

BACKGROUND INFORMATION

A simple tool for Nutritional Risk Screening and Monitoring with home-based vulnerable adults was developed, and has been presented and described here. The first part of the screening tool consists of ten trigger questions, to increase awareness as to whether nutritional risk exists for the client.

The outcome of the Identifying and Planning Assistance for Home-Based Adults Who are Nutritionally at Risk project includes the following products:

- *Identifying and Planning Assistance for Home-Based Adults Who Are Nutritionally at Risk: Executive Summary*
- *Nutritional Risk Screening and Monitoring Tool*
- *Identifying and Planning Assistance for Home-Based Adults Who Are Nutritionally at Risk: A Resource Manual*
- *Identifying and Planning Assistance for Home-Based Adults Who Are Nutritionally at Risk: A Training Manual*
- *Good Food and Health Advice for Older People Who Want to Help Themselves: An Information Booklet for Older People, Families and Carers*

Trainers may wish to refer participants to the Executive Summary for a more comprehensive outline of the project. The resource *Good Food and Health Advice for Older People Who Want to Help Themselves: An Information Booklet for Older People, Families and Carers* will also be useful for participants. Valuable input from clients was achieved indirectly through the Geelong trial of this booklet.

This *Training Manual* provides an outline for demonstration and advocacy for the introduction of Nutritional Risk Screening and Monitoring to the assessment process with vulnerable adults who are living independently. It also gives many practical suggestions about solving food and nutrition problems, and information on where further assistance may be sought for them.

It has been developed through the work of Focus and Reference Groups, who then participated in a trial of the *Nutritional Risk Screening and Monitoring Tool* with frail older people and adults with disabilities, the *Training Manual* and the Resource Manual. All of this experience has resulted in completion of these materials for publication and implementation.

Together with demonstration of its companion the *Resource Manual*, this *Training Manual* can be used in whole or in part, so that nutritional risk screening and monitoring can be confidently included in the assessment process for independently living vulnerable adults.

This Manual includes material modified and adapted from two other Manuals (Better nutrition for older adults. *Home carers manual*, and *Better nutrition for older adults. A manual for health professionals*). These earlier Manuals were produced by the Nutrition Department of the Anne Caudle Centre in Bendigo in 1995 for the *Better Nutrition for Older Adults Project*, with funding from the Department of Health and Community Services. Permission to progress this work was generously given by Ms Jenny Bacon.

This Training Program for assessment officers is part of a group of resources now available for home and community care workers in Victoria. The range of resources available include:

- 1) Nutritional Risk Screening and Monitoring Tool (assessment officers)
- 2) Identifying and Planning Assistance for Home-Based Adults Who are Nutritionally at Risk (assessment officers and aged care workers):
 - A Training Manual (for use by dietitians in training)
 - A Resource Manual
- 3) Good Food and Health Advice for Older People Who Want to Help Themselves (home care workers)
 - A Training Manual for Carers* (for use by dietitians in training)
 - A Resource Manual for Carers*
- 4) Good Food and Health for Older People Who Want to Help Themselves: An information booklet for older people, families and carers (clients)
- 5) Shopping list (clients)

(*Nutrition Department, Ballarat Hospital, Health Services (Wood, Morrison, and Atkinson 1998ab).

THE NUTRITIONAL RISK SCREENING AND MONITORING TOOL

The *Nutritional Risk Screening and Monitoring Tool* (refer overleaf) is the basis for this training program. Nutritional risk screening and monitoring consists of ten trigger questions to increase awareness as to whether nutritional risk exists for the client. The general assessment of daily living activities which is conducted with the client explores the reasons why such nutritional risk exists and facilitates subsequent intervention and monitoring.

For the Home and Community Care (HACC) Program, general assessment includes the collection of *Client Information* and can include universal and local assessment forms

The client target group for the application of this tool is the home based frail older person, the younger adult with a disability, and the financially disadvantaged person living in alternative accommodation. The settings in which this tool can be used most appropriately are home care, supported residential accommodation, day care centres, and institution discharge planning.

The risk of poor nutrition can be identified by nutritional risk screening and monitoring. Hopefully this will take place while intervention can be effective, preventing premature frailty, ill health and increasing dependency, or temporary or permanent admission to an institution.

GENERAL NEEDS ASSESSMENT FACTORS WHICH ARE RELATED TO NUTRITIONAL RISK

DATE: _____

- ▮ Has food run out in the past week with no \$ to buy more?
- ▮ Less than \$30 for food for each adult every week?
- ▮ Social problems?
- ▮ Personal and food hygiene problems?
- ▮ Mental health problems?
- ▮ More than three different medications?
- ▮ Nausea and vomiting, gastritis?
- ▮ Diarrhoea? Constipation?
- ▮ Rumination? Regurgitation?
- ▮ Incontinence?
- ▮ Breathing problems?
- ▮ Medical problems?
- ▮ Alcoholism? Substance abuse?
- ▮ Irregular meals or less than 3 meals a day?
- ▮ Doesn't take 1 3 3 4 5+ food plan most days (older people)?
- ▮ Doesn't take 1 2 3 4 5+ food plan most days (adults 16-64 years)?
- ▮ Omitted to have one or more of the major food groups yesterday?
- ▮ Excessive use of sweet or savoury foods?
- ▮ 2+ alcoholic drinks daily?
- ▮ Housebound? No direct skin exposure to sunlight?
- ▮ Highly dependent person needing food and fluid texture modification?
- ▮ Tube (enteral) feeding is required?
- ▮ Eats inedible objects such as dirt, soap (pica)?
- ▮ Inappropriate and challenging behaviours which involve food?
- ▮ Unable to access or use secure, clean food storage and preparation area?
- ▮ Rummaging, foraging, begging or stealing food?

NUTRITIONAL RISK SCREENING AND MONITORING TOOL

CLIENT: _____

DATE: _____

INSTRUCTIONS:

Fill in the client's name and the date you use the tool: tick the box when the answer to your observation is YES

<input type="checkbox"/>	Obvious underweight-frailty?
<input type="checkbox"/>	Unintentional weight loss?
<input type="checkbox"/>	Reduced appetite or reduced food and fluid intake?
<input type="checkbox"/>	Mouth or teeth or swallowing problem?
<input type="checkbox"/>	Follows a special diet?
<input type="checkbox"/>	Unable to shop for food?
<input type="checkbox"/>	Unable to prepare food?
<input type="checkbox"/>	Unable to feed self?
<input type="checkbox"/>	Obvious overweight affecting life quality?
<input type="checkbox"/>	Unintentional weight gain?

SIGNATURE: _____

POSITION: _____

OUTCOME:

- ▮ YES to one or more questions means that nutritional risk exists
- ▮ Nutritional risk increases when the person is affected by an Increasing number of general needs assessment factors
- ▮ In particular, deterioration in health and loss of independence can result from under-nutrition and perhaps malnutrition

ACTION:

- ▮ Try TWO weeks of simple intervention strategies (less time if severe weight loss); if no response refer to a specialist
- ▮ Monitoring at monthly intervals (or more frequently) by a team member is required to ensure that nutritional risk has decreased through the most effective intervention

Nutritional Risk Screening and Monitoring Trigger Questions

Obvious underweight-frailty?

- The underweight adult has little body energy and nutrient reserves for use in times of emergency such as illness and/or reduced food and fluid intake. This is even more critical to health, if underweight is not usual.
- Even a short bout of poor food intake and/or increased need for nourishment can precipitate severe weight loss in the vulnerable person.
- Prevention of underweight is highly desirable.

Unintentional weight loss?

- When a person loses a lot of weight without trying (say 5 kg in less than six months), it is a serious sign of decline which is more rapid and worse if the person was underweight before the weight loss began.
- Severe weight loss is a factor clearly associated with relatively higher rates of morbidity and mortality—it is not a sign to be ignored.
- Review food intake and implement simple intervention strategies.
- Always consider referral to a specialist.

Reduced appetite or reduced food and fluid intake?

- In the underweight person, more than one or two days of reduced food and reduced fluid intake can rapidly lead to severe weight loss.
- Many medical conditions affect food intake and the need for food and can be risk factors for malnutrition.
- Loss of appetite can sometimes be related to a change in medication.

Mouth or teeth or swallowing problem?

- It is very difficult to ingest enough nourishing food if teeth or dentures are loose, broken or missing, if the tongue or gums are sore; if there are any swallowing difficulties.
- As a result of these problems, major food groups may be omitted and the person may avoid socialisation.
- Severe deficiencies of some of the micro-nutrients can actually cause mouth problems.

Follows a special diet?

- People are put at nutritional risk by any acute or chronic illness which causes change in their usual diet.
- Nobody should be on a modified or special diet, unless the aim and benefit of the diet is clearly known to them.
- If a special diet is required for specific treatment, then it becomes very important to follow it properly.

Unable to shop for food?

- The vulnerable person may only buy foods which are easy to carry or easy to prepare and to cook.
- A person who is unable to shop may not eat enough because of reduced food choice (no ideas or prompts), and a reduced level of independence.

Unable to prepare food?

- A person may not be physically able to prepare and cook food.
- This lack of independence can seriously affect enjoyment and intake.
- There may be problems organising their food into nourishing meals and snacks, and possibly dislike of the foods and fluids offered.

Unable to feed self?

- A person who requires feeding may not eat enough.
- This may be because of embarrassment, insufficient assistance and care, or not enough time to eat and drink.
- It might be due to inappropriate presentation and types of items offered, or dislike of the foods and fluids offered.

Obvious overweight affecting life quality? Unintentional weight gain?

- A good body weight is a protective factor in the vulnerable person.
- Body fat is an energy store for stress (infections, trauma) or reduced appetite, reduced food or fluid intake or unintentional weight loss.
- An overweight person on a very restricted diet is at risk of muscle wasting, falls, infection and illness. If weight loss is essential, always refer to a specialist.