

SECTION 1

INTRODUCTION

1.1 SUMMARY OF THIS MANUAL AND ITS USE

This *Resource Manual* has been designed to demonstrate and advocate for the introduction of nutritional risk screening and monitoring to the assessment process for all vulnerable adult clients (frail older people, younger adults with a disability and people living in alternative accommodation) who require Community Services to remain living independently.

A simple tool for nutritional risk screening and monitoring has been presented in Section 1 and described in Section 2 *Nutritional Risk Screening and Monitoring*. The tool consists of ten trigger questions to increase awareness as to whether nutritional risk exists for the client. These trigger questions are expanded further in Section 3 *Nutrition and Health Issues*.

The general assessment* which is conducted with the client explores the reasons why such nutritional risk exists. These reasons are discussed in Section 4 *General Assessment of Food and Nutrition Issues*. In Sections 3 and 4, outlines have been provided for simple strategies of intervention, monitoring, and for accessing expert resources for further client assistance. Section 5 *Dietary principles and problems* provides further information on this important subject.

Section 6 *Ways in which Dietitians Can Assist Home Care Clients and services* summarises the roles and functions of dietitians can take. Sections 7 to 9 provide a range of completed Case Studies which are self explanatory and Section 10 gives some examples which can be used for *Quality Improvement for Nutritional Risk Screening*.

In potential or actual HACC clients receiving community support to remain in their own homes, malnutrition can lead to an increased risk of falls and infections, poor wound healing, and poor recovery from surgery. Malnutrition may also lead to decreased appetite, dental problems, depression, apathy, and even dementia. Poor nutrition (sometimes malnutrition) is one of the major reasons why people become frail and dependent. Poor nutrition reduces quality of life and also increases the cost of health care for the individual and the community.

The risk of poor nutrition can be identified by nutritional risk screening, hopefully while intervention can be effective, so preventing premature frailty, ill health, or increasing dependency, and temporary or permanent admission to an institution.

This Manual provides alerts to the particular food and nutrition issues which may affect the vulnerable adult person living independently. While some stereotypes exist, it is important to target individuals so that the effectiveness of intervention is increased.

As people mature and age, their nutritional requirements change. It is now known that although activity decreases, nutrient requirements are the same (and sometimes increased) in older people compared to younger adults. Dietary Guidelines for apparently healthy active adults relate to the prevention of premature death from cardiovascular disease and cancer. In the frail older person and the frail person with disability, there is more emphasis on their need for increased support and nourishment and the prevention of malnutrition.

* For the Home and Community Care (HACC) Program, general assessment includes use of the Client Information and Services Record and perhaps local assessment forms.

Overweight is to be avoided in adults but is a protective factor in high dependency adults with disability and older people with advancing age. Body weight maintenance at an appropriate level is then desirable to maintain physical strength and activity, resistance to infection and skin breakdown, and life quality. The ability to take nourishing foods and fluids becomes an essential approach for maintaining independence in any person. The interested reader is directed to the *References and Resources* in the Appendix for further information.

Poor nutritional health in home-based adult clients: Does it matter?

- More likely to fall
- Need more assistance
- Need more complex support and care
- More complications such as infections, pressure sores, skin ulcers
- Need more frequent and longer stays in hospital
- Less likely to be able to live independently

Poor nutrition makes people feel awful, affects their quality of life, and starts deterioration in a downward cycle.

Poor nutrition is associated with increased morbidity and mortality.

Poor nutrition is much harder and more expensive to treat than to prevent.

In this Manual, vulnerable people includes frail older people, younger adults with a disability and financially disadvantaged adults living in alternative accommodation.

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.