SECTION 8
CASE STUDIES:
ADULTS WITH A DISABILITY

OHT 8.1	List of Case Studies: Adults with a Disability
OHT 8.2a-b	Number one: Woman, 21 Years, Severe Weight Loss, Cerebral Palsy, Referred by Mother
OHT 8.3a-b	Number two: Woman, 28 Years, Overweight, Mild Intellectual Disability, Referred by Husband
OHT 8.4a-b	Number three: Man, 33 Years, Down Syndrome, Referred by Doctor

RM 8.0; OHT 8.0

List of Case Studies: Adults with a Disability

Number one: Woman, 21 years, severe weight loss, cerebral palsy, referred by mother

Number two: Woman, 28 years, overweight, mild intellectual disability, referred by husband

Number three: Man, 33 years, Down syndrome, referred by doctor

RM 8.0; OHT 8.1

Adults with a Disability Case study number one: Woman, 21 years, severe weight loss, cerebral palsy, referred by mother

A woman, 21 years of age, lives at home with her mother and two younger siblings.

She has been referred with severe weight loss and is obviously underweight (weight is 32 kg).

She has shown recent frailty, requiring increased need for assistance from her mother, who is feeling taxed by this.

She is non-ambulant and non-verbal and has a day placement at a special school.

She has cerebral palsy, epilepsy (anti-convulsant medication) and microcephaly and is prone to bronchitis and constipation.

She has poor appetite, all fluids are thickened and food is vitamised.

She does not aspirate, and is given naturopathic nutrition supplements.

Her height is 1.6 metres after 7% deduction for curvature of the spine.

RM 8.1; OHT 8.2a

Nutritional Risk Screening and Monitoring 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: Case study number one: woman, 21 years

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 Who can monitor these risks? How often should this be done?
■ Obvious underweight-frailty? ■ Unintentional weight loss?	Sick (bronchitis)?	Refer to doctor	
■ Reduced appetite or reduced food or fluid intake?	Fibre, fluid intake?	Consult schoolteacher	
?? ☐ Mouth or teeth or swallowing problem?	Quality of vitamised food and thickened fluids Reliant on mother	Take dietary history Refer to speech pathologist and dietitian?	
■ Follows a special diet?			
■ Unable to shop for food? ■ Unable to prepare food?	Anti-convulsant medication?	Support for mother	1-2 weeks
?? ☐ Unable to feed self?		Seek more information on drugs	
☐ Obvious overweight affecting life quality? ☐ Unintentional weight gain?		Add in sugar and fat High energy thickened drinks	Refer to dietitian, especially if no improvement in weight

* 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.

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

RM 8.1; OHT 8.2b

Adults with a Disability Case study number two: Woman, 28 years, overweight, mild intellectual disability, referred by husband

A woman, of 28 years of age, lives with her husband in a house and works part-time. Husband works full-time.

Both have mild intellectual disability.

Her husband is worried about her overweight (70 kg). Weight has increased 12 kg in the past five years.

Medication: Oroxin 50 mg daily.

Reasonably active with walking 2-3 times weekly and tenpin bowling once weekly.

Husband and wife shop together (husband has most understanding).
Dietary history:

Three meals and three snacks
Low intake of dairy foods and cereals.
Enjoys butter, biscuits, wants fried foods.
Limited cooking skills, home help assists two hours weekly when she prepares meals in advance and freezes them.
Poor nutrition knowledge

RM 8.2; OHT 8.3a

Nutritional Risk Screening and Monitoring 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: Case study number two: woman, 28 years

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 Who can monitor these risks? How often should this be done?
☐ Obvious underweight-frailty? ☐ Unintentional weight loss?		Review doctor re medication/ thyroid?	
☐ Reduced appetite or reduced food or fluid intake?	Medication and regularity of dose?	Check medication	
☐ Mouth or teeth or swallowing problem?	Dependent on home care for main meals	Increase home care Educate home carer and husband re shopping/cooking	
☐ Follows a special diet?			
☐ Unable to shop for food? ■ Unable to prepare food?			
☐ Unable to feed self?	Frequency of eating	Seek advice from dietitian about	
■ Obvious overweight affecting life quality? ■ Unintentional weight gain?	Poor knowledge and skills Use of fried foods	control of weight gain Simple interventions	One month If no weight control, refer to dietitian

* 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 decreased through the most effective intervention.

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

RM 8.2; OHT 8.3b

Adults with a Disability Case study number three: Man, 33 years, overweight, Down syndrome, referred by doctor

A man of 33 years of age with Down syndrome lives with his parents at home.

He is overweight, as is his father.

He attends an Adult Training Centre on weekdays and has easy access to a Milk Bar on the way to and from the centre.

His mother is a good cook and bakes his favourite cakes for him. His loving siblings provide him with chocolates and sweets.

Diet history:

Three meals daily.

Takes cut lunch from home to the centre, which he helps to prepare.

The local doctor has expressed concern about his overweight, which is affecting his ability to care for himself

Consideration is being given as to whether the family need assistance with his personal care, or respite care, or whether he requires admission to a Community Residential Unit.

RM 8.3; OHT 8.4a

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: Case study number three: man, 33 years

ADDRESS:

NUTRITIONAL RISK SCREENING YES to one or more of these questions means that nutritional risk exists	**GENERAL NEEDS ASSESSMENT** The factors relevant to nutritional risk for this client	**INTERVENTION** Briefly consider what, if any, action you can take (including referral)	**MONITORING*** Repeat nutritional risk screening Who can monitor these risks? How often should this be done?
☐ Obvious underweight-frailty? ☐ Unintentional weight loss?			
☐ Reduced appetite or reduced food or fluid intake?			
☐ Mouth or teeth or swallowing problem?	Personal care: overweight, hygiene, dressing, toilet?	Revise personal care	
☐ Follows a special diet?		Educate family Liaise with key worker day care centre	
☐ Unable to shop for food? ??☐ Unable to prepare food?		Living skills program: can he prepare simple meals?	
☐ Unable to feed self?		Increase recreational activity (exercise)?	One month
■ Obvious overweight affecting life quality? ??☐ Unintentional weight gain?	Family eating pattern? Easy access to food?	Suggest alternative foods, sensible snacks	Defer respite care referral

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

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

RM 8.3; OHT 8.4b

SECTION 9
CASE STUDIES:
FINANCIALLY DISADVANTAGED ADULTS LIVING IN ALTERNATIVE ACCOMMODATION

OHT 9.1 List of Case Studies: Financially Disadvantaged Adults Living in Alternative Accommodation

OHT 9.2a-b Number one: Man, 25 Years, Unwell, Underweight, Living in a Squat, Needs Temporary Care

OHT 9.3a-b Number two: Woman, 40 Years, Lack of Housing, Homeless, Needs Temporary Care

RM 9.0; OHT 9.0

List of Case Studies: Financially Disadvantaged Adults Living in Alternative Accommodation*

Number one: Man, 25 years, unwell, underweight, living in squat, needs temporary care

Number two: Woman, 40 years, lack of housing, homeless, needs temporary care

*** RM Section 9; OHT 9.1**

Financially Disadvantaged Adults Living in Alternative Accommodation Case study number one: Man, 27 years, unwell and underweight, living in squat, needs temporary care

Young man, aged 25 years, needs two weeks of temporary care with his partner who is five months pregnant with their third child.

They have been living in a local squat. The children have been with them for short periods before being taken into other care.

He begs for food, and also shares a food parcel given to his partner weekly by a welfare agency.

Once or more weekly he also obtains food from the nightly soup van (soup, sandwich, coffee).

He lacks information and life skills and can probably buy ready to eat food but not organise or cook food.

He may have intellectual disability and may have suffered traumatic head injury.

He also has a past history of gastritis or diarrhoea, ulcers, gallstones, and pneumothorax.

There is a past history (seven years ago) of substance abuse (three years use of heroin and speed).

It is six months since he left prison. He presents unwell to the clinic nurse with intermittent vomiting of blood and diarrhoea, and is unable to eat very much. He also has dental decay, rotting teeth and infected gums.

He has no medication and is reluctant to attend the clinic doctor.

RM 9.1; OHT 9.2ab

Nutritional Risk Screening and Monitoring 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: Case study number one: man, 27 years

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?
[x] Obvious underweight-frailty? [x] Unintentional weight loss? [x] Reduced appetite or reduced food or fluid intake? [x] Mouth or teeth or swallowing problem? [ ] Follows a special diet? ??[ ] Unable to shop for food? [x] Unable to prepare food? [ ] Unable to feed self? [ ] Obvious overweight affecting life quality? [ ] Unintentional weight gain?	Social problems Personal and food hygiene problems Mental health problem? Gastritis, vomiting, diarrhoea Medical problems Past history of substance abuse (heroin, speed) Irregular meals Doesn't take 1 2 3 4 5+ food plan Omitted to have one or more of the food groups yesterday Low food skills Unable to access or use secure, clean food storage and preparation area Begging for food	Refer to visiting nurse (assessment, care, advocacy, support) Doctor (review medical problems, vitamin supplements) Social worker referral (income stablisation, social problems and accommodation) Family conference Refer to dental service Assessment of possible brain injury Refer to Food Aid Consider long term food and nutrition support	Visiting nurse (health status, substance abuse, dental problems, and nutritional risk) Consider referral to HACC services for Meals on Wheels or for supervision of quality and quantity of food intake Long term: when accommodation stabilises, promote increased skills in food access, food budgeting, food preparation and storage

* Try TWO weeks of simple intervention strategies (less time if severe weight loss); if no response refer to 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.

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

RM 9.1; OHT 9.2b

Financially Disadvantaged Adults Living in Alternative Accommodation Case study number two: Woman, 40 years, lack of housing, homeless, needs temporary care

A very bright woman, 40 years of age, is admitted to temporary care for four to six weeks because of lack of housing and inability to cope.

She has a history of crisis care admissions once yearly.

As an adult she has lived in a variety of accommodation (low cost hotels, rooming houses). She has been in and out of institutional care since the age of eight years.

She has a past history of psychiatric disability, personality problems and substance abuse (alcohol and drugs), gastritis, diarrhoea and constipation.

Most of her social benefit payments are spent on lodgings and a variety of medications.

She tries to send things to her three children who are in care.

She is overweight, her teeth are decaying and she has gum infections and poor oral hygiene.

Always hungry and eating on the run, she scrounges and begs for food.

When she has enough money she purchases junk food (to satisfy hunger) such as a hamburger, a bucket of chips and coffee.

She has a poor diet, omitting one or more food groups most days.

She probably doesn’t have any food management skills.

In crisis care she tried to get hold of the cooking pots and pans and was hassled by the other residents.

RM 9.2; OHT 9.3a

Nutritional Risk Screening and Monitoring 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: Case study number two: woman, 30 years

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?
☐ Obvious underweight-frailty? ☐ Unintentional weight loss? ??☐ Reduced appetite or reduced food or fluid intake? ■ Mouth or teeth or swallowing problem? ☐ Follows a special diet? ??☐ Unable to shop for food? ■ Unable to prepare food? ☐ Unable to feed self? ■ Obvious overweight affecting life quality? ■ Unintentional weight gain?	Mental health problems Poly-drugs Medical problems Gastritis, diarrhoea, constipation Past history of substance abuse (alcohol and drugs) Social problems Personal and food hygiene problems Food has run out in the past week Irregular meals or less than 3 meals a day Doesn't take 1 2 3 4 5+ food plan Omitted to have one or more of the food groups yesterday Low food skills Unable to access secure, clean food storage and preparation area Begging and scrounging food	Refer to visiting nurse (assessment, care, referral, advocacy, support) Doctor (review of medical problems, vitamin supplements) Social worker (income support, accommodation, social problems) Refer to alcohol and drug agency (management of substance abuse) Refer to dental services Refer to food aid Consider long term food and nutrition support	Visiting nurse to monitor medical problems, alcohol and drugs, dental problems and nutritional risk Consider financial counselling and issues about access to children Consider referral to HACC Services for Meals on Wheels or supervision of quality and quantity of food intake Long term: when accommodation stabilises, promote increased food access skills, budgeting, shopping skills, food information, food preparation, food storage

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

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

RM 9.2; OHT 9.3b

SECTION 10: QUALITY IMPROVEMENT FOR NUTRITIONAL RISK SCREENING AND MONITORING

OHT 10.1: Record of results of Nutritional Risk Screening and Monitoring

OHT 10.1.1 Types of nutritional risks in the client group

OHT 10.1.2 Number of nutritional risks in the client group

RM 10.0; OHT 10.0

Record of results for Nutritional Risk Screening and Monitoring: Types of nutritional risks in the client group

It is easy to keep records of the results of nutritional risk screening on this form. The results can then be used to review the client group and plan better services for them, or to advocate on their behalf about matters which affect them in their local community.

DATE	Client record number	No risk identified	Underweight-frailty?	Unintentional weight loss?	Reduced appetite or reduced food and fluid intake?	Mouth or teeth or swallowing problem?	Follows a special diet?	Unable to shop for food?	Unable to prepare food?	Unable to feed self?	Obvious overweight affecting life quality?	Unintentional weight gain?
TOTAL												

RM 10.2.1; OHT 10.1.1

Record of results for Nutritional Risk Screening and Monitoring: Number of nutritional risks in the client group

Transfer the information from the form on the previous page to this one, in terms of the number of risks identified for each client.

The results can then be used to review the client group and plan better services for them.

Date	Client record number	NO RISKS	ONE RISK	TWO RISKS	THREE RISKS	FOUR RISKS	FIVE RISKS	SIX RISKS	SEVEN RISKS	EIGHT RISKS	NINE RISKS	TEN RISKS
TOTAL												

RM 10.2.2; OHT 10.1.2

SECTION 11:
SUMMARY AND CONCLUSIONS

OHT 11.0

“Nutrition screening and intervention are best accomplished by an interdisciplinary team … (that) uses existing programs and fosters collaboration amongst professionals”

(Nutrition Screening Initiative, 1992)

OHT 11.1