

SECTION 6

WAYS DIETITIANS CAN ASSIST HOME CARE CLIENTS AND SERVICES

- OHT 6.1 Summary of the Roles and Functions of Dietitians in Home Care
- OHT 6.2 The Roles and Functions of Dietitians in Home Care
- OHT 6.3 Direct Client Services
- OHT 6.4 Some Indications for Referral to a Dietitian
- OHT 6.5 Some Indications for Urgent Referral: Issues for Client Safety

RM 6.0; OHT 6.0

Summary of the Roles and Functions of Dietitians in Home-Based Care

- 1) Consultancy, training and provision of resources to service providers**
- 2) Provision of resources in food, nutrition and dietetics to colleagues**
- 3) Development of community resources to support home care**
- 4) Policy development**
- 5) Direct client services**

RM 6.1; OHT 6.1

The Roles and Functions of Dietitians in Home-based Care

- 1) **Consultancy, training and provision of resources to service providers:**
 - Food and nutrition issues
 - Nutritional risk screening and monitoring
 - Early assessment, intervention and monitoring
 - Community resources and food services

- 2) **Provision of resources to colleagues:**
 - Aged care workers
 - Home and personal carers
 - Commercial and community food services
 - Regional aged care services

- 3) **Development of community resources to support home care**
 - Client information and advocacy
 - Shopping services and commercial food outlets
 - Community food services and volunteers

- 4) **Policy development**
 - Home-based client services
 - Community food services
 - Development of other initiatives in support of home-based clients

- 5) **Direct client services**
 - Assessment of dietary patterns and intake
 - Assessment of nutritional status
 - Intervention strategies
 - Counselling and information
 - Client support and monitoring
 - Liaison with other Service Providers

RM 6.1; OHT 6.2

Direct Client Services

- Assessment of dietary patterns and intake
- Assessment of nutritional status
- Intervention strategies
- Counselling and information
- Client support and monitoring
- Liaison with other service providers

RM 6.1; OHT 6.3

Some Indications for Direct Client Referral to a Dietitian

When your client:

- Has gained or lost 5 kg (10 lb) or more without trying in the last 6 months
- Has one or more of the following problems:
 - Poor appetite and the food doesn't taste good
 - Trouble chewing and swallowing
 - Finds pills are upsetting so can't eat
 - Treats illness with vitamin supplements
 - Has many nutrition questions or needs advice about what to eat
 - Spends less than \$30 a week on food
 - Usually needs help shopping for food
- Has an illness that the doctor said needs a special diet
- Is supposed to be on a special diet but has trouble following it

RM 6.1: OHT 6.4

Some Indications for Urgent Referral: Issues for Client Safety

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

SECTION 7

CASE STUDIES: FRAIL OLDER PEOPLE

- OHT 7.1 List of Case Studies: Frail older people
- OHT 7.2a-b Number one: Woman, 75 Years, Recent Hospital Discharge
- OHT 7.3a-b Number two: Woman, 75 Years, Severe Emphysema, Weight Loss, Referred by Daughter
- OHT 7.4a-b Number three: Man, 74 Years, Recent stroke, Referred by his Doctor
- OHT 7.5a-b Number four: Man, 72 Years, Alcohol Abuse, Review Requested by Home Carer
- OHT 7.6a-b Number five: Woman, 71 Years, Doesn't Take Meals on Wheels, Referred By Volunteer
- OHT 7.7a-b Number six: Woman, 85 Years, Overweight, Many Medical Problems

RM 7.0; OHT 7.0

List of Case Studies: Frail Older People

Number one: Woman, 75 years, recent hospital discharge

Number two: Woman, 75 years, severe emphysema, weight loss, referred by daughter

Number three: Man, 74 years, recent stroke, referred by doctor

Number four: Man, 72 years, alcohol abuse, review requested by home carer

Number five: Woman, 71 years, Meals on Wheels not used, referred by volunteer

Number six: Woman, 85 years, overweight, many medical problems

Frail Older People Case study number one: Woman, 75 years, recent hospital discharge

A 75 year old woman lives alone; she recently fell and fractured her hip (neck of femur).

During her stay in hospital she developed pressure sores on her heels and sacrum, which did not heal before she returned home.

She was widowed about 12 months ago and has been very depressed, particularly since she fell.

She states she only has a small appetite, only has bottom dentures, and is a little constipated.

She feels she has lost some weight but is not sure how much. Her usual weight is 60 kg, you weigh her on her bathroom scales which read 48 kg. She tells you she is five feet four inches (163 cm) tall.

Her daughter brings in lunches for her at weekends, and she gets Meals on Wheels (MOW) delivered during the week.

She tells you that her diet is as follows:

Breakfast: 2 slices of white toast, half a glass of orange juice (MOW)

Lunch: Meat, vegetables and dessert (MOW)

Tea: Soup (MOW), vegemite sandwich

Drinks: 4 to 5 cups white tea, no sugar

Snacks: Occasionally has a sweet biscuit for supper

<p>Nutritional Risk Screening and Monitoring Case Study Form</p> <p>Nutritional risk increases when the person is affected by an increasing number of general needs assessment factors.</p> <p>Deterioration in health and loss of independence can result from undernutrition and perhaps malnutrition.</p>		<p>NAME: Case study number one: woman, 75 years</p> <hr/> <p>ADDRESS:</p> <hr/>																					
<p>NUTRITIONAL RISK SCREENING YES to one or more of these questions means that nutritional risk exists</p>	<p>GENERAL NEEDS ASSESSMENT The factors which are relevant to nutritional risk for this client</p>	<p>INTERVENTION Briefly consider what, if any, action you can take (including referral)</p>	<p>MONITORING* Repeat nutritional risk screening How often should this be done? Who can monitor?</p>																				
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<p>* 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 nutritional risk has been decreased through the most effective intervention.</p>																							
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<p>RM 7.1; OHT 7.2b</p>																							

Frail Older People Case Study number two: Woman, 75 years, severe emphysema, weight loss, referred by daughter

A 75 year old woman lady has severe emphysema and uses a ventolin pump daily.

She lives in a one bedroom flat, is on a pension, and doesn't have a telephone at home because of the cost.

She manages to go shopping in an electric wheelchair but is unable to cook as a rule.

Her daughter cooks a meal for her on most weekends, otherwise she buys a take-away chicken dinner, and she has a meal delivered by Meals on Wheels (MOW) during the week.

She has lost a lot of weight over the past few years, and states she was normally around 10 stone. She is now 45 kg.

She has a small appetite and often goes without breakfast (otherwise a bowl of porridge), especially if she is not up before 9 am, because she says she couldn't manage to eat her lunch if she ate breakfast after 9am.

She feels she must be getting enough to eat since she has a good meal at lunchtime.

She saves the soup from MOW for tea, and usually has nothing else to eat. Black tea is her usual drink, about four cups a day.

RM 7.2; OHT 7.3a

<p>Nutritional Risk Screening and Monitoring Case Study Form</p> <p>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.</p>		<p>NAME: Case study number two: woman, 75 years</p> <hr/> <p>ADDRESS:</p> <hr/>																					
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<p>RM 7.2; OHT 7.3b</p>																							

Frail Older People Case study number three: Man, 74 years, recent stroke, referred by doctor

A 74 year old man has had a recent stroke, which has left him with right sided paralysis.

He also has trouble swallowing, often choking on some foods.

His dentures are loose, so he tends to leave them out. He has lost 3 kg in one month.

Most of the time his wife has to feed him; recently this is taking longer as he is very drowsy.

He is also constipated and has problems with his bladder (often needing to go to the toilet every one or two hours).

His wife has osteoarthritis, so cannot shower him-the visiting nurse comes in to do this.

His diet history is shown below:

Breakfast: Cereal and milk, 1/2 glass orange juice

Lunch: Pumpkin soup or a mornay dish

Tea: Mince meat and vegetables

Drinks: 1/2 cup tea (morning and afternoon)

1 brandy, lime and soda before tea

His wife says that she tries to avoid high fat foods to avoid the risk of her husband having another stroke.

<p>Nutritional Risk Screening and Monitoring Case Study Form</p> <p>Nutritional risk increases when the person is affected by an increasing number of general needs assessment factors.</p> <p>Deterioration in health and loss of independence can result from undernutrition and perhaps malnutrition.</p>		<p>NAME: Case study number three: man, 74 years</p> <hr/> <p>ADDRESS:</p> <hr/>																					
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<p>RM 7.3; OHT 7.4b</p>																							

Frail Older People Case study number four: Man, 72 years, alcohol abuse, review requested by home carer

A very personable and beguiling 'down and out' man aged 72 years was admitted to the local hospital for crisis management, then discharged home.

The home carer is concerned about his increasing frailty. He is living alone in squalor and chaos in his own home.

He has a long history of alcohol abuse, alcohol being part of his earlier lifestyle in the rock and roll music scene.

He is an aged pensioner and manages his own affairs, paying his own bills, but does not appear to have any household management skills.

He has been on Meals on Wheels for five years but does not eat them. The fridge is full of mouldy meals, and discarded food and bottles are all over the house. He has a poor food intake.

The home carer can get him to agree to take certain actions but he never carries them out. He appears to be full of good intentions, totally resistant to community services, and does not have any insight. He is not good at learning new things.

Alcohol intake is daily (1 dozen stubbies), with a small bottle of rum twice weekly and one bottle of wine twice weekly.

No other fluids are taken.

He is afflicted by dermatitis, with swelling and redness of the lower legs, particularly the left leg where there are ulcers.

Occasionally incontinent of urine, he has no medical care.

His wife left him many years ago. The family is in contact but do not know what to do.

<p>Nutritional Risk Screening and Monitoring Study Form</p> <p>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.</p>		<p>NAME: Case study number four: man, 72 years</p> <hr/> <p>ADDRESS:</p> <hr/>																					
<p>NUTRITIONAL RISK SCREENING YES to one or more of these questions means that nutritional risk exists</p>	<p>GENERAL NEEDS ASSESSMENT Identify the factors which are relevant to nutritional risk for this client</p>	<p>INTERVENTION Briefly consider what, if any, action you can take (including referral)</p>	<p>MONITORING* Repeat nutritional risk screening How often should this be done? Who can monitor?</p>																				
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<p>RM 7.4; OHT 7.5b</p>																							

Frail Older People Case study number five: Woman, 71 years, Meals on Wheels not used, referred by volunteer

Concern is held for a professional woman aged 72 years who has shown rapid deterioration recently.

She is very articulate but of variable clarity and lacking in insight.

Her personal care is declining, but she is very resistant to assistance.

She lives alone, having been divorced from a wealthy man. She does not qualify for the Aged Pension.

Her son lives 100 km away, supports her (emotionally) and stays with her occasionally.

He appears to keep deferring the arrangement of financial assistance for her. He holds power of attorney.

She often doesn't have enough money to buy food.

She prepares her own food, but does not manage it well and there is mouldy food in the house.

She doesn't recognise the packet containing Meals on Wheels.

She is losing weight.

A couple of times she has suffered from dehydration and urinary tract infections with associated acute brain syndrome.

<p>Nutritional Risk Screening Case Study Form</p> <p>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.</p>		<p>NAME: Case study number five: woman, 71 years</p> <hr/> <p>ADDRESS:</p> <hr/>																					
<p>NUTRITIONAL RISK SCREENING YES to one or more of these questions means that nutritional risk exists</p>	<p>GENERAL NEEDS ASSESSMENT The factors which are relevant to nutritional risk for this client</p>	<p>INTERVENTION Briefly consider what, if any, action you can take (including referral)</p>	<p>MONITORING* Repeat nutritional risk screening How often should this be done? Who can monitor?</p>																				
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<p>RM 7.5; OHT 7.6b</p>																							

Frail Older People Case study number six: Woman, 85 years, overweight, many medical problems

An 85 year old woman is to be discharged from hospital to her home alone, after a replacement knee operation.

She weighs 90 kg (she is obese).

There are a number of other medical problems including diabetes, congestive cardiac failure, diverticulitis and hypertension.

A blood transfusion was required after her surgery, and she has needed many weeks rehabilitation while she recovered.

At least 12 prescribed medications are taken daily.

She has been unable to walk outside for about a year and in this time has gained 12-15 kg in weight.

She was having trouble shopping and preparing food because of her decreased mobility and had begun to buy ready prepared foods (pies, fish and chips).

A 'sugar free' diet has been taken and her daughter was making her an apple pie each week without sugar for Sunday dinner.

On discharge, the hospital orders 'reduction' Meals on Wheels but she cancels them one week later as she says that she can manage as she did before.

RM 7.6; OHT 7.7a

<p>Nutritional Risk Screening and Monitoring Study Form</p> <p>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.</p>		<p>NAME: Case study number six: woman, 85 years</p> <hr/> <p>ADDRESS:</p> <hr/>																					
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