularly.

Key resources

- Best Practice Statement (2012) Caring for the Older Person's Skin 2012. <http://www.wounds-uk.com>
- How to: Pressure ulcer management (2012). <http://www.wounds-uk.com/how-to-guides/how-to-guide-pressure-ulcer-management> Wounds UK.
- NICE guidelines (2005) Pressure ulcer management. <http://www.nice.org.uk/CG029>
- SSKIN bundle. <http://www.stopthepressure.com/sskin/>
- Safety cross (<http://www.patientsafetyfirst.nhs.uk/ashx/Asset.ashx?path=/PressureUlcers/>)