Oral intake
Workshop one
This workshop

- Screening for malnutrition
  - Tools
- Monitoring oral intake
  - Food intake records
  - Observational food intake
- Improving oral intake
  - Appetite
  - Energy and nutrient density
  - Menu design
  - External supports to the menu
- Dining room
Simple concept

Eating (food) nutrients

= Life
Activity
Have fun
Activity one

- Write down some ideas as to what affects oral intake in long term care facilities?
Oral intake

- Resident
- Illness
- Environment
- Dining room
- Swallow
- Ability to eat
- Menu
- Taste of foods
- Food like and dislikes
Why do we monitor the nutritional status of residents

- To provide clinical support to the individual
- To provide support through the menu
- To get a snap shot of the clinical needs and to measure this against dining room program, policy and bench marks.
- To organise nutrition support in terms of supplements
How do we monitor

- Screening
- Observationally
- Body weight changes
- Food intake
Screening

- Poor nutritional health in later life has been shown to markedly affect quality of life and increase the costs of care in the community.

- With the growing realization of the importance of nutrition in promoting and maintaining good health and quality of life, organizations in the United States in the early 1990’s were stimulated to investigate better ways to detect and deal with the nutritional risks of the elderly. This lead to the development of simple screening tools
Screening questions

- Obvious underweight/frailty?
- Unintentional weight loss?
- Reduced appetite or food ad fluid intake?
- Mouth, teeth or swallowing problems?
- Follow a special diet?
- Unable to shop, prepare food or feed self?
- Obvious overweight affecting life quality
**FBBC Malnutrition Screening Tool**

<table>
<thead>
<tr>
<th>Question</th>
<th>Score</th>
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<tbody>
<tr>
<td>Have you lost weight recently without trying?</td>
<td>0</td>
</tr>
<tr>
<td>If no</td>
<td></td>
</tr>
<tr>
<td>If unsure</td>
<td>2</td>
</tr>
<tr>
<td>If yes, how much weight (kg) have you lost?</td>
<td></td>
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<tr>
<td>0.5 – 5.0</td>
<td>1</td>
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<tr>
<td>&gt;5.0 – 10.0</td>
<td>2</td>
</tr>
<tr>
<td>&gt;10.0 – 15.0</td>
<td>3</td>
</tr>
<tr>
<td>&gt;15.0</td>
<td>4</td>
</tr>
<tr>
<td>unsure</td>
<td>2</td>
</tr>
<tr>
<td>Have you been eating poorly because of a decreased appetite?</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>2</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
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</tbody>
</table>

If the score is 3 or more, consider referral to the Dietitian

# Malnutrition

## Malnutrition Screening Tool

1. Have you / the patient lost weight recently without trying?

<table>
<thead>
<tr>
<th>No</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unsure</td>
<td>2</td>
</tr>
<tr>
<td>Yes, how much (kg)?</td>
<td></td>
</tr>
<tr>
<td>1 - 5</td>
<td>1</td>
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<tr>
<td>6 - 10</td>
<td>2</td>
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<td>11 - 15</td>
<td>3</td>
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<tr>
<td>&gt; 15</td>
<td>4</td>
</tr>
<tr>
<td>Unsure</td>
<td>2</td>
</tr>
</tbody>
</table>

If unsure, ask if they suspect they have lost weight e.g. clothes are looser

2. Have you / the patient been eating poorly because of a decreased appetite?

<table>
<thead>
<tr>
<th>No</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
</tbody>
</table>

If your patients have lost weight and / or are eating poorly they may be at risk of malnutrition i.e. score 2 or more

---

**Malnutrition occurs in approximately 30-35% of acute and 40-45% of residential patients in Queensland Health Institutions**

---

## Action

1. Refer to Malnutrition Action Flowchart and / or refer to Dietitian for full assessment and intervention

2. Document

3. Weigh patients on admission and:
   - (a) weekly (acute)
   - (b) monthly (long-term care)

4. Rescreen patients:
   - (a) weekly (acute)
   - (b) monthly (long-term care)

**Small weight losses weekly add up to significant weight loss and malnutrition**

**Note:** Overweight / obese patients who have unexplained weight loss and illness can become protein depleted / malnourished too

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### Mini Nutritional Assessment (MNA)

**Mini Nutritional Assessment (MNA)**

<table>
<thead>
<tr>
<th>Last name:</th>
<th>First name:</th>
<th>Sex:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age:</td>
<td>Weight, kg:</td>
<td>Height, cm:</td>
<td>ID, Number:</td>
</tr>
</tbody>
</table>

Complete the screen by filling in the boxes with the appropriate numbers. Total the numbers for the final screening score.

#### Screening

**A. Has food intake declined over the past 3 months due to loss of appetite, digestive problems, chewing or swallowing difficulties?**

- 0 = severe decrease in food intake
- 1 = moderate decrease in food intake
- 2 = no decrease in food intake

- [ ]

**B. Weight loss during the last 3 months**

- 0 = weight loss greater than 3 kg (6.6 lbs)
- 1 = does not know
- 2 = weight loss between 1 and 3 kg (2.2 and 6.6 lbs)
- 3 = no weight loss

- [ ]

**C. Mobility**

- 0 = bed or chair bound
- 1 = able to get out of bed/ chair but does not go out
- 2 = goes out

- [ ]

**D. Has suffered psychological stress or acute disease in the past 3 months?**

- 0 = yes
- 2 = no

- [ ]

**E. Neuropsychological problems**

- 0 = severe dementia or depression
- 1 = mild dementia
- 2 = no psychological problems

- [ ]

**F1. Body Mass Index (BMI) (weight in kg) / (height in m²)**

- 0 = BMI less than 19
- 1 = BMI 19 to less than 21
- 2 = BMI 21 to less than 23
- 3 = BMI 23 or greater

- [ ]

*IF BMI IS NOT AVAILABLE, REPLACE QUESTION F1 WITH QUESTION F2. DO NOT ANSWER QUESTION F2 IF QUESTION F1 IS ALREADY COMPLETED.*

**F2. Calf circumference (CC) in cm**

- 0 = CC less than 31
- 3 = CC 31 or greater

- [ ]

**Screening score**

(subtotal max. 14 points)

- 12-14 points: Normal nutritional status
- 8-11 points: At risk of malnutrition
- 0-7 points: Malnourished

- [ ]

For a more in-depth assessment, complete the full MNA® which is available at www.mna-elderly.com


For more information: www.mna-elderly.com
Other examples

- Australian Nutrition Screening Initiative (ANSI)
- Nutrition risk & Monitoring Tool (HACC)
- Malnutrition Universal Screening Tool (MUST)
- Burton Nutrition Assessment tool
- Nutritional Risk Index
- PG-SGA – patent generated subjective global assessment
How screening can assist in long term care

- Build a nutritional pathway
  - Action to be take
  - Defined process that can be instigated prior to involvement by a dietitian (or assessment)
  - Allows immediate nutritional intervention

- Provide strategies in terms of care to residents

- Menu can support this process
  - Supplements
  - Food fortification
  - Popular foods
Nutrition pathway

- Screening tools should provide a pathway to determine the course of nutritional care

```
<table>
<thead>
<tr>
<th>Screening tool Result</th>
<th>Food fortification or additional foods</th>
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<tr>
<td></td>
<td>Supplementation</td>
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<tr>
<td></td>
<td>Dietetic assessment</td>
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</tbody>
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Food intake record

- Lead to better meal planning for a resident
- Find out what foods are consumed
- When foods are consumed
- Provide strategies for menu planning
- How much food is consumed
- When food is not consumed
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<tr>
<th>BREAKFAST</th>
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<th>Date:</th>
<th>Date:</th>
<th>Date:</th>
<th>Date:</th>
<th>Comments</th>
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<td>Fruit Juice</td>
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<td>Yogurt</td>
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<td>Cereal with milk</td>
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<tr>
<td>Porridge</td>
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<tr>
<td>Bacon / Scrambled Egg</td>
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</table>

| Initial              |       |       |       |       |       |          |
### Resident Dietary Intake

**Record Form No. 417**

**Review Date:** January, 2012

<table>
<thead>
<tr>
<th>Time</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
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<th>Date</th>
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<tr>
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<td><strong>Supper</strong></td>
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<td>Thickened fluid</td>
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</tbody>
</table>

### Additional Water/Fluids

- 2 cups

### Staff Initials

- V

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- If a resident is away for any reason during any meal time please mark as absent.

Please use the following to indicate amount of food eaten:

- Nil
- ¼
- ½
- ¾
- All

1 teaspoon is still Nil
1 teaspoons left is All
<table>
<thead>
<tr>
<th>RESIDENT: MRS X</th>
<th>LOCATION:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BREAKFAST</strong></td>
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</tr>
<tr>
<td>Date:</td>
<td>Date:</td>
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<tr>
<td>Hot Beverage</td>
<td>[\frac{1}{2}]</td>
</tr>
<tr>
<td>Juice</td>
<td>[\frac{1}{2}]</td>
</tr>
<tr>
<td>Supplement</td>
<td>[\frac{1}{2}]</td>
</tr>
<tr>
<td>Thickened fluid</td>
<td>[\frac{1}{2}]</td>
</tr>
<tr>
<td>Yogurt</td>
<td>1</td>
</tr>
<tr>
<td>Fruit</td>
<td>[\frac{1}{2}]</td>
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<tr>
<td>Tost with milk</td>
<td>1</td>
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<tr>
<td>Porridge</td>
<td>[\frac{1}{2}]</td>
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<tr>
<td>Semolina</td>
<td>1</td>
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<tr>
<td>Toast/Bread</td>
<td>1</td>
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<tr>
<td>Bacon/Scrambled Egg</td>
<td>1</td>
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<tr>
<td>Scrambled Egg</td>
<td>1</td>
</tr>
<tr>
<td>Other:</td>
<td></td>
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</tbody>
</table>

| **MORNING TEA** |          |
| Date:           | Date:    | Date: | Date: | Date: | Date: | Comments |
| Snack           | 1        | 0     | 0     | 0     | 0     |          |
| Hot Beverage    | 1        | 1     | 1     | 1     | 1     |          |
| Cold Beverage   | 1        | 1     | 1     | 1     | 1     |          |
| Supplement      |          |        |        |        |        |          |
| Thickened fluid |          |        |        |        |        |          |

| **MIDDAY MEAL** |          |
| Date:           | Date:    | Date: | Date: | Date: | Date: | Comments |
| Hot meal        | \[\frac{1}{2}\] | \[\frac{1}{2}\] | \[\frac{1}{2}\] | \[\frac{1}{2}\] | \[\frac{1}{2}\] |
| Dessert-Full    | 1        | 1     | 1     | 1     | 1     |
| Vitamised meal  |          |        |        |        |        |          |
| Dessert-Vitamised | 1 | 1 | 1 | 1 | 1|
| Bread           | 1        | 1     | 1     | 1     | 1     |          |
| Sandwich        | 1        | 1     | 1     | 1     | 1     |          |
| Salad           |          |        |        |        |        |          |
| Hot Beverage    |          |        |        |        |        |          |
| Cold Beverage   | \[\frac{1}{2}\] | \[\frac{1}{2}\] | \[\frac{1}{2}\] | \[\frac{1}{2}\] | \[\frac{1}{2}\] |
| Supplement      | \[\frac{1}{2}\] | \[\frac{1}{2}\] | \[\frac{1}{2}\] | \[\frac{1}{2}\] | \[\frac{1}{2}\] |
| Thickened fluid | \[\frac{1}{2}\] | \[\frac{1}{2}\] | \[\frac{1}{2}\] | \[\frac{1}{2}\] | \[\frac{1}{2}\] |
| Other:          |          |        |        |        |        |          |
| Initial         |          |        |        |        |        |          |
Appetite

- Eat regularly throughout the day
- If regular meals are not eaten, try having 6 to 8 small snacks over the day
- When residents are not hungry some food should be eaten
- Choose foods high in energy
- Choose high energy drinks
- Make eating times enjoyable and pleasant
- If alone eat with the TV or music on
- Do some light exercise to help build an appetite
- A small glass of alcohol before meals
- Eat whenever hungry
Which foods are good
What would you do if your resident only ate these types of foods
How to make meals better

Breakfast

Lunch

Evening meal
Making every bite count

- Sometimes it not about nutrition its about getting food into a resident
- Resident is unwell or under weight it is more important to keep a resident eating
- If you can meet nutritional goals that great
- However, the first priority is to stop spiraling down
- When the resident is feeling better than push for foods to be added
Menu planning for the individual

- Look for the option and openings for when the residents eat the best
  - Breakfast
  - Lunch

- Look for the foods which are eaten the most
  - Dessert
  - Soups
  - Bread

- Design a meal plan which will capitalize on this

- Monitor the situation adjusting for any changes
Energy density refers to having a high caloric or kilojoule value for a small volume of food. Foods which contain a lot of fat, protein and sugar can be considered energy dense.

Examples of energy density are shown below, as you can see it’s the same quantity of potato but as the cooking method changes the energy density increases.

Boiled egg (2)
6g fat
580kJ

Fried egg (2)
16g fat
835kJ
Nutrient density

Nutrient density is packing the maximum number of nutrients into the smallest amount of food. Some foods are naturally nutrient dense such as eggs and milk which are good sources of macronutrients and micronutrients. Chocolate provides more kilojoules than nutrients, whereas fruit provides more nutrients than kilojoules. There is a need to have good mix of foods, hence the reason for a variety of foods each day, in each meal and in menu planning.
Nourishing desserts

- Mousses
- Ice cream
- Rice desserts
- Puddings
- Cakes
- Custards
- Tarts
- Cream jelly
- Flummery
Snacks can be small meals - sweet

- Yogurt
- Custard
- Dairy dessert snacks
- Instant milk puddings
- Rice custards
- Muffins
- Pancakes with fruit
- Raisin bread
- Fruit scones
- Fruitcake
- Crumpets
- Dried fruit and nuts
- Muesli bars
- Jelly made with milk
- Junket
- Tinned fruit or fruit snacks
- Breakfast cereal with milk
- Milk milos/ovaltine
- Milk coffee
- Flavoured milk
- Milk shakes
- Fruit smoothes
- Fruit juices
Snacks can be small meals - savoury

- Sandwiches
- Toasted sandwiches
- Toast with grilled cheese
- Biscuits with cheese, dips
- Cold meat
- Tinned fish (tuna, sardines, salmon) on toast
- Pate or hummus on toast
- Baked beans on toast
- Pasta with a creamy sauce
- Spaghetti on toast
- Fried rice
- Omelettes (cheese, ham, mushroom)
- Scrambled eggs
- Poached eggs
- Creamy or thick soups
- Frozen meals
- Le snacks
Strategies for no milk
How can coconut milk be used?

- ??

- What other strategies do you use to improve oral intake.
Nourishing salads

Salads are an important part of providing variety in the diet.

The main components of a salad is meat and vegetables.

What can be added to improve the energy/fat/protein content of a salad

- Mayonnaise
- Noodles/pasta
- Rice
- Eggs
- Nuts and seeds
- Cheese
- Oil base dressing
Study results

- Increasing energy density substantially improves energy consumption.
- Food volume is very important for energy intake in elderly patients.
- Portion size remains the same.
- Cost effective way of delivering improved energy intake.
How do we promote food as therapy

Healthy eating policy for every health care facility and catering department

- Embraces a broad concept of healthy eating
- Nutritional issues are considered
- Psycho-social
- Environmental
- Functionality of food
- Client perceptions and expectations of food and health
- Nutrition is key focus and meal times are considered important
- Meals are being consumed.
How do we promote food as therapy

- Nutrition Screening
- Diet codes and manuals
- Education to nursing and foodservice staff
- Identify clients are risk and provide nutritional supports (vitamised, small eaters, long stay clients)
- It is important to build nutritional systems which will complement nutritional care
- Every bite should count
Food is an essential part of the day’s life experience

- Apart from eating to survive
- We live in a society where food is plentiful and always available
- Up to the facility to determine the experience of food
- Older generation do not have a good understanding of the importance of eating
- The perception of what life style experience
 Depends on attitude

- Staff that look at a meal and make a comment
- Have a poor attitude towards food
- Don’t like the meal being served
- Presentation of food
The “Take a Nurse to Lunch” Program

- Nurses are in the position to promote food or condemn it
- Invite nurses to a meeting with catering staff for lunch
- Nurses pick from the lunch menu
- Request feedback on foodservices and ways it can be improved and what works well now.
- Eat the same food as patients and gain an appreciation for that food.
- Program increase regard for foodservice
- Decreased calls to kitchen demanding changes
- Positive impact on foodservice staff was respect and part of the team.

Enhancing the eating experience

- Eating environment (Ambiance)
- Theme days
- Surprises on the menu
- High tea
- Silver dinning service
- Activities which involved food
  - Making biscuits
  - Cooking demonstrations
Ambiance

- Plastic table cloths
- Boring dining ware
- Table setting
- Actually serving of meals
- Tray meals
- Room size and colour
- Music or back ground
- Does it have a clinical feel
- Production line to feed residents
Theme days/surprise menu items

- Menu surprises
- Usual events – Melbourne cup, Christmas, Easter, St Patrick’s day …. Have a new day
- Try different cultural food theme meals
- Different ways of eating, pizza, nachos
These added goodies
Summary

Nutrition is important at every stage of the life cycle
Important to prepare meal to retain nutrients
Make sure people are eating regular meals

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