



ENHANCED HEALTH
IN CARE HOMES
WORKING TOGETHER TO IMPROVE QUALITY

The importance of eating and drinking for people living in care homes



Aims of the training

- What is malnutrition
- Reasons for malnutrition
- Consequences of malnutrition and dehydration
- Food First and food fortification
- Dysphagia

What is malnutrition?

- Wasting condition
- Deficient in energy (calories)
- Protein deficiency
- Deficient in micronutrients (Vitamins and Minerals)

‘As people get older and frailer it is fairly easy for them to become malnourished. The condition is caused by an improper balance between what an individual eats and what they require to maintain health. Malnutrition can cause ill health and be a consequence of ill health’.

Age UK (Nutrition, Malnutrition and Hydration; date unknown)

Cost Impact of Malnutrition to NHS

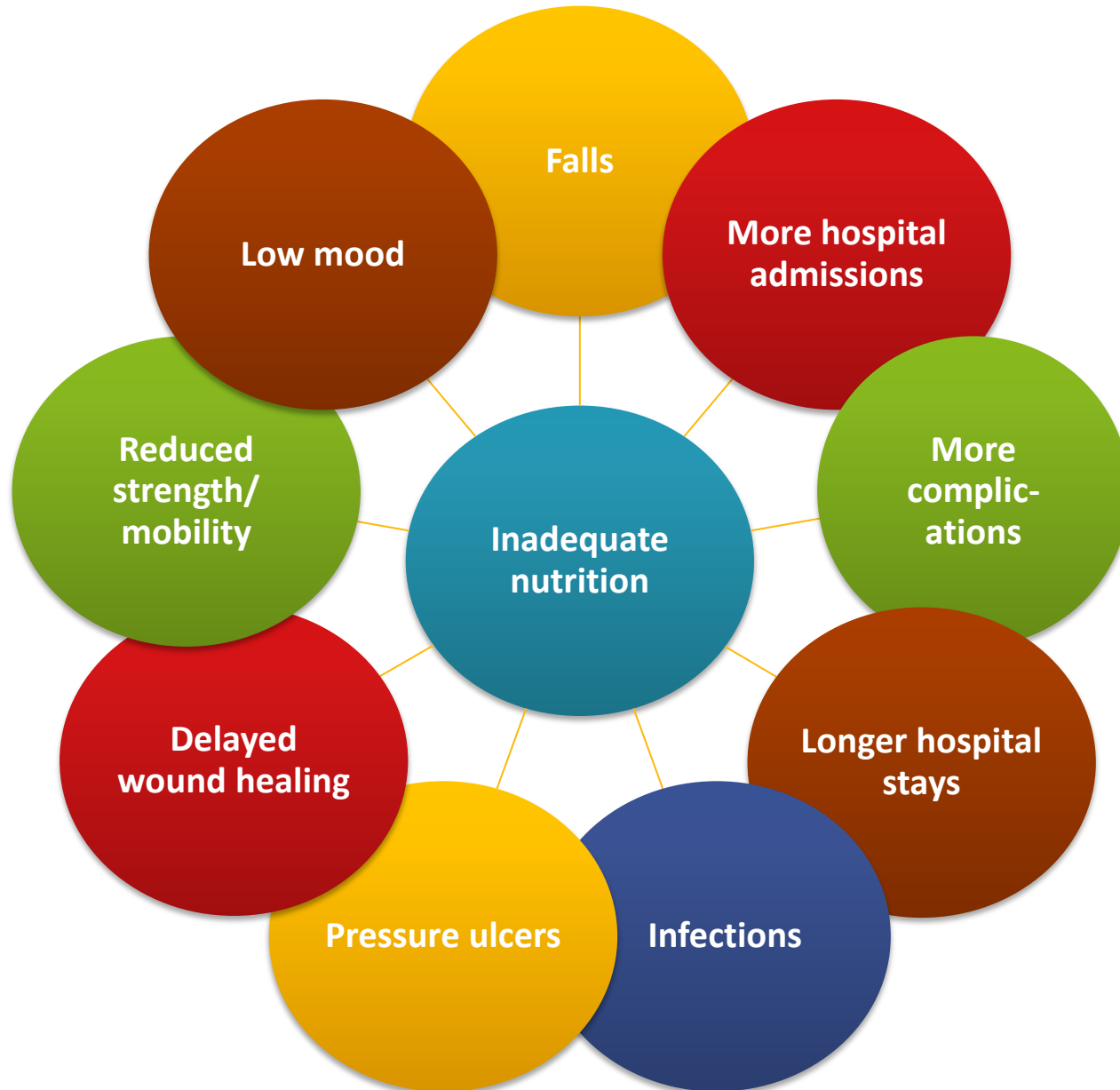
In 2011 – 2012 the estimated cost of malnutrition in the UK annually was £19.6 billion (BAPEN, 2015)

It is the second most preventable cause of admission to hospital

Patients who are malnourished are more likely to:

- need more frequent GP visits
- require more prescriptions
- to be admitted to hospital
- have a longer hospital stay

Why is good nutrition so important?

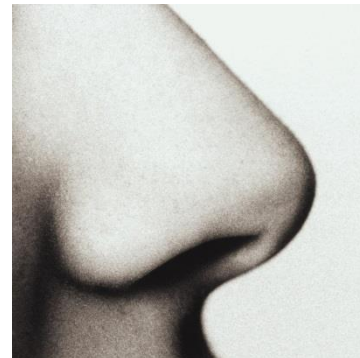
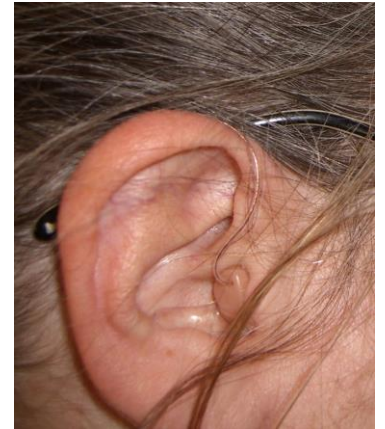


Possible signs of malnutrition

- Look emaciated and have lost weight - Clothes, jewellery or dentures may become loose
- Weakness, tiredness, lack of energy, low muscle strength
- Unable to control their body temperature – feel cold
- Suffer from depression, apathy, self neglect
- Have reduced respiratory muscle function
- Delayed wound healing/fragile skin
- Suffer more infections
- Slow recovery from illness
- Pressure damage

Malnutrition: Individual Risk Factors

- Poor communication skills
- Impaired speech, vision or hearing
- Chewing, swallowing problems
- Substance misuse
- Loss of appetite
- Confusion, dementia
- Dentition problems
- Reduced sense of smell
- Constipation



Malnutrition: Individual Risk Factors

- Poor dexterity
- Pain
- Increased requirements e.g. cancers, pressure ulcers, COPD
- Malabsorption
- Side effects of medication
- Depression, social isolation
- Poor posture and mobility



Malnutrition: Organisational Risk Factors

- Monotony of menu
- Unfamiliar foods
- Culturally inappropriate
- Poor presentation
- Inflexible meal times
- Timing of meals
- Inappropriate temperature of food
- Insufficient skilled staff
- Long gap between evening meal and breakfast



Malnutrition: Organisational Risk Factors



MUST

- Lack of snacks /nourishing drinks
- No choice of portion sizes
- Inadequate provision of drinks
- Frequency of convenience food of poor nutritional content
- No use of screening tool (MUST)
- Not following Food First principles



Ways To Improve Nutrition

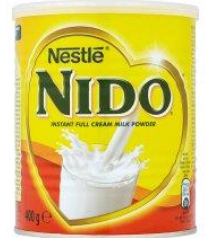


Lack of appetite - what's the cause? Can you treat it?

- Encouragement and assistance at meal times
- Little and often - small meals and energy dense snacks
- Small portions on small plates
- Menu planning
- Eating environment - smells/ company/ social
- Increasing appetite - alcohol/ exercise/ fresh air
- Feeding aids and support
- Flexible meal times



Food fortification



- Adding in extra nutrition to make every mouthful count
- Adding milk powder, cheese, butter, double cream, mayonnaise, syrup are all good ways to add nutrients - without increasing the volume



Food fortification



2 scrambled eggs with 2 tbsp semi-skimmed milk = 190 Kcal and 17g protein

Add 2 tbsp DOUBLE CREAM = 350Kcal
17g protein (+84%)



2 scoops of Mash = 90kcal and 1.1g protein

Add a knob of BUTTER and 1 tbsp MILK POWDER
= 177kcal (+97%) and 6.1g protein (+454%)

Food fortification



Shepherd's Pie (240g) = 350 Kcal and 16g protein

Add 15g GRATED CHEESE = 412Kcal (+18%) and 19.6g protein (+23%)

Tinned Peaches in Juice = 100kcal and 0.6g protein

USE peaches in SYRUP and add 1 tbsp
DOUBLE CREAM = 212kcal (+112%) and 0.6g protein



Regular Diet

	Calories
Porridge	120
½ slice toast	75
Digestive	70
Mince	230
Carrots	1
Boiled potato	50
Tinned peaches	55
Sponge	90
Soup	150
Scramble egg	150
Custard cream	50
2/3 Full-cream milk	250

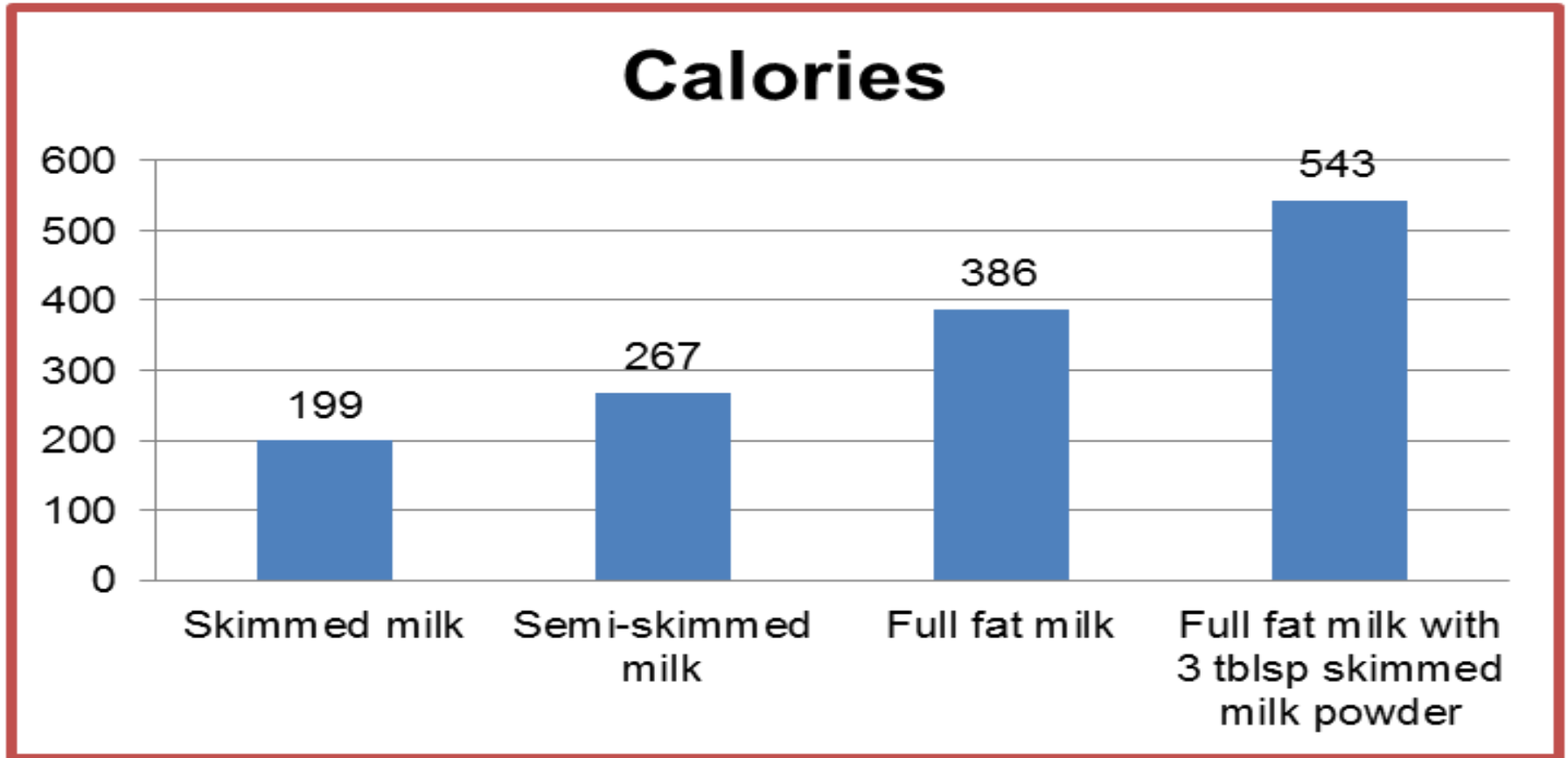
Total calories unfortified 1366

Fortified Diet

	Calories
Sugar	20
Cream	60
Butter	40
Marmalade	20
Butter	40
Cheese	40
Butter	40
Evaporated milk	75
Jam	20
Cream	60
Cheese	40
30g Milk Powder	150

Fortified 1971

Enriching a pint of milk

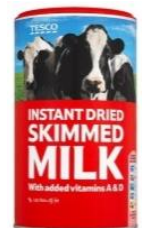


Fresubin Energy 200ml = 300kcal

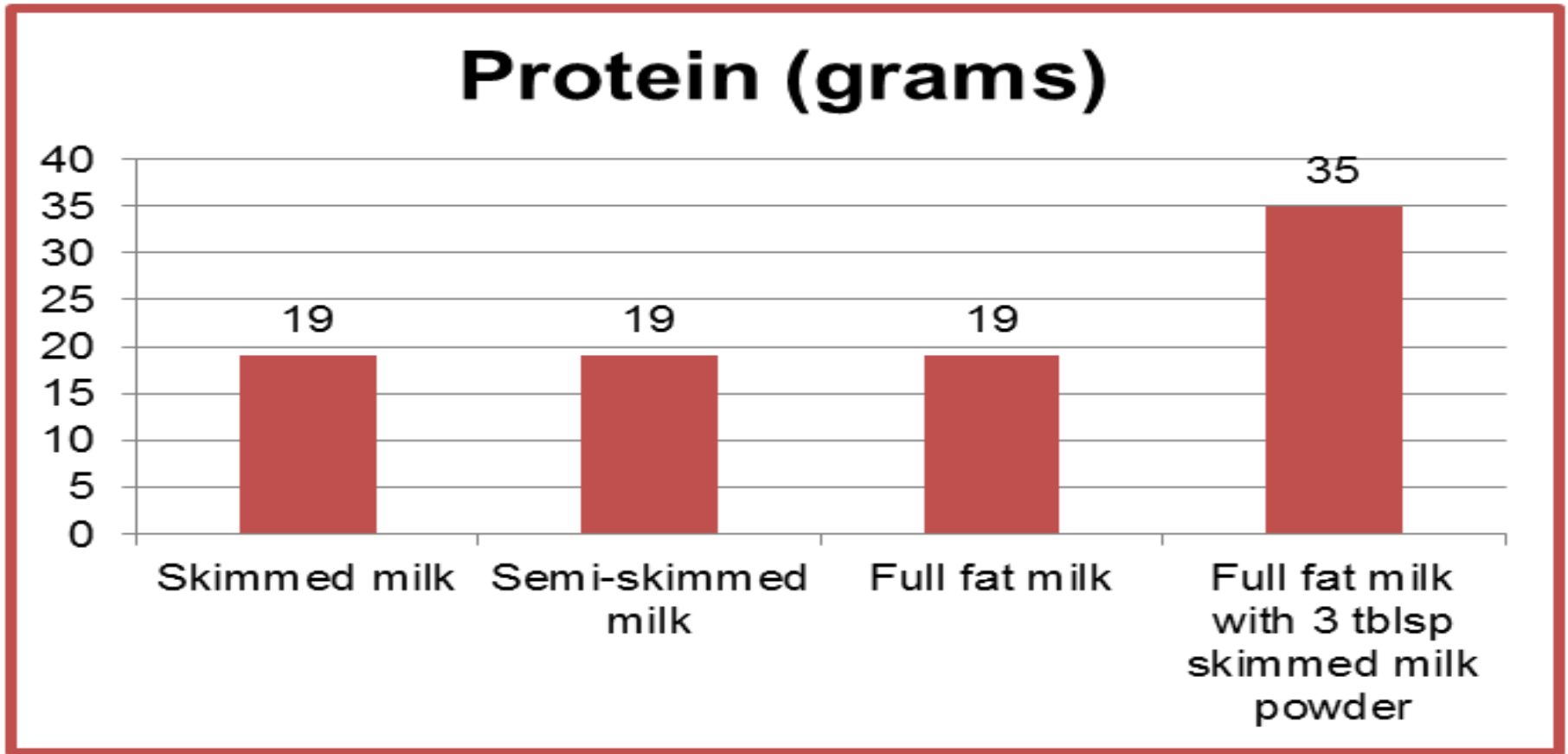
Fresubin 2kcal 200ml = 400kcal



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Enriching a pint of milk



Fresubin Energy 200ml = 11g protein
Fresubin 2kcal 200ml = 20g protein



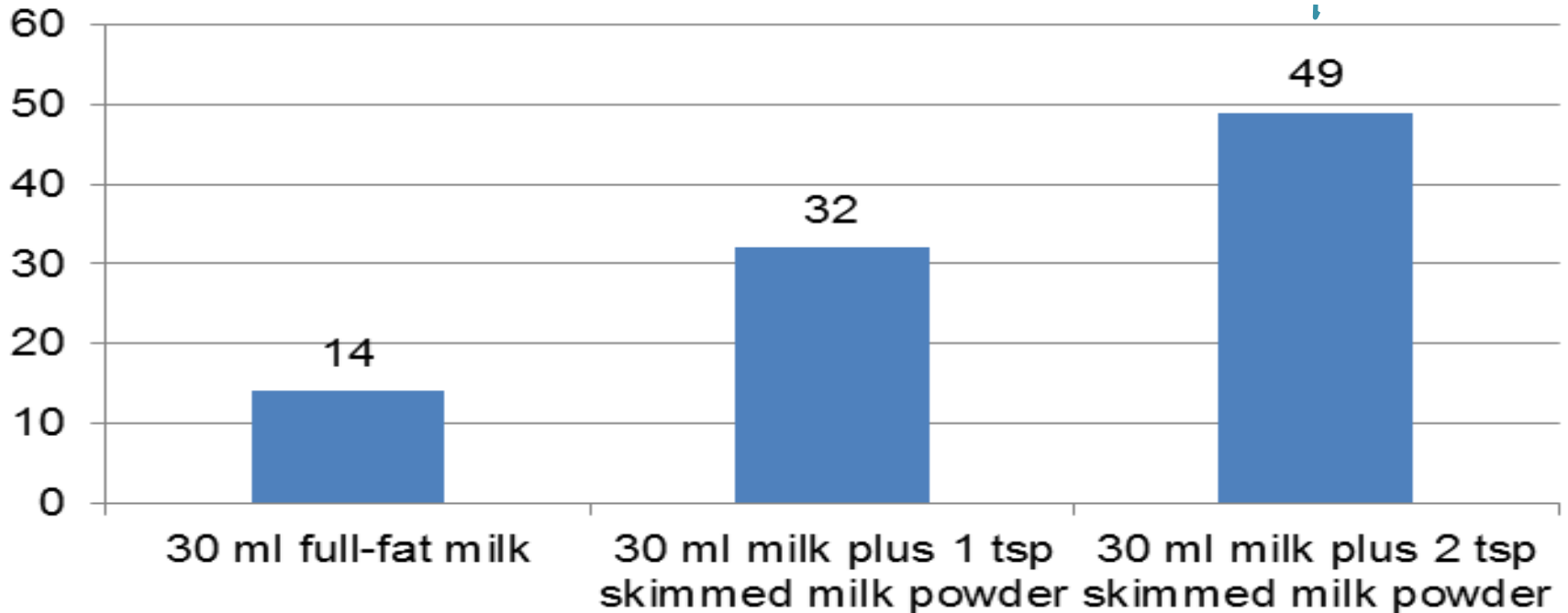
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Enriching a cuppa

6 cups = 294
kcal

Calories in a cup of tea



+

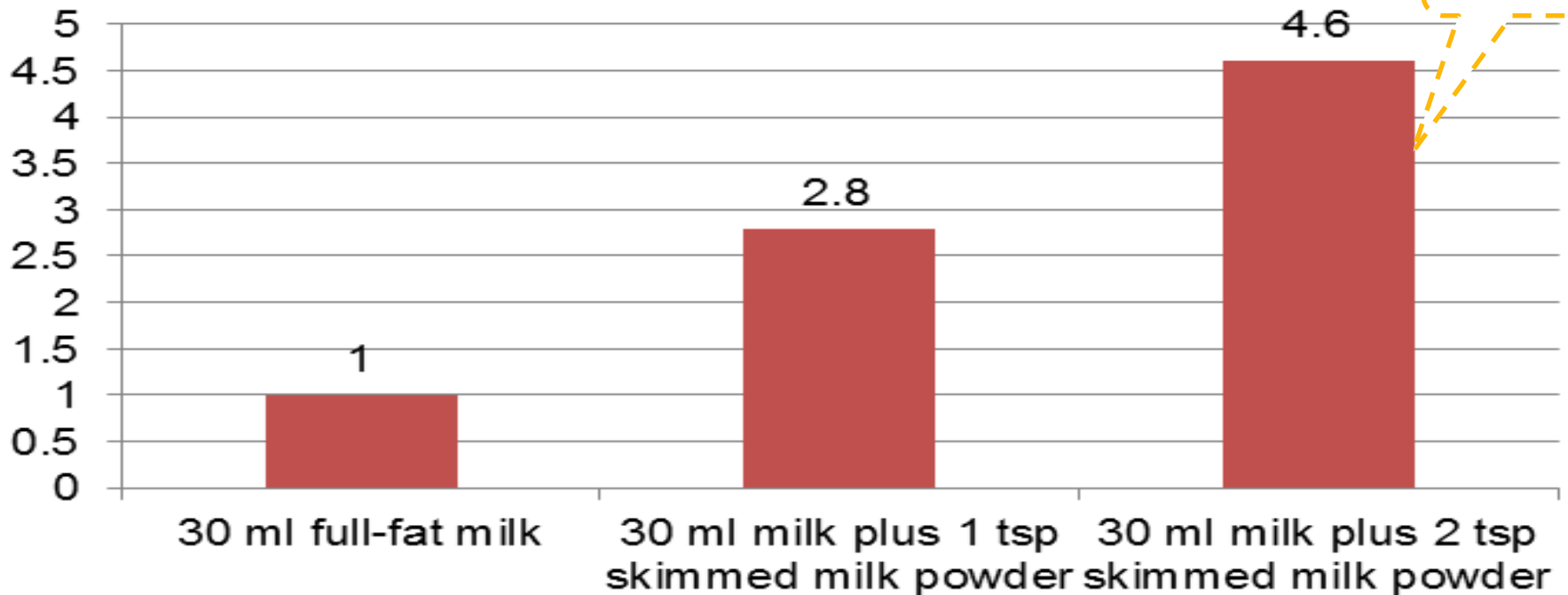


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Enriching a cuppa

Protein (grams) in a cup of tea



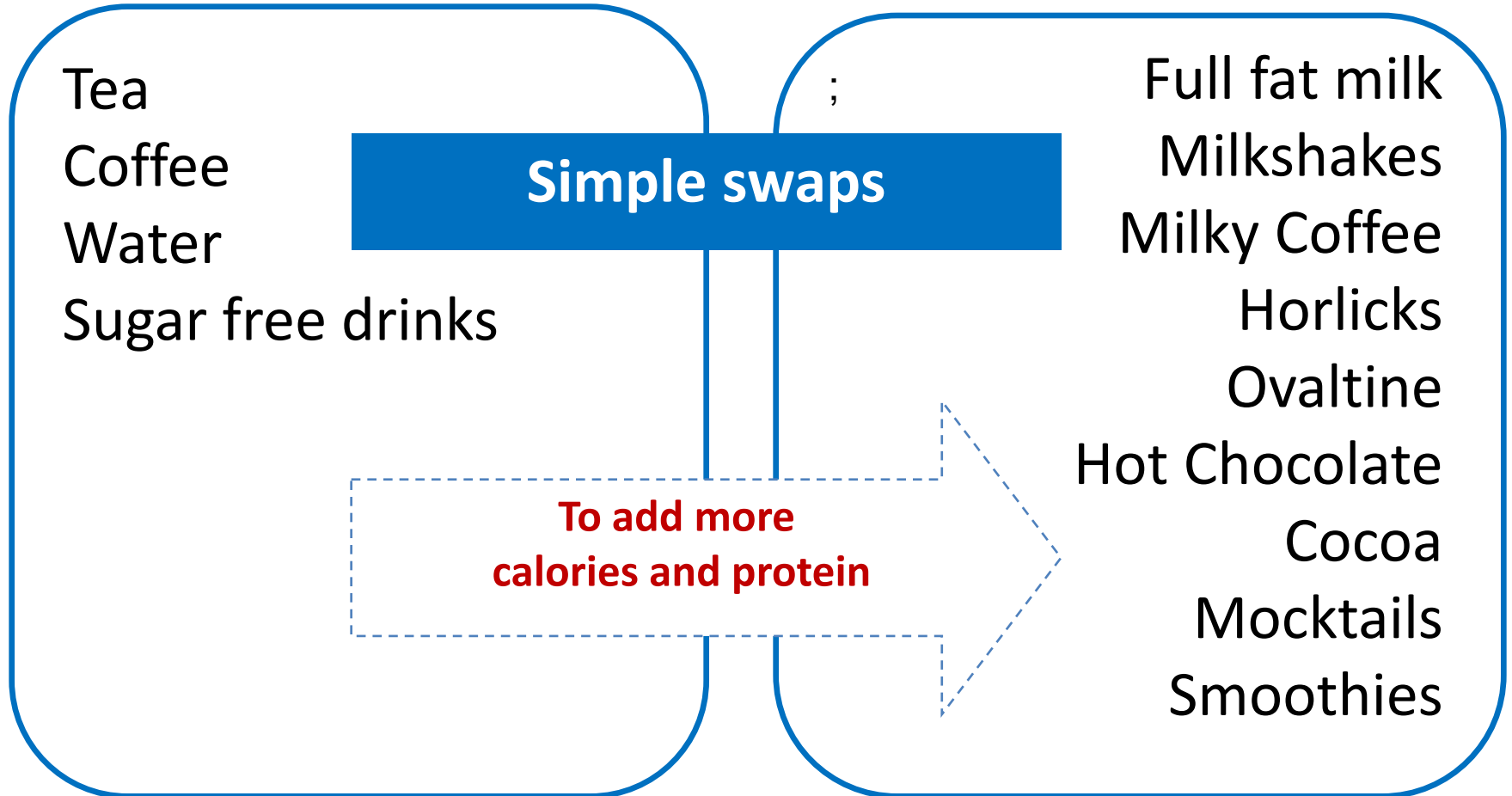
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Nourishing Drinks



Nourishing drink recipe sheets available

Energy Dense Snacks

	Energy (Kcal)	Protein
5 Jelly Babies	100	1.5
1 Chocolate Digestive	74	1
Small Sausage roll	171	3
Crisps	132	1.6
Cake	123	2
2 biscuits and Cheese	244	8



Food Record Charts

Ideal Way	Breakfast	Mid-morning	Lunch	Mid-afternoon	Evening meal	Supper
	<p>½ bowl Porridge</p> <p>Full cup of Orange juice</p>	<p>All nutritional supplement</p> <p>All tea and 2 biscuits</p>	<p>All Soup</p> <p>½ portion Mince and Potatoes</p> <p>Glass of full fat milk</p>	<p>¼ nutritional supplement</p> <p>Refused tea and biscuit</p>	<p>Refused main meal</p> <p>Ate all high protein custard</p> <p>¾ glass of full fat milk</p>	<p>1 cup of tea</p> <p>1 slice toast and butter</p>

Wrong way	Breakfast	Mid-morning	Lunch	Mid-afternoon	Evening meal	Supper
	Some porridge	biscuit	Soup and Main meal		Custard	Tea and toast

Resources Available

A Training folder is available for each home with this training and will include information on:

- MUST
- Food Fortification
- Home made supplements
- Food Record Charts

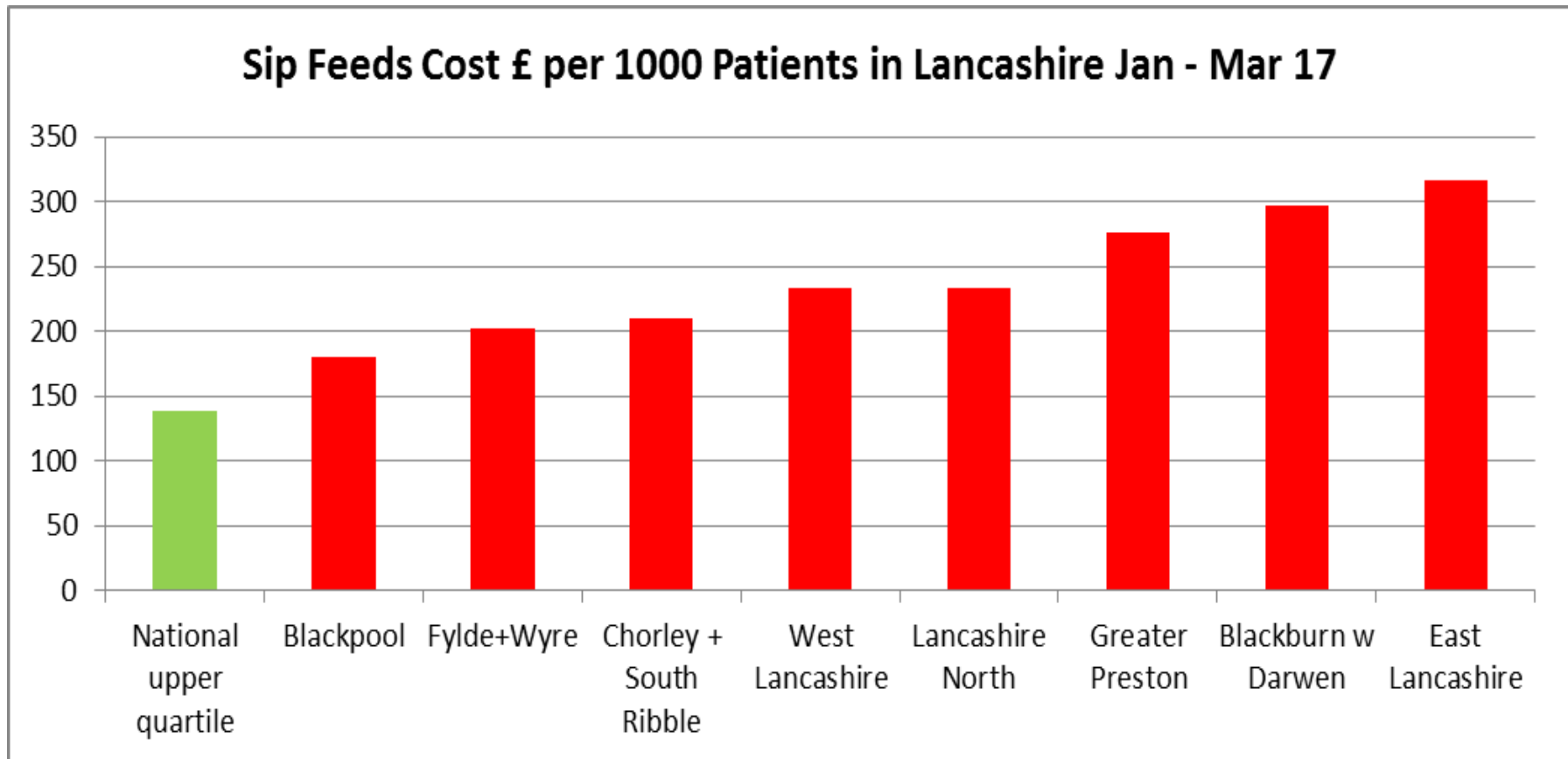
Sip Feeds

- Often not needed.
- A standard sip feed only provides 300 kcals
- Usually should try at least 4 weeks of *food fortification* before considering sip feeds
- Intended for a short period of time, e.g. up to 3 months
- Residents on long term sip feeds must be under active dietetic review
- Sometimes helpful in dementia


Sip feeds

Locally there is a heavy reliance on sip feeds rather than following food first principles.

Fortifying the diet can be as nutritious but taste better.



Food First



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Medicines Management Board
www.elmh.nhs.uk

Food First - Homemade supplements

Fortified milkshake

Makes 1 portion

These options are almost identical in nutritional value to 1 milkshake type sip feed e.g. Complan Shake®, Aymes Shake®, Ensure Plus® and are the most nutritionally complete option.

Ingredients <ul style="list-style-type: none"> 180ml full fat milk 30g skimmed milk powder 20g vitamin fortified milkshake powder (e.g. Nesquik) 	Directions <p>Mix milk powder and milkshake powder together in a glass.</p> <p>Gradually mix in milk and stir well.</p>
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1 portion = 220ml

Over the counter

1 sachet Complan

These offer similar protein to Complan but are not suitable for patients with diabetes.


Ingredients

- 180ml fruit juice
- 40ml undiluted (not sugar free)
- 10g (2 x 5g) sachets of Complan

1 portion = 220ml

Try:

- high juice blend
- high juice only
- elderflower (dottlegreen)
- high juice only




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Medicines Management Board
www.elmh.nhs.uk

Fortified lemon cream (not suitable for patients with diabetes)

Makes 3 portions

The lemon or chocolate caramel creams are suitable for those with very small appetites who would not manage 2 x 220ml supplements per day. These have an identical nutritional profile to 120ml (3 x 40ml) ProCal Shot®/ Calogen®/Calogen Extra® (1 portion needed per day)


Ingredients <ul style="list-style-type: none"> 300ml double cream 70g caster sugar Juice of 1 - 1½ lemons 30g skimmed milk powder 	Directions <p>Put cream and milk powder in a small saucepan. Gently heat until milk powder has dissolved. Add sugar.</p> <p>Bring to the boil and boil for 3 minutes. Thoroughly mix in lemon juice to taste. Pour into 3 small dessert bowls and chill.</p> <p>Serve 1 portion per day only</p> <p>Will keep (covered) in fridge for 3 days.</p>
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1 portion = 100ml	1 portion contains:	1 portion costs:
	<ul style="list-style-type: none"> 618 calories (kcal) 5g protein 31.6g carbohydrate 53g fat 	£0.46 - 0.53

Fortified chocolate caramel cream (not suitable for patients with diabetes)


Makes 3 portions

Ingredients <ul style="list-style-type: none"> 150ml double cream 30g skimmed milk powder 30ml full fat milk 2 x standard size (approx. 50g) Mars Bars or similar nougat-caramel chocolate bars 	Directions <p>Put cream, milk and milk powder in a small saucepan. Gently heat until milk powder has dissolved. Add finely chopped Mars Bars. Heat gently, stirring all the time, until Mars Bars have completely melted.</p> <p>Pour into 3 small dessert bowls and chill.</p> <p>Serve 1 portion per day only</p> <p>Will keep (covered) in fridge for 3 days.</p>
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1 portion = 80ml	1 portion contains:	1 portion costs:
	<ul style="list-style-type: none"> 440 calories (kcal) 6g protein 30.1g carbohydrate 32.8g fat 	£0.58

All costs calculated from major supermarket prices on 20/10/15.
For food allergen information please refer to the manufacturer's label on each individual ingredient.

Last Updated: May 2017
Acknowledgement: Oxford CCG Medicines Optimisation team.



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Medicines Management Board
www.elmh.nhs.uk

Snacks - a variety of snacks can be provided to boost calorie and protein intake

Snack	Amount	Energy content	Protein content
Savoury			
Cocktail	1		
Mini sausage	1		
Mini Scotch	1		
N sandwich	1		
Cheese &			
Mini pork	1		
Crisps	1		
Peanuts	1		
Sweet			
Milk choc	1		
Cream b/c	1		
Digestive	1		
Chocolate	1		
Chocolate	1		
Rice pudding	1		
Chocolate	1		
Custard**	1		
Malt loaf	1		
% scones	1		
Cereal bar	1		
% toast	1		
Trifle	1		
Flapjack	1		
Thick and	1		
Custard to	1		
*add butter	1		
**Add drink	1		
1 carton En	1		
1 carton A	1		

Food fortification - examples of extra energy and protein that can be added to fortify meals using everyday food items

	Amount **	Added to	Additional calories (kcal)	Protein Content (grams)
Savoury				
*Mayonnaise or salad cream	1tbsp	Sandwiches, mashed potato, as a condiment to meals	100	0
*Grated cheese	1tbsp	Meat, mixed in mashed potato, added to soups	40	2.5
Sweet				
Sugar	1tbsp	Desserts, drinks, cereals	20	0
*Ice-cream	1scoop	Desserts	105	2
Honey	1tbsp	Desserts, drinks, vegetables	50	0
Chocolate, grated or melted	2 squares	Desserts or drinks or eaten as a snack	70	1
Jam	1tbsp	Bread / desserts	50	0
Flapjack	1tbsp	Desserts / cereal	60	0.5
Chopped dried fruit	1tbsp	Desserts / cereal	85	0
Dairy				
*Double cream	1tbsp	Mashed potato, porridge, soups, stews, hot chocolate, desserts	135	0.5
*Butter or margarine	1tbsp	Potatoes or other cooked vegetables or eaten on bread,	100	0
Dried skimmed milk powder	1tbsp	Milk and other milky drinks	55	5.5
*Greek yoghurt	1tbsp	Stews, cereal, desserts	61	2
Milkshake powder	4tbsp	Milk	60	0

*Use full fat varieties - not low fat / low sugar
 ** 1tbsp. = 15ml 1tsp = 5ml
 1 carton Ensure Plus® 220ml contains 330kcal and 15.8g protein
 1 carton Aymes Shake® (made with 200ml whole milk) contains 388kcal and 15.6g protein

Last Updated: May 2017

Changes to sip feed prescribing?

In April 2017 - East Lancashire and Blackburn with Darwen CCG's agreed a policy which recommends:

- GPs should no longer prescribe oral nutritional supplements (sip feeds) for the majority of residents in catered care and nursing homes
- A food fortification approach should be encouraged
- This does not include residents on tube feeds or when appropriate prescription requests made by Dietitians.

The CCGs agreed this policy because:

- Care Homes are responsible for the provision of suitable food and drink for their residents and should be able to provide residents with appropriate meals and snacks.
- All residents should be regularly MUST screened and any resident at risk of malnutrition should be offered food options to increase their calorie and protein intake through food.
- Their progress should be regularly monitored.
- The provision of sip feeds is not the only way to provide the extra calories and protein needed.

Hydration

Dehydration can cause...

**Urine
infections**

Falls

Constipation

**Kidney
stones**

**Pressure
ulcers**

Confusion

**Reduced
appetite**

Drowsiness

Possible signs of Dehydration

- Dry mouth and nose
- Tongue furrowing and dryness
- Coated tongue
- Absence of saliva
- Lethargy, tiredness
- Confusion
- Constipation
- Small volume of concentrated urine

Improving Fluid Intake

- You can achieve a 50% decrease in falls by:
 - making water more accessible and visible
 - reminding residents to drink

All drinks count

- Prompt and encourage
- Encourage “wet” foods
- Use a familiar or coloured glass/beaker/cup
- Know the volume of regularly used cups and ensure recording of intake

Dysphagia

- Dysphagia is the medical term used for eating, drinking and swallowing difficulties
- Some people have difficulties swallowing certain foods, liquids or have no swallow at all
- Symptoms can be distressing and cause psychological burden and stress to residents and their families

Aspiration

- **Aspiration** is the medical term used for when fluids or food go in the wrong place and enter the airway
- Food/ fluid/ saliva can make their way into the airway below the level of the vocal cords
- This may cause harmful bacteria to grow in the lungs causing a serious infection called aspiration pneumonia.

Signs of Dysphagia

- Coughing or choking before, during or shortly after eating and/or drinking
- Shortness of breath/distress during eating and drinking
- Food loss from the mouth or food sticking in the throat
- Throat clearing and frequent, repetitive swallows
- Effortful swallowing
- Wet / gurgly voice
- Recurrent chest infections



Conditions often associated with dysphagia

- Stroke
- Parkinson's Disease
- Multiple Sclerosis
- Alzheimer's/dementia
- Huntington's disease
- Motor Neurone Disease
- Head Injury/Brain Tumour
- Respiratory Conditions
- Mental Health Conditions - Anxiety, Depression
- Clinical deterioration – UTI's etc
- Head and Neck Cancer where residents may have had radiotherapy/chemotherapy

How to thicken fluids

1. Make drink

Always add sugar and milk to hot drinks before thickening.



2. Measure

- Measure out the required quantity of thickener using the scoop provided in the Nutilis tin.
- Do not allow moisture into the tin.



3. Add & Stir

Stir the drink and sprinkle in the thickener gradually, mixing well with a whisk or fork.



4. Stand

Leave to stand for one minute (Cold drinks can take longer to thicken than hot drinks)



Stage 1 – Syrup Thick Fluid



- Can be drunk through a straw (if advised)
- Can be drunk from a cup
- Leaves a thin coat on the back of a spoon
- Syrup consistency

Stage 2 – Custard Thick fluids



- Cannot be drunk through a straw
- Can be drunk from a cup
- Leaves a thick coat on the back of a spoon
- A teaspoon will fall to the side of the glass if placed in the drink
- Custard consistency

Stage 3 – Pudding Thick



- Cannot be drunk through a straw
- Cannot be drunk from a cup
- Needs to be taken with a spoon
- A teaspoon will stand up unaided if placed in the drink
- Pudding consistency

Feeding

- Upright and central positioning
- Alert
- Clean mouth
- Correct consistency of food and drink
- Appropriate utensils
- Minimise distractions
- Orientate person being fed (verbally and visually)
- Observe for swallowing problems
- Check for residue in the mouth between mouthfuls and after eating

Types of Diet

- **Normal**
- **Softer option of normal diet**

Avoid high risk foods / mixed consistencies Eg. pasta

- **Fork mashable diet- Texture E**

Food easily mashed with fork. Soft and moist but needs some chewing Eg. Cottage pie

- **Pre-mashed diet- Texture D**

Slightly textured food but is one consistency. Requires very little chewing. Eg. Rice pudding

- **(Thick) Pureed diet- Texture C**

Smooth and thick, no lumps Eg. custard

- **Liquidised (thin pureed) - Texture B**

Thin pureed texture, no lumps Eg. smooth thin soup

Want to find out more?

MUST training is available digitally as well

Enhanced Nutrition and Swallow training is also available from Dietetics and Speech Therapy


Also available

[PrescQIPP for Care Homes](#) and log in using the code
pqcarehomes1medsonly

<https://www.prescqipp.info/news/newsfeed/bulletin-188-launched-care-homes-assisting-people-with-swallowing-difficulties>

← → 🔍 https://www.prescqipp.info/news/newsfeed/bulletin-188-launched-care-homes-assisting-people-with-swallowing-diff Bulletin 188 Launched - Ca... ×

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BULLETIN 188 LAUNCHED - CARE HOMES - ASSISTING PEOPLE WITH SWALLOWING DIFFICULTIES

Details 📅 Created: Monday, 23 October 2017 14:51

✉ Email

This bulletin and supporting resources look at the use of thickeners- particularly in the care home setting. It does discuss the use of the current dysphagia diet food texture descriptors, which may be changing over the next 18 months to the IDDSI (International Dysphagia Diet Standardisation Initiative) <http://iddsi.org/>

We will review and update the bulletin further in due course.

📎 Info_bulletin_SQ.png

Care homes - Assisting people with swallowing difficulties

Tags:

BNF_A2

Briefing

Bulletin

Care homes

Datapack

Launched

Nutrition

PopularTags

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12:14
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Questions?