

Practical Considerations for the Enhancement of Nutrition and Hydration in Patients



by Chris Fraser

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Promoting optimal nutrition and hydration for the prevention or healing of skin breakdown can be challenging. Identifying factors that may be barriers to intake and that impact negatively on the meal experience is imperative. Implementing creative strategies customized to the individualized needs of our patients is necessary to prevent or reverse malnutrition. Skin breakdown and healing are multifactorial, with optimal nutrition and hydration being essential components in the healing mosaic. This article discusses practical considerations that may optimize the nutritional status of our patients.

Implement a med-pass program. A valuable strategy to increase total calorie, protein, vitamin and mineral intake is a med-pass program. The basis of this strategy is the provision of medications, typically three to four times daily, with a nutrient-dense liquid nutritional supplement rather than water, juice or ginger ale, which provide little to no nutritional value. Ideally, medications are to be taken with 60 millilitres (mL) (approximately one quarter of a can) of a nutrition supplement that contains two calories per mL. The recommended volume per med pass may be higher, such as 120 mL, depending on the patient's assessed needs and tolerance. For example, if Mr. Jones swallows his pills with 60 mL (four tablespoons) of a two-calorie-per-mL formula four times daily, he would consume 500 calories (based on a 250 mL can), 20 grams of protein and a variety of vitamins and minerals daily, in addition to foods and beverages consumed at meals and snacks. Over the course of a week,

this translates into an additional 3,500 calories, 140 grams of protein, plus vitamins and minerals. If a two-calorie-per-mL formula is not available, or if a patient does not like the taste of the formula, any supplement can be used: a one- or 1.5-calorie-per-mL liquid supplement, a nutrient-dense pudding or a liquid supplement that has been thickened for patients who are dysphagic (unable to safely swallow thin fluids).

It is recommended that a doctor's order be obtained to initiate a med-pass program and that the order be entered onto the patient's medication administration record so that the supplement is administered and recorded consistently. Some of the many potential benefits of the med-pass program include the avoidance of taste fatigue, decreased likelihood of a patient becoming overwhelmed by a large volume of supplement, and less wastage of supplements provided and not consumed. A patient is not as likely to fill up on supplements and therefore not consume other foods and beverages provided at meals and snacks. Patients who are volume-sensitive are able to tolerate smaller amounts distributed throughout the day. There are high-quality nutritional supplements available that have been customized to meet the needs of patients with pressure ulcers.

Liberalize diet restrictions. A patient may be on a low-fat, low-sodium or other modified diet but be eating so poorly that he or she is not eating even the minimum amount of fat or sodium allowed on the diet restriction. In an attempt to improve meal enjoyment, palatability and selection, we may discuss with the doctor the discontinu-

ation of this diet in order to promote better intake, while continuing to monitor the patient's other health issues.

Address impairments in dentition. Sometimes a person may not be eating well because weight loss or other factors may have led to ill-fitting dentures or poor dentition. Facilitating a dental consultation on a patient's behalf can resolve the issue that is impairing optimal intake.

Address impairments in swallowing. Similarly, people may limit their intake or avoid certain textures or consistencies because of an unidentified dysphagia. Being aware of a patient's trends in food intake is important; for example, if a person is consistently not eating the meat on meal trays, it may be more than a food preference and should serve as a red flag to dental, swallowing or other issues. Sometimes dysphagia diets—minced or pureed, for example—are considered “cruel and unusual punishment” by facility staff or family members; however, the identification of dysphagia and the initiation of a texture-modified diet may allow a patient to eat without the fear of choking or experiencing embarrassing coughing and sputtering when eating in a dining room setting.

It is important that direct questions be asked regarding dentition and dysphagia, as a patient may not identify these issues as impacting intake during a nutrition assessment.

Conduct supplement and snack audits. All members of the health-care team and support staff must identify and report foods, beverages, snacks and supplements accumulating at a patient's bedside. This may reflect inadequate intake, a meal plan that has not been customized to meet individual preferences, a change in health status, or other concerns. Food wastage, malnutrition and dehydration impact negatively on health-care costs.

Address physical and cognitive impairments. Ensure anyone who needs assistance receives the help they need. Here are some examples: assist someone with impaired hand function to remove lids and open containers and ensure that water jugs, snacks and supplements be placed within reach of a patient who has impaired mobility. A patient who has had a stroke may have left neglect, for example, and be unaware of a meal

tray or an item placed on the left-hand side of a table. A compensatory strategy is to place foods and beverages to the patient's right. An individual with a brain injury or other cognitive impairment may be overwhelmed or agitated by a full tray and benefit from having one item presented at a time. Specialized utensils and dishware such as large-handled or weighted cutlery and rimmed plates, as well as non-slip material beneath dishware may facilitate a patient's independence with meals. Patients who are dependent on others for eating are at high risk for malnutrition and dehydration.

Incorporate foods and fluids into therapy and recreation sessions. A strategy that can be effective is to communicate with all members of a patient's health-care team to have fluids, snacks and supplements incorporated into therapy or recreation sessions.

Encourage the involvement of family and friends. Significant others may be encouraged to bring in favourite or culturally relevant items. It's important to ensure, however, that education is provided regarding recommended restrictions or modifications. Simply having a bottle of favourite sauce, flavouring or spice available at meals may increase meal enjoyment.

Consider other ideas to optimize nutrition provision. How can a patient get more nutrition in the volumes that he or she is currently consuming? Consider the switch to homo milk from skim, 1% or 2% milk, as the additional calories from fat will spare protein for its role in skin integrity and other essential functions. If protein supple-

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Tactics for Enhancing Nutrition and Hydration

- Implement a med-pass program.
- Liberalize diet restrictions.
- Address impairments in dentition.
- Address impairments in swallowing.
- Conduct supplement and snack audits.
- Address physical and cognitive impairments.
- Incorporate foods and fluids into therapy and recreation sessions.
- Encourage the involvement of family and friends.
- Consider other ideas to optimize nutrition provision.
- Consider alternate means of nutrition/hydration.