

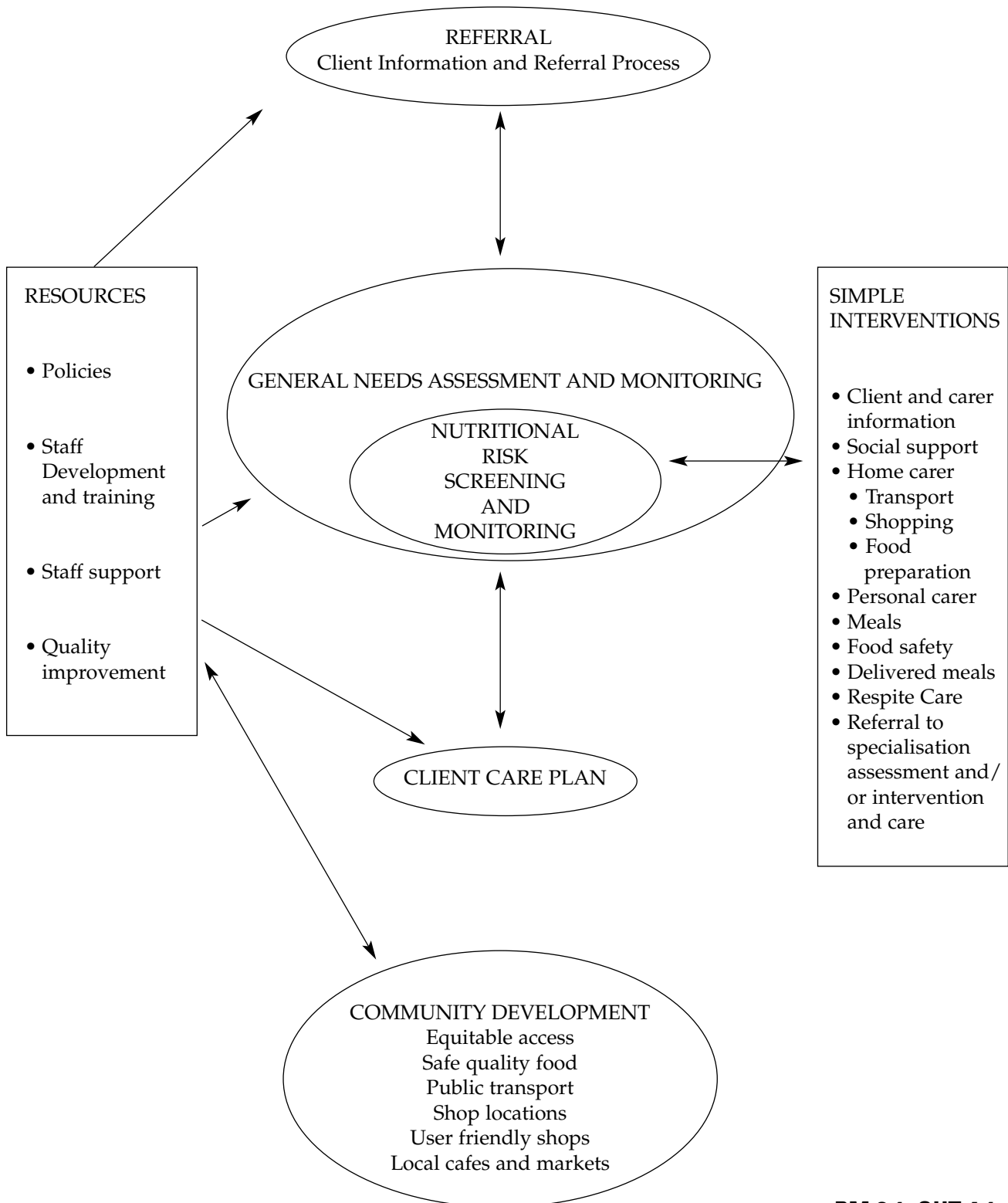
SECTION 4

NUTRITIONAL RISK SCREENING AND MONITORING

- OHT 4.1 Nutritional Risk Screening and Monitoring in the Assessment and Intervention Process
- OHT 4.2 The Nutritional Risk Screening and Monitoring Tool
- OHT 4.3 Nutritional Risk Screening and Monitoring in Other Settings
- OHT 4.4a-b Nutritional Risk Screening and Monitoring Case Study Form
- OHT 4. Client Safety Issues

RM 2.0; OHT 4.0

Screening and Nutritional Risk Monitoring in the Assessment and Intervention Process



RM 2.1; OHT 4.1

The Nutritional Risk Screening and Monitoring Tool

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:	
<ul style="list-style-type: none"> ■ 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:	
<ul style="list-style-type: none"> ■ 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 	

CONDUCTED WITH CLIENT INFORMATION AND SERVICES RECORD AND CLIENT- CARER INPUT

OPTIONAL PLACEMENT ON ASSESSMENT FORM

OPTIONAL PLACEMENT IN CLIENT INFORMATION AND SERVICES RECORD

RM 2.3; OHT 4.2

Nutritional Risk Screening and Monitoring in Other Settings

Nutritional Risk Screening and Monitoring will identify the person who is at greatest risk if adequate temporary home care support is not supplied

This Nutritional Risk Screening and Monitoring Tool with simple interventions can also be applied in:

- Discharge planning
- Emergency or temporary services
- Retirement Villages
- Supported Residential Services
- Day Care Centres
- Sheltered Workshops
- Shelters

RM 2.9.1-2; OHT 4.3

Nutritional Risk Screening and Monitoring Case Study Form

Nutritional risk increases when the person is affected by an increasing number of general needs assessment factors.

Deterioration in health and loss of independence can result from undernutrition and perhaps malnutrition.

NAME: _____

ADDRESS: _____

NUTRITIONAL RISK SCREENING YES to one or more of these questions means that nutritional risk exists		GENERAL NEEDS ASSESSMENT The factors which are relevant to nutritional risk for this client	INTERVENTION Briefly consider what, if any, action you can take (including referral)	MONITORING* Repeat nutritional risk screening How often should this be done? Who can monitor?
<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?			

* 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 recommended to ensure that that nutritional risk has been decreased through the most effective intervention.

Signature: _____ **Position:** _____ **Date:** _____

Checklist of general needs assessment factors which are related to nutritional risk:

<p>1) Unable to feed self a) Physical disability b) Sensory disability c) Mental/ behavioural problems</p>	<p>4) Social problem affecting food/fluid intake a) Bereavement, depression, social isolation b) Reduced motivation</p>	<p>7) Medical problems/increased food and drink needs a) Elevated body temperature, fever b) Impaired wound healing</p>
<p>2) Household management problems a) Financial difficulty b) Organisational difficulty</p>	<p>5) Medical problems/reduced access food/fluid. a) Weight loss, muscle wasting, reduced mobility b) Breathing problems</p>	<p>8) Major disorders/changed nourishment needs a) Metabolic disorders (diabetes/renal/liver) b) Cancer c) Gastro-intestinal disorders</p>
<p>3) Personal hygiene and food hygiene problems</p>	<p>6) Medical problems/reduced intake/absorption a) Nausea and vomiting b) Diarrhoea c) Constipation d) Incontinence e) Regurgitation f) Rumination</p>	<p>9) Poly-drugs (more than three types daily)</p>

Checklist for intervention and referral: the most appropriate supply of client needs may then be provided

<p>1a) Client food and nutrition information 1b) Carers food and nutrition information</p>	<p>2) a) Family, person responsible, key worker b) Home care, personal care, social trainer c) Day care, respite care d) Nursing care e) Social support f) Volunteer transport g) Case management h) Medical care, dental care i) Nutritional care j) Counselling, information k) Living skills program l) Other allied health resources m) Disability services n) Client care plan with client-carer input</p>	<p>3) Client referral for assessment and intervention a) Visiting nurse b) Doctor c) Dietitian d) Occupational therapist e) Speech pathologist f) Social worker g) Physiotherapist h) Dentist i) Psychologist h) Delivered meals i) Diabetic educator j) Other</p>
--	---	---

RM 2.8; OHT 4.4b

Client Safety Issues

- **Alcohol withdrawal?
(urgent referral to doctor)**
- **Low body weight?**
- **Unintentional weight loss?**
- **Unable to feed self?**
- **Rumination?**
- **Regurgitation?**
- **Choking?**
- **Food contamination?**
- **Unable to recognise food?**
- **Rummaging for food?**

SECTION 5

DIETARY PRINCIPLES AND PROBLEMS

- OHT 5.1 Summary of Dietary Principles for Vulnerable Adults
- OHT 5.2 Food Facts and Fallacies
- OHT 5.3a Food Habits and Patterns
- OHT 5.3b Food Habits and Patterns: Simple Interventions
- OHT 5.4a Good Nutrition for Older People
- OHT 5.4b Good Nutrition for Older People: The 13345+ Food Plan
- OHT 5.5 Good Nutrition for Adults 16-64 years: The 12345+ Food Plan
- OHT 5.6a Who Needs Extra Foods and Drinks
- OHT 5.6b High Energy Foods and Drinks
- OHT 5.7a Does it Matter if Vulnerable People don't Eat Meat Every Day
- OHT 5.7b Does it Matter if Vulnerable People don't Eat Meat Every Day:
Simple Interventions
- OHT 5.8a The Importance of Dairy Foods in the Diet of Vulnerable
People
- OHT 5.8b The Importance of Dairy Foods in the Diet of Vulnerable
People: Simple Interventions
- OHT 5.9a Fruit and vegetables
- OHT 5.9b Fruit and vegetables: Simple Interventions
- OHT 5.10a Bread and cereals
- OHT 5.10b Bread and cereals: Simple Interventions
- OHT 5.11 Other Indulgences
- OHT 5.12a-b The Importance of Fluid Intake
- OHT 5.12c The Importance of Fluid Intake: Simple Interventions
- OHT 5.13a-b Alcohol as Part of a Vulnerable Person's Diet
- OHT 5.14 Vitamin D
- OHT 5.15 Use of Vitamin and Mineral Supplements
- OHT 5.16 How to be Well Nourished on Meals on Wheels
- OHT 5.17 Outline of Some Food and Dietary Problems
- OHT 5.18 Dietary Assessment

OHT 5.0

Summary of Dietary Principles for Vulnerable Adults*

Food Facts and Fallacies

Food Habits and Patterns

Good Nutrition for Older People

Good Nutrition for Adults 16-64 years

Who needs Extra Foods and Drinks?

The Importance of Fluid Intake

High Energy Foods and Drinks

Alcohol as Part of a Vulnerable Person's diet

Vitamin D

How to be Well Nourished on Meals on Wheels

Vulnerable people must eat *better* ... not less!

*RM Section 5; OHT 5.1

Food Facts and Fallacies

Food fallacies:

- Being thin is good for you
- Milk is mucous forming
- Fried foods are no good
- Milk is for babies
- Sugar is no good for older people
- Pasta and bread are fattening
- It is good to feed a cold and starve a fever

Food facts:

- Vulnerable people need more nourishing foods
- Painful constipation can usually be corrected by increasing dietary fibre
- One of the best tips is to eat more frequently (3+3)
- If you have good teeth you can eat more
- People usually eat more when they are with other people
- It is good to feed a fever as well as a cold

RM 5.1: OHT 5.2

Food Habits and Patterns

(I don't like the food)

- Adults have a lifetime of eating and drinking
- They often have a fairly set daily food pattern
- Such food patterns may be central to their existence
- Food behaviour is probably linked to preservation of their identity and personality
- The nurturing and comforting aspects of food are often very important
- Gender issues are important
- Ethnic, cultural and religious issues are usually important

If food habits are complex, consider referral to a Dietitian

Food habits and patterns:

Simple interventions

- Minimal disturbance of food habits and patterns
- Always provide choice in foods and drinks
- Respect client food life experiences, food taboos and beliefs
- Respect for client food habits and patterns
- Only suggest change in basic food habits and patterns of eating if there will be a known benefit to the client
- Try small modifications of basic patterns, if necessary
- Offer fresh or plain foods to which familiar sauces and condiments can be added

RM 5.2; OHT 5.3b

Good Nutrition for Older People

- **Energy needs:**
 - Decrease with age
 - Increase with illness, stress, infection, surgery
- **Protein, mineral and vitamin needs:**
 - Remain the same or increase with age
 - Increase with illness, stress, infection, surgery
- **Sufficient fluid and fibre intake is always important**
- **Vitamin D is required by housebound people**
- **Sparing use of salt**
- **At least three meals a day are recommended**

Older people must eat *better* ... not less!

RM 5.3.1; 5.4a

Good Nutrition for Older People: The 1 3 3 4 5+ Food Plan*

Include daily:

1 small serve Meat, fish, poultry or eggs

3 serves Dairy foods (+/- fat)

3 serves Fruit (fresh, canned, dried, stewed)

4 serves Vegetables (fresh, canned, dried, stewed)

5+ serves Bread or cereals (preferably high fibre)

6-8 cups Fluid

2+ serves Indulgences (cake, wine, icecream)

Note: More than this is required by some frail older people to maintain their body weight

RM 5.3.1: OHT 5.4b

* Modified from the 1 2 3 4 5+ food plan (Baghurst and Hertzler et al. *Journal of Nutrition Education*, 1992, vol 24, pp. 65-72)

Good Nutrition for Adults 16-64 Years

The 1 2 3 4 5+ Food Plan*

Include daily:

1 small serve Meat, fish, poultry or eggs

2 serves Dairy foods (+/- fat)

3 serves Fruit (fresh, canned, dried or stewed)

4 serves Vegetables (fresh, canned, dried, stewed)

5+ serves Bread or cereals (preferably high fibre)

6-8 cups Fluid

2+ serves Indulgences (cake, wine, icecream)

Note: More than this is required by some vulnerable people to maintain body weight

RM 5.3.2; OHT 5.5

* Modified from the 1 2 3 4 5+ food plan (Baghurst & Hertzler et al. *Journal of Nutrition Education*, 1992, vol 24, pp65-72)

Who Needs Extra Foods and Drinks?

Vulnerable people often have a high need for energy and nutrients over long periods:

- To correct underweight
- To reverse weight loss
- To fight an infection
- To heal a wound
- To recover from recent surgery
- To rebuild a fracture
- To meet increased needs due to a head injury
- To promote recovery after illness

RM 5.3.3; OHT 5.6b

High Energy Foods and Drinks

<i>Highest energy value</i>	Fat
	Alcohol
	Fat foods
to ...	Protein-fat foods
	Starchy foods, fruits, sugar
	Vegetables, fibre
<i>Lowest energy value</i>	Water

To increase the energy value of a food:

- Add extra milk
- Add extra sugar, margarine, cream
- Ask a dietitian about nourishing snacks
- Always monitor weight if possible

High energy drinks:

- Slow increase in intake to improve tolerance
- Familiar ones-milkshakes, malted milks, Milo, Actavite and fruit smoothies
- Milk with skim milk powder and topping for a high energy milk shake, or an icecream soda
- Thick soups with extra ingredients-minced meat, beaten egg, yoghurt

BE CAREFUL OF FOOD HYGIENE AND SAFETY

RM 5.3.3.1; OHT 5.6b

Does it Matter if Vulnerable People don't Eat Meat Every Day?

Meat is one of the first foods omitted when the client:

- Finds the meat hasn't been cooked properly
- Has mouth, teeth or swallowing problems
- Can't be bothered cooking and eating
- Has blunt utensils and knives
- Is off his/her tucker for any reason
- Is eating alone
- Cannot buy small quantities

This food group is an important source of protein, iron, energy, vitamins and minerals

If meat or a substitute is not taken daily, it is more difficult to have an adequate diet

OHT 5.7a

Does it Matter if Vulnerable People don't Eat Meat Every Day: Simple Interventions

Q: How much is enough?

A: One small serve daily

- Suggest meat substitutes (fish, chicken, veal, eggs) and other good sources of protein (cheese, milk, yoghurt)
- Add meat or a substitute to soup and try with pies and pastries
- Suggest use of canned meats and fish
- Provide assistance with shopping and storing small serves
- Try to find out why the client is not taking meat or a substitute

OHT 5.7b

The Importance of Dairy Foods in the Diet of Vulnerable People

(I don't eat dairy products most days)

- Dairy foods provide many important nutrients including calcium, protein, and vitamins
- Calcium is lost from our bones with age which can lead to bone pain and fractures
- An adequate intake of calcium helps prevent osteoporosis (thinning of the bones)

Refer: dietitian, doctor

OHT 5.8a

The Importance of Dairy Foods in the Diet of Vulnerable People: Simple Interventions

Q: How much is enough?

A: 2 or 3 serves each day

- 1 serve = 200 ml milk
Small tub of yoghurt
2 slices cheese
Sardines or salmon (with bones)
Soy milk may not have added calcium
(check the packet label)
- If dairy foods are not eaten, a protein and/or calcium supplement may be needed
- If you would like ideas for high calcium recipes contact the dairy industry or your local dietitian

Monitoring: milk or substitutes taken?

Check outcome: weight stable?

OHT 5.8b

Fruit and Vegetables

(I don't eat fruit or vegetables most days)

- Include fruit and vegetables daily (fibre and important vitamins and minerals)
- Fruit and vegetables may be missed because they can be difficult to carry and prepare or difficult to chew
- Canned, dried and frozen fruits and vegetables are as good as fresh ones from a nutritional viewpoint

Possible referrals: dietitian, occupational therapist, local government services

OHT 5.9a

Fruit and Vegetables: Simple Interventions

Q: How much is enough?

A: Fruit: 3 serves each day

- 1 serve is 1 medium piece fresh fruit (or 1/2 cup canned, stewed fruit or 1/2 cup fruit juice)
- Include a rich source of vitamin C (orange, kiwi fruit, pineapple juice)

A: Vegetables: 4 serves each day

- 1 serve is 1/2 cup vegetables cooked or raw (or 3/4 cup juice or 1 cup vegetable soup)
- Include a yellow and green vegetable each day

Find out why your client avoids these foods and correct the problem if possible

- Assistance may be needed-shopping, cooking
- Special devices may be needed-for cutting foods

Monitoring: as often as possible

Check outcomes: regular bowel habits, weight control?

OHT 5.9b

Bread and Cereals

- Bread and cereals are important sources of energy, protein, vitamins and minerals
- All bread making flour is enriched with vitamin B-1 by law throughout Australia
- Many breakfast cereals are enriched with vitamins and minerals which adds to their value
- Wholemeal breads supply fibre but may be difficult to eat (suggest high fibre white bread)
- Daily wholemeal breads and cereals (such as porridge), can help prevent constipation
- Breads and cereals are easily tolerated, and carry other food items (sugars, milk, fats)

OHT 5.10a

Bread and cereals: Simple Interventions

Q: How much is enough?

A: 5 or more serves of bread or cereals each day

1 serve is:

- 1 cup cereal
- 1 cup of cooked pasta or cooked rice
- 1 slice of bread
- 1-2 biscuits
- 1 scone

- If a vulnerable person does not take enough of this food group regularly (or a substitute), they will not have an adequate diet

- Breads and cereals are good at every meal

- Breads and cereals are excellent snack foods, particularly during the night-sandwiches, scones, biscuits

The high fibre varieties of bread and cereals are particularly good

OHT 5.10b

Other Indulgences

Vulnerable people must eat *better* ... not less!

- The satisfaction of a small appetite with nourishing foods is the *best* thing, followed by less nourishing foods (indulgences)
- Cakes and biscuits with a small glass of milk are a good night-time snack
- Favourite cakes are often valuable high energy snacks (eggs, milk, sugar, fat)
- Use of sugar, lollies, chocolates and sweet drinks is encouraged between meals for underweight people

OHT 5.11

The Importance of Fluid Intake

(I don't have 6 to 8 cups of fluid most days)

- Many vulnerable people do not drink enough
- There may be fear of incontinence or 'accidents' or their toilet may be difficult to access
- Drinking too little fluid can lead to constipation and dehydration
- Insufficient fluid intake will usually make incontinence worse (in the long run)
- We should all drink 6-8 cups of fluid daily (water, tea, coffee, fruit juice, soup or milk)

RM 5.4; OHT 5.12a

The Importance of Fluid Intake (continued)

Factors affecting fluid intake

Hot weather

Use of diuretics

Alcohol intake

Swallowing problems

Reduced thirst

Lower total body water reserves

Dilute urine

Fear of incontinence

Medical conditions affecting fluid intake

Excessive sweating

Fever

Diarrhoea, vomiting

Fluid retention

Infection

Heart failure

Diabetes

Kidney disease

Head injury

Burns

RM 5.4; OHT 5.12b

The Importance of Fluid Intake: Simple Interventions

- Determine why your client does not drink enough
- If incontinence is a problem, encourage your client to seek expert help
- Suggest small frequent drinks through the day
- Suggest a variety of fluids
- Would a night light help your client find the toilet more safely?
- Possible referrals: continence adviser, doctor, dietitian

Monitoring: as often as possible
Check outcomes: normal urine volume,
weight constant

RM 5.4; OHT 5.12c

Alcohol as Part of a Vulnerable Person's Diet

(I have 2 or more glasses of beer, wine, or spirits almost every day)

- Vulnerable people may drink alcohol because they have always done it
- Small or underweight (and frail older) people have reduced tolerance for alcohol
- People may drink alcohol to ease loneliness or depression
- Excessive alcohol intake can affect financial and social balance
- Excessive intake of alcohol is a risk factor for malnutrition (it may replace food in the diet)
- Alcohol interacts with many medications

Sudden alcohol withdrawal can be unsafe
(always check with a doctor)

RM 5.5; OHT 5.13

Alcohol as Part of a Vulnerable Person's Diet (continued)

Check:

- How long your client has been drinking this amount of alcohol?
- Has the client has ever sought help about alcohol
-Alcoholics Anonymous or another self-help group

Take a harm reduction approach by encouraging:

- The use of light alcoholic beverages
- The use of diluents, soda water and soft drinks
- The avoidance of drinking alone, or between meals to lessen the risk of falls

Do not cease daily alcohol intake except under medical supervision

Possible referrals: pharmacist, doctor, dietitian, alcohol counsellor, Alcoholics Anonymous, alcohol and drugs 24 hour professional advisory service

Monitoring: client safety

Check outcomes: no adverse effects?

RM 5.5; OHT 5.14

Vitamin D

- Vitamin D is important in maintaining the integrity and strength of the muscles, skeleton and teeth
- Direct exposure of the skin to sun allows the body to make enough vitamin D for itself (about 1-2 hours direct sunlight weekly in summer)

The housebound person is at risk of vitamin D deficiency, and requires:

- Daily intake of foods which supply vitamin D (vitamin D enriched table margarine, herrings, mackerel, sardines and tuna)
- 5-10 mcg vitamin D daily

Daily use of vitamin D enriched table margarine (identified on the label) is the most useful vitamin D recommendation for older and housebound people

RM 5.6; OHT 5.15

Use of Vitamin and Mineral Supplements

If your client is not eating properly for more than four days:

- Consider a low dose multi-vitamin and mineral supplement with food two to three times weekly until eating normally

If your client is frail and/or has serious gastric disturbance:

- Consider intramuscular injection of multivitamins and minerals once a week for a few weeks

RM 5.7; OHT 5.15

How to be Well Nourished on Meals on Wheels

- Meals on Wheels (MOW) supplies only part of the daily diet for any vulnerable person
- Meals on Wheels are designed for the *older* person and supply for them approximately:
 - 1/3 daily need for energy
 - 1/2 daily need for protein, thiamin, riboflavin, niacin, vitamin A, calcium, iron and zinc
 - 2/3 daily need for vitamin C
- To achieve an adequate daily diet*, *two other meals* need to be added, so it looks something like this:

MORNING	AFTERNOON	NIGHT
Cereal, milk, sugar Toast, margarine, jam Tea	Main course (MOW)	Soup (MOW)
	Dessert (MOW)	Sandwiches
	Coffee	Fruit, yoghurt Tea
Fruit juice (MOW)	Tea & Cake	Milk & biscuits

*Sparing use of salt

Good snacks to have between meals include: milk drinks, cereal foods and breads, fruits

Outline of Some Food and Dietary Problems

- **Poorly balanced and/or inadequate food intake**
 - Irregular meals or less than three meals a day
 - Takes a diet with a low level of nourishment
 - Takes a diet with a low level of fibre
 - Excessive use of sweet or savoury foods
- **Does not have enough fluid**
- **No access or use of a secure, clean food storage and preparation area**
- **Rummages, forages, begs or steals food**
- **Eats inedible substances (pica), such as dirt, grass, paper, soap, toothpaste**
- **High dependency clients with feeding problems**
Need foods and fluids which are modified in texture for example semi-solid food, thickened fluids **DO NO HARM**
- **Difficult behaviours which involve the use of food**
- **Tube feeding (enteral feeding) is required**

**Possible referral for particular advice:
dietitian**

RM 5.9; OHT 5.17

Dietary Assessment

- What is eaten at each meal & between meals?
- Which foods are purchased regularly?
- Are all of the main food groups taken?
- How are Meals on Wheels used?
- Are meals supplied by support people?
- Does the person eat away from home?
- Does the pet get a lot of left-over food?
- What are the person's social, cultural, religious, and habitual food patterns and preferences?
- Is household management an issue?
- Are financial factors an issue?

OHT 5.18