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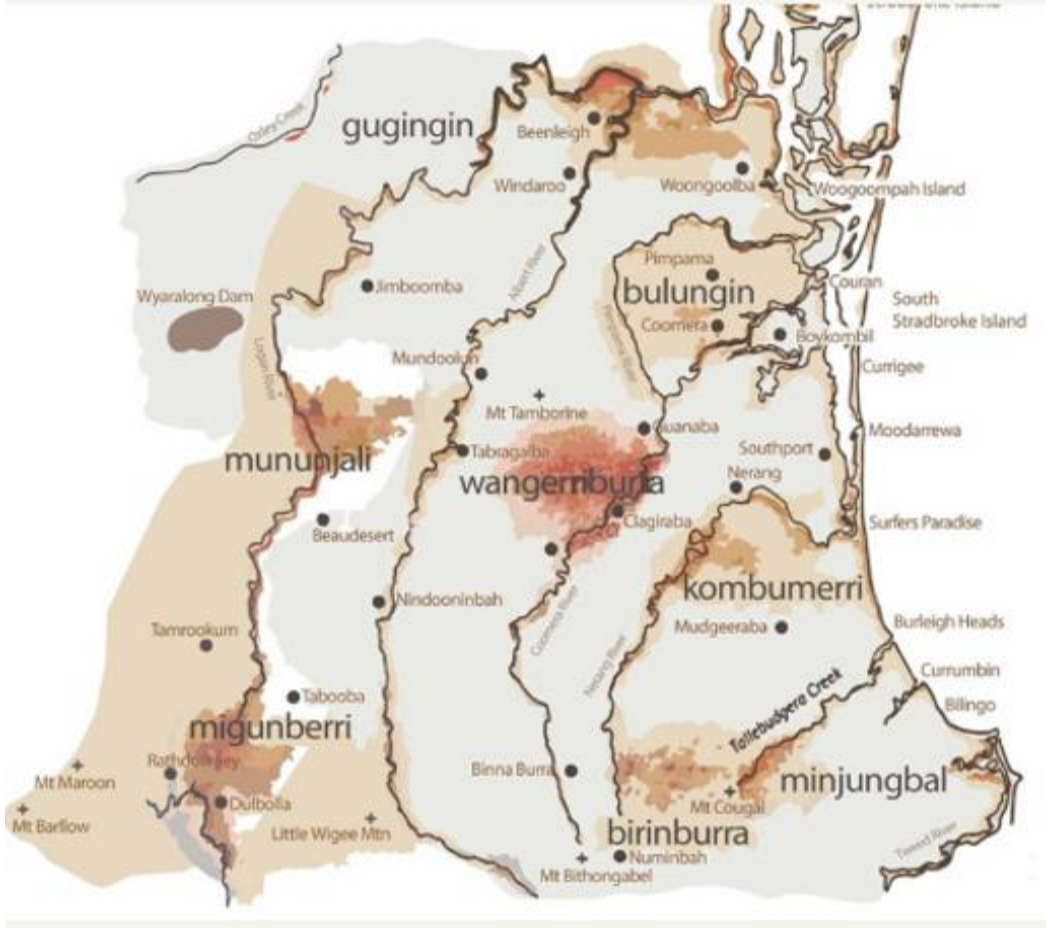
HOW TO BE A NUTRITION & WOUND HEALING CHAMPION

Acknowledge & express gratitude to the Yugembeh people of the Bunjalung nation

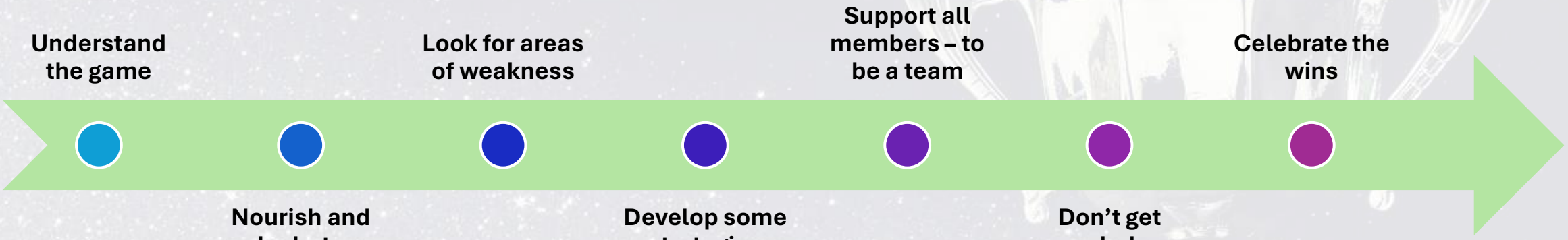


Disclaimer:

Information is generalist in nature and not prescriptive advice. Assessment and review by a clinical professional by an accredited dietitian is recommended.

Excludes tissue healing for conditions such as burns, acute wounds such as post surgical etc.

PATHWAY TO BEING A CHAMPION



** Keep your phone and QR code reader at the ready*

IMPACT OF HAVING ACUTE/CHRONIC WOUNDS

- TIME TO HEAL
- INCREASED HEALTH CONTACTS
- RISKS OF INFECTION / RAISED BG ETC.
- PAIN OR NO PAIN
- MOBILITY
- CLOTHING CHOICE
- SOCIAL (TIME / PAIN / SMELL)
- COST (DRESSINGS / TRANSPORT)
- SPECIALIST SUPPORT

slido

Please download and install the Slido app on all computers you use

What types of health conditions do the people at your RAC have?

ⓘ Start presenting to display the poll results on this slide.

NUTRITION FOR OLDER AUSTRALIANS

DISEASE VS NATURAL AGING PROCESS

Previous risk or experience of malnutrition?

SYMPTOM AND SIDE EFFECTS – OFTEN POLYPHARMACY

e.g. anorexia, changed appetite, cravings or taste-changes, nausea, vomiting, change to smell, breathlessness / breathing difficulty (gasping between mouthfuls), vitamin/mineral malabsorption, high serum glucose etc.

WEIGHT LOSS AND/OR MUSCLE LOSS

Clothes/rings/watches/loose belts/ties tighter, continence pants size change

Less opportunity to maintain strength e.g. wheelchair/bed-chair bound, not pushing shopping trolley, carrying washing basket etc.

REDUCED FOOD AND FLUID INTAKE

Change of food type *(new special diet, teeth/chew/dysphagia-swallow)*
Lack of enjoyment around mealtimes
Increased needs – *wandering/tremor-seizure/breathing difficulties, wounds*
Medication – *sleeping more - missing meal and snack times*

WHAT INFLUENCES HOW WE APPROACH THE GOAL?

TYPE OF WOUND

pressure, acute & surgical injuries or chronic wounds and location

WHAT ARE WE TRYING TO ACHIEVE?

- And how realistic is it? *(repair to the tissue, reducing further breakdown, heal so it never comes back?)*

HOW THE WOUND IS MANAGED

- cleaned/dressed, the type of product, experience of the clinician

CIRCULATION VS PERIODS OF REST

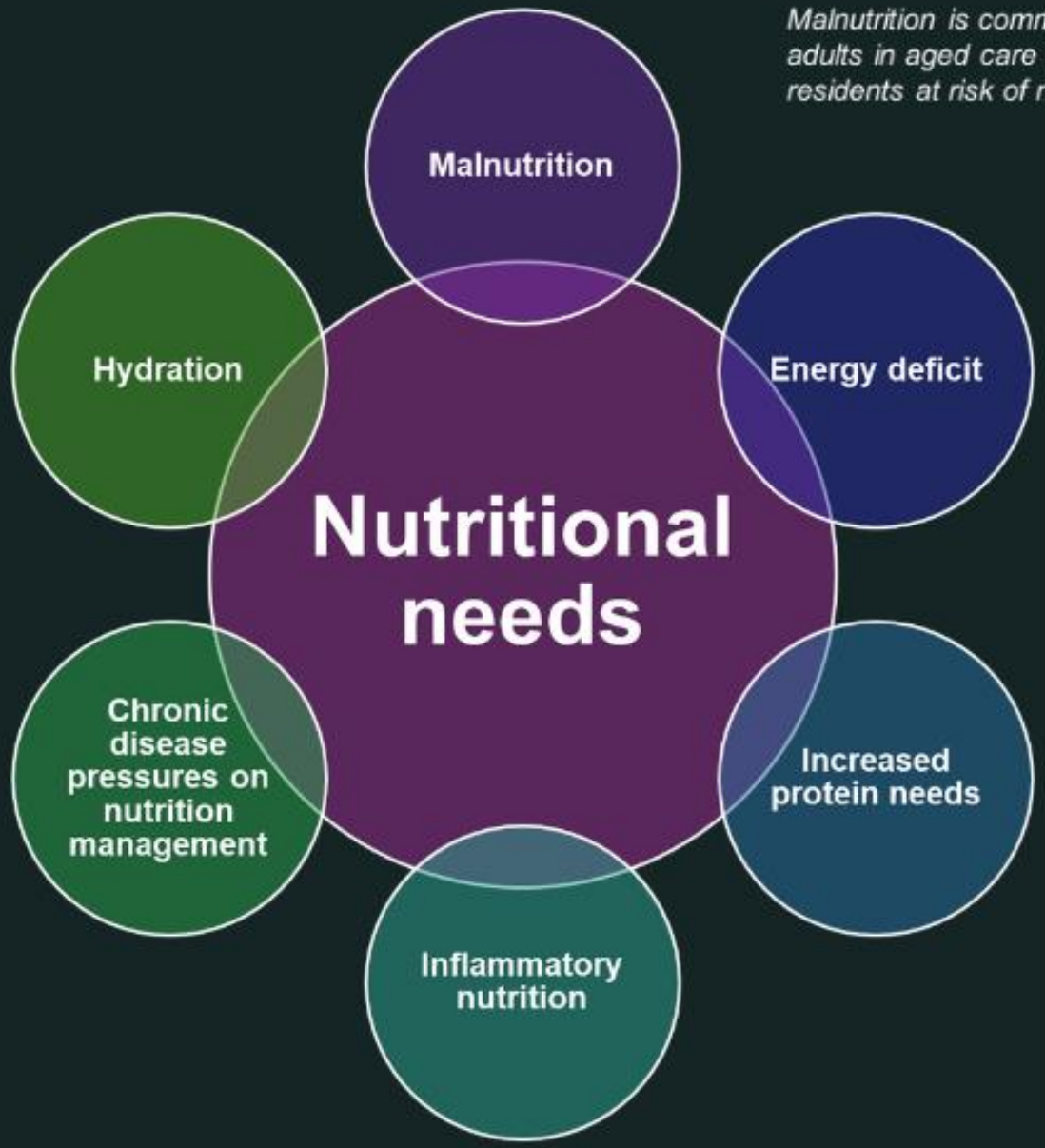
– incl. how nutrition can get to the damaged tissue vs waste produces be moved away from the site for further breakdown

Other dietary issues, what's able to be absorbed and what else is lost?

WHAT DOES THE RESEARCH TELL US VS WHAT DO WE KNOW FROM REAL-LIFE?

WOUND = INCREASED NEEDS BEYOND THE "NORMAL FUNCTIONING STATE"

Malnutrition is common in older adults in aged care with ~72% of residents at risk of malnutrition



WOUNDS THAT MAY NEED MORE NUTRITION

- Large
- Multiple
- Infected
- Wounds with lots of fluid or discharge
- Slow healing

PROTEIN

+

ENERGY

+

HYDRATION

+

PRE-PROBIOTICS, PHYTO- & MICRO-NUTRIENTS

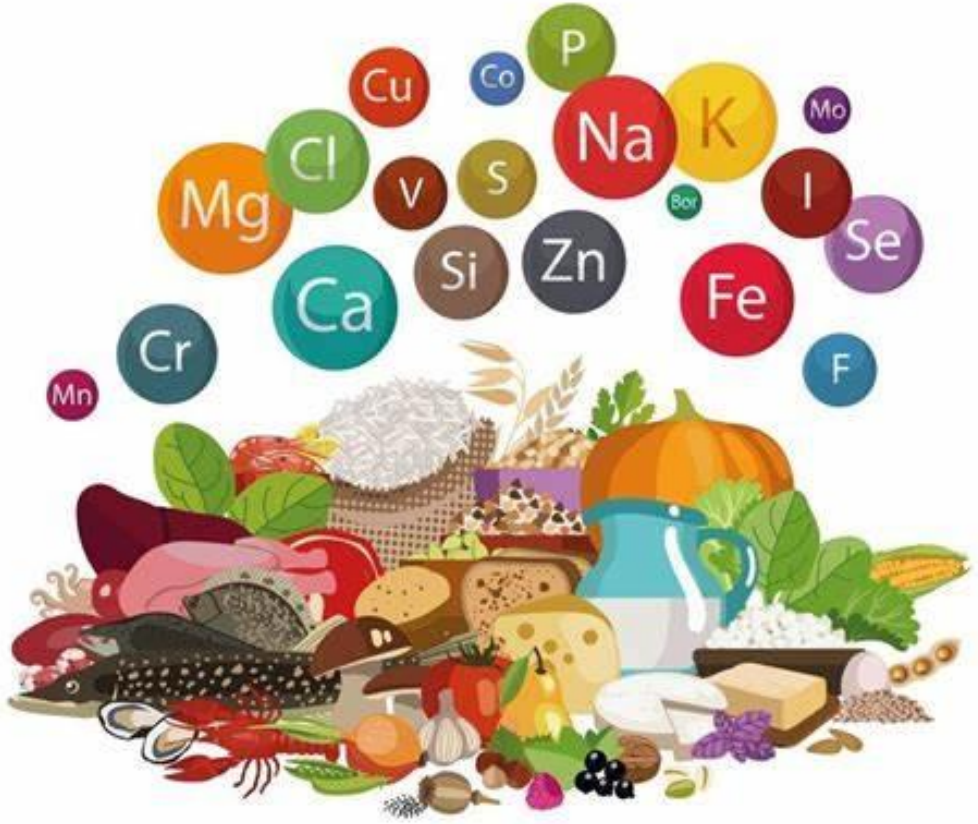
+

EXPENDITURE & NEEDS

NUTRITIONAL STATUS

OFTEN PROMOTED FOR WOUND HEALING – IS THERE EVIDENCE?

- Protein
- Vitamins - C, B, ?A, ?D
- Minerals –Zinc & Iron
- Amino acids – Arginine & Glutamine
- Certain types of Fatty acids



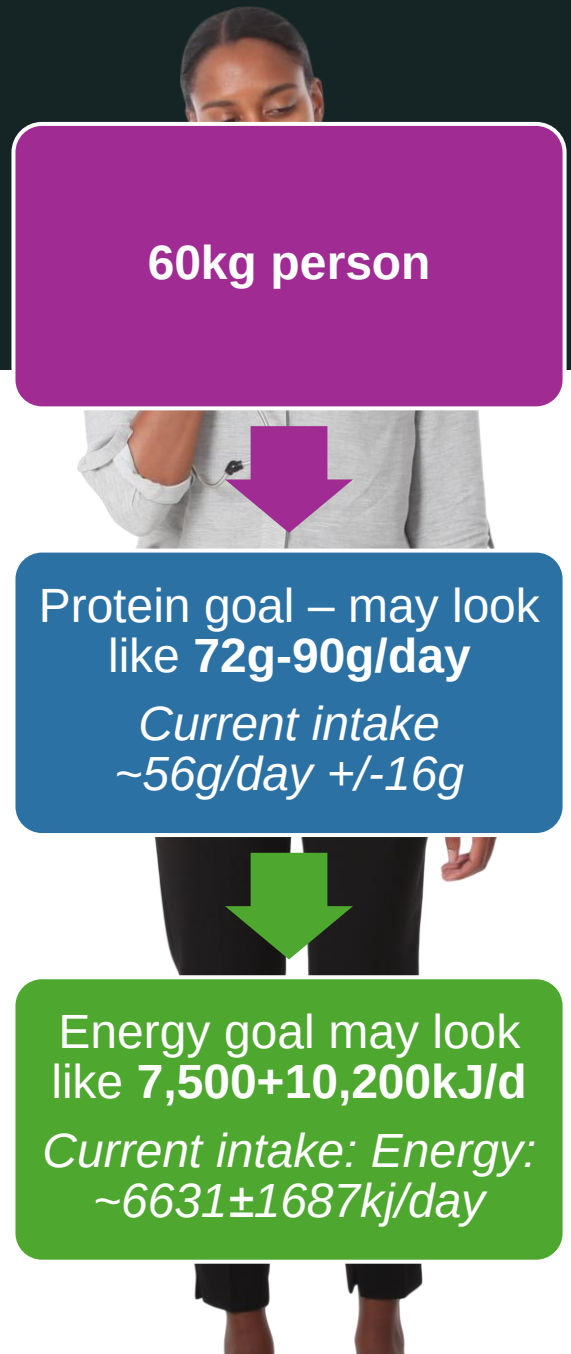
HOW MUCH PER DAY?

“ Institutionalised older adults often receive only 25–50% of recommended levels of high-protein foods”

Individual assessment is best!

Dependant on:

- *comorbidities and other factors influencing intake and expenditure for requirements (e.g. lower for kidney failure)*
- type of wound and
- whether malnutrition correction is required.




FAMILY FEUD
FAMILY FEUD
FAMILY FEUD

slido

Please download and install the Slido app on all computers you use

What are the highest protein menu items on your RACF?

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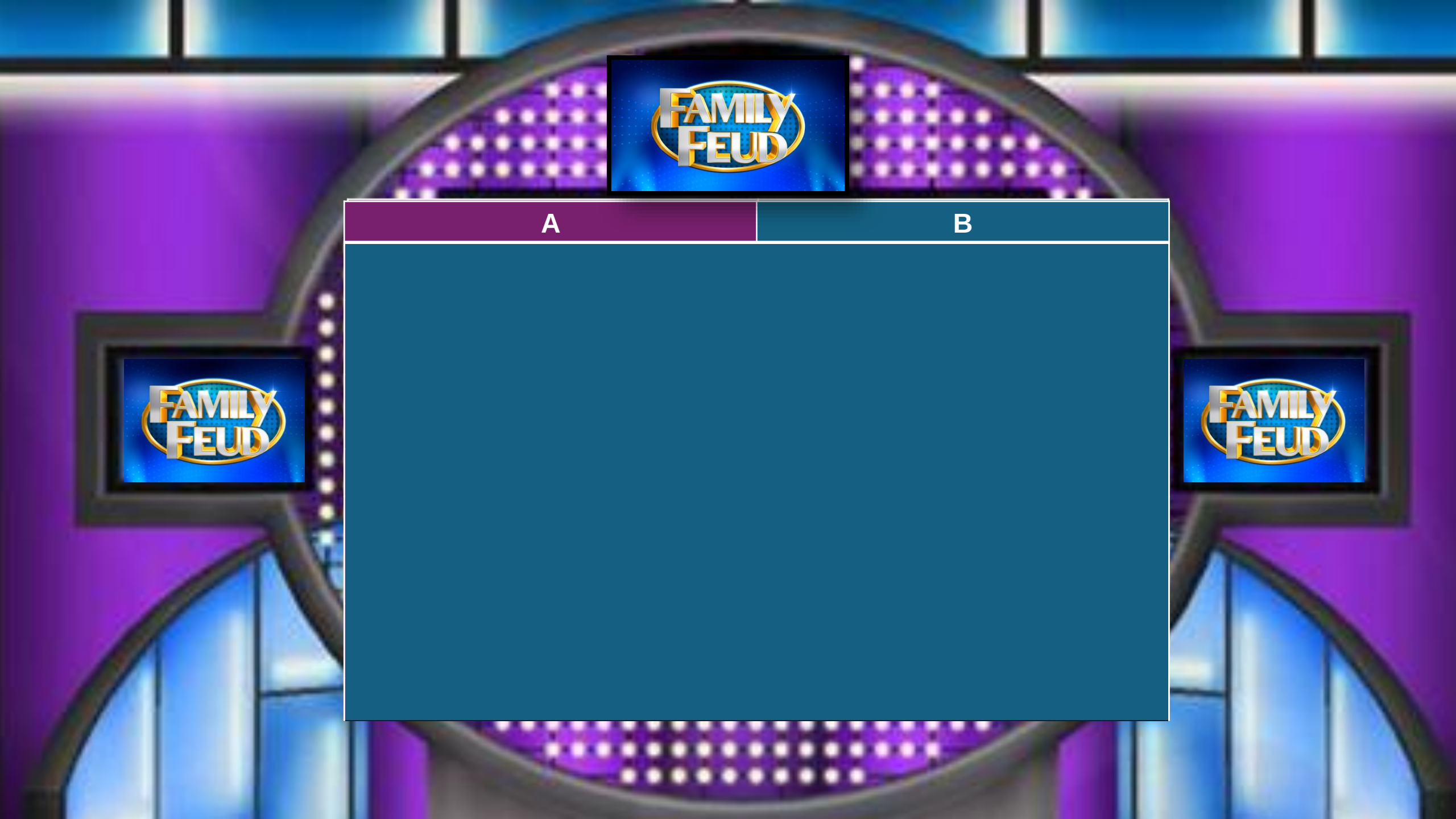

FAMILY FEUD
A
B
FAMILY FEUD
FAMILY FEUD

A	B
2 milk arrowroot biscuits	**Cheese & 4 Crackers**
Milky coffee	Cup of Cream of Mushroom/Chicken Soup
Weetbix x2 plus ½ cup milk	**Quiche, Egg & Bacon, homemade, baked (150g slice)**
Banana	Apple
1/2 cup (1 approx. 2.5-3 Tablespoon) Baked beans on white toast	Salad plate with 1 slice sandwich ham
1 pot yoghurt	1 scoop ice cream with topping and 3 slices of tinned peaches
Sustagen Tetra pack	Up & Go – Energise tetra pack

MEET PETER

- 80 yo ex-truck driver, ex-smoker
- Mobility is worsening and they tend to sit a lot.
- Hx T2DM and bowel cancer (chemo + colostomy bag – in remission currently)
- Some issues with excess gas and leaking from their “bag” so don’t tend to eat a lot at lunch.
- Labelled a picky eater. Staff note - ++ lollies and some chocolate in the afternoon and doesn’t feel like eating much – only cup of soup and a sandwich for dinner. No fluid restriction, BGL ++, maximum oral medications.
- Previous pressure area, not healed with tissue breakdown on their lower right leg and needs dressing and wound treatment regularly.

OTHER FACTORS THAT MAY INFLUENCE NUTRITIONAL STATUS

- Availability & choice
- Increased or variable needs for nutrition & hydration
- Expenditure
- Ability to consume (chew/tongue, swallow, appetite, dexterity)
- Ability to keep food down (e.g. vomit, diarrhoea)
- Behaviour and avoidance strategies
- Culture and spirituality
- Mental health and wellbeing
- Positive vs negative experiences of mealtimes
- Location of the wound
- Exudate

NUTRITIONAL SUPPLEMENTATION

High Energy

High Protein (concentrated)

2.0kcal/mL

Arginine Support

Nutritional Supplements (as ONS or added to food/fluid) *e.g. 1kcal/ml*

Food fortification

NUTRITIONAL SUPPLEMENTATION TIPS

- ✓Recommend dietitian review (check against other biochemistry/ medication interactions etc.
- ✓Taste better cool
- ✓Often liquid (thin) and may need advice on amount and type of thickener
- ✓Tetra packs can be hard to hold without squeezing too hard and spilling on self, straws are hard to push in (fine motor).
- ✓ONS (Oral Nutritional Supplements) and non-capsule/tablet supplements can also get powders/liquids/gels/solid (e.g. biscuits) to add to food/drinks or eat alone e.g. pudding/tetra pack

WHEN MALNUTRITION SCREENING MIGHT BE USEFUL

Change oral intake e.g. food left on plates/less snacks (missed)

Weight loss (even if “overweight”)

Strength loss

Increased expenditure (moving more, more energy is expended)

Higher needs (comorbidities/change in wound)

Who needs more monitoring/input? *Special diet, fluid balance charts, food and fluid intake charts, people with reddened tissue/positioning regularly, wounds being treated or having been recently treated.*

WHEN TO ADD THE DIETITIAN AS YOUR GOAL STRIKER

- Where high risk or wounds exist
- Poor oral intake / cachexia / wasting / loss of weight and / or poor hydration or fluid restricted (intentional or unintentional)
- Immobility, pressure areas for equipment, lots of movement (e.g. wandering)
- Comorbidities e.g. inadequately controlled blood glucose levels, dysphagia, other conditions where MNT is relevant for referral
- May be temporary dietary increase depending on damage and extent of healing required

CAN YOU BE A CHAMPION WITHIN YOUR CIRCLE OF INFLUENCE AND CONTROL?

Availability – When, where, and how to access what's available.

Genuine Choices – Assisting with access and helping them make informed consumption decisions.

Communicate – Providing clear and positive information on food, drinks, and supplements.

Feedback and Advocacy – Incorporating feedback, monitoring progress, and advocating for needs.

Encouraging Movement – Promoting circulation and strength by encouraging walking and supporting to prepare foods for eating if able.

Promoting Dietitian Referrals – Highlighting the benefits of referring to a dietitian

WHAT'S YOUR STRATEGY FOR WINNING?

Be aware of nutrition issues

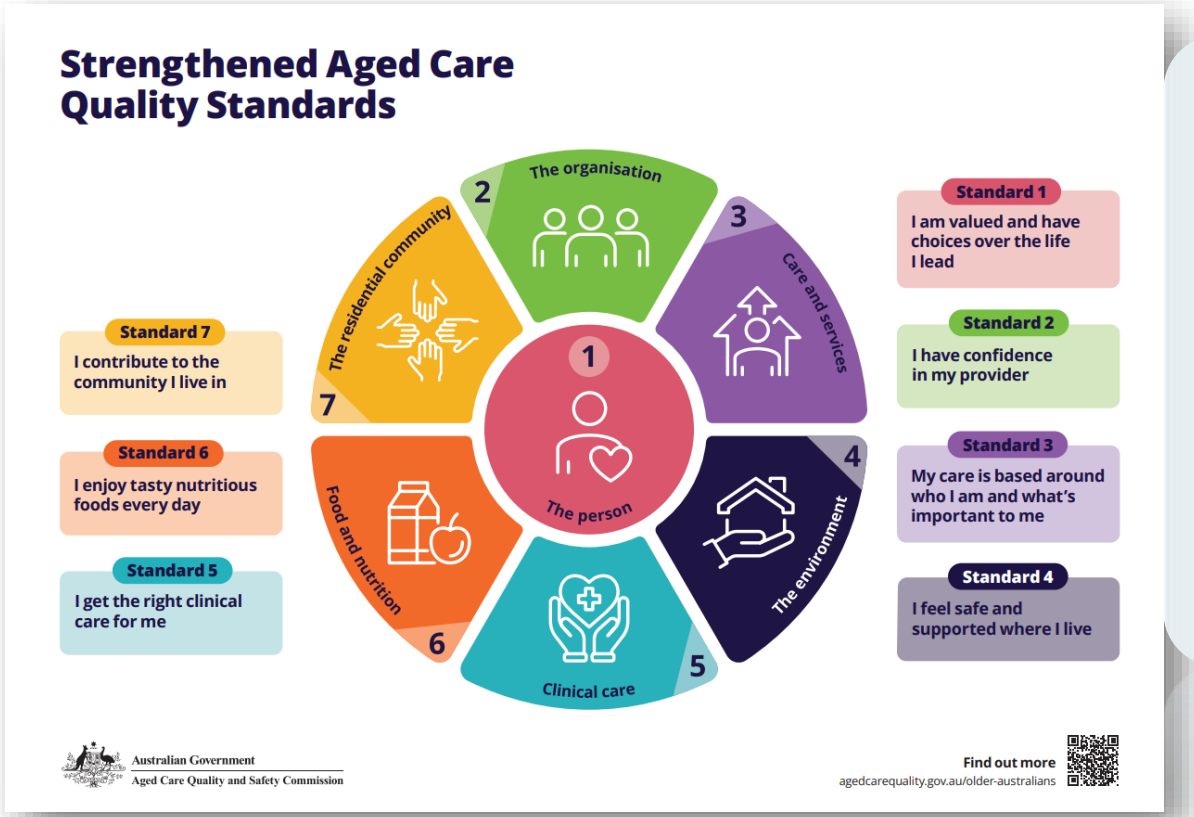
⬇

Consider referral to dietitian for people early – prior to wound breakdown or chronic wound status

⬇

What's your next play?

STRENGTHENED STANDARDS

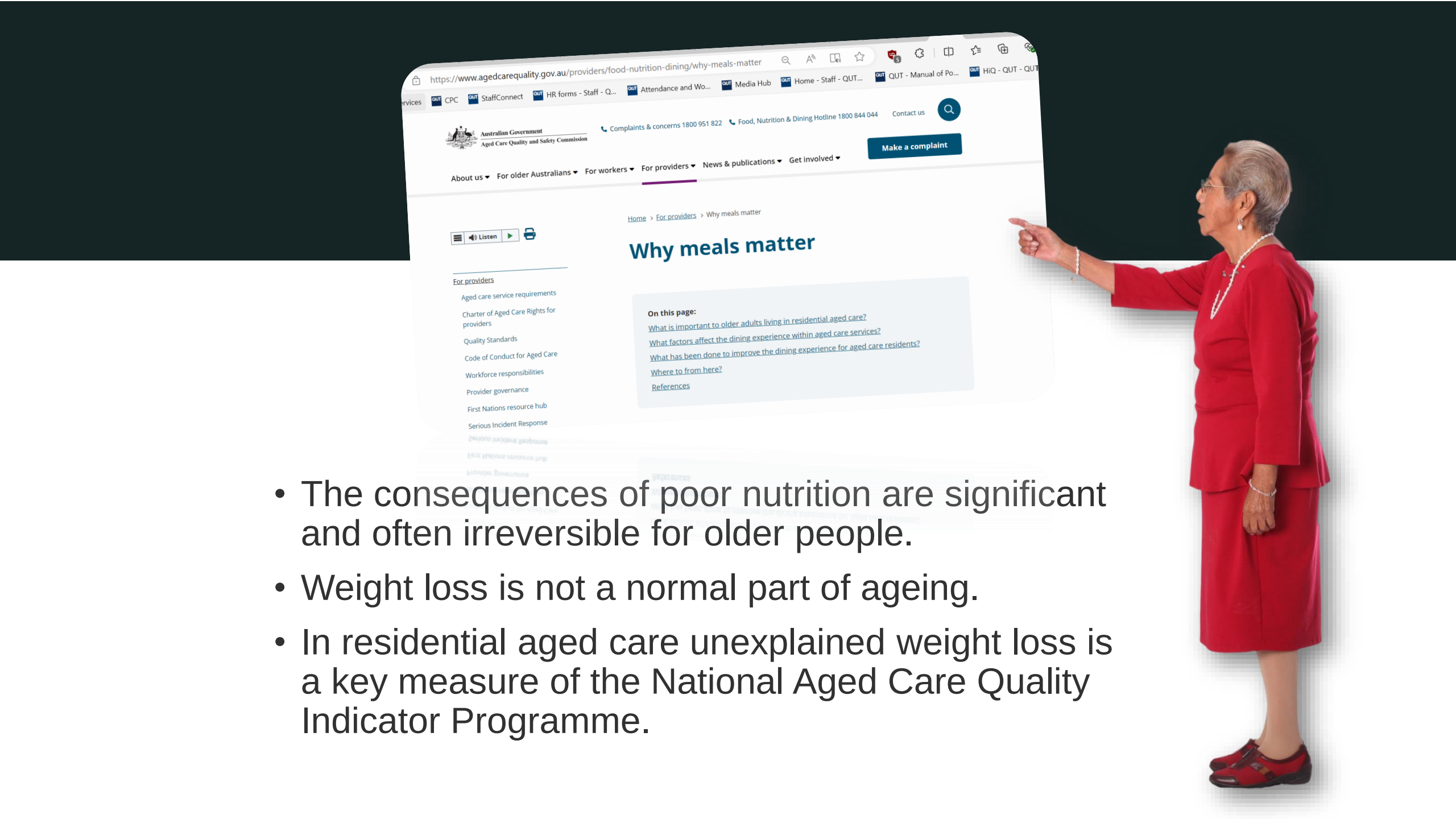


5.5.5 **Nutrition and hydration:**

The provider implements processes to maintain an older person's nutrition and hydration by:

- conducting regular malnutrition screening using a tool validated in aged care
- minimising the impact of chronic conditions
- responding to the risk of malnutrition and when an older person is malnourished or has unplanned weight loss or gain

Clinical safety | Aged Care Quality and Safety Commission

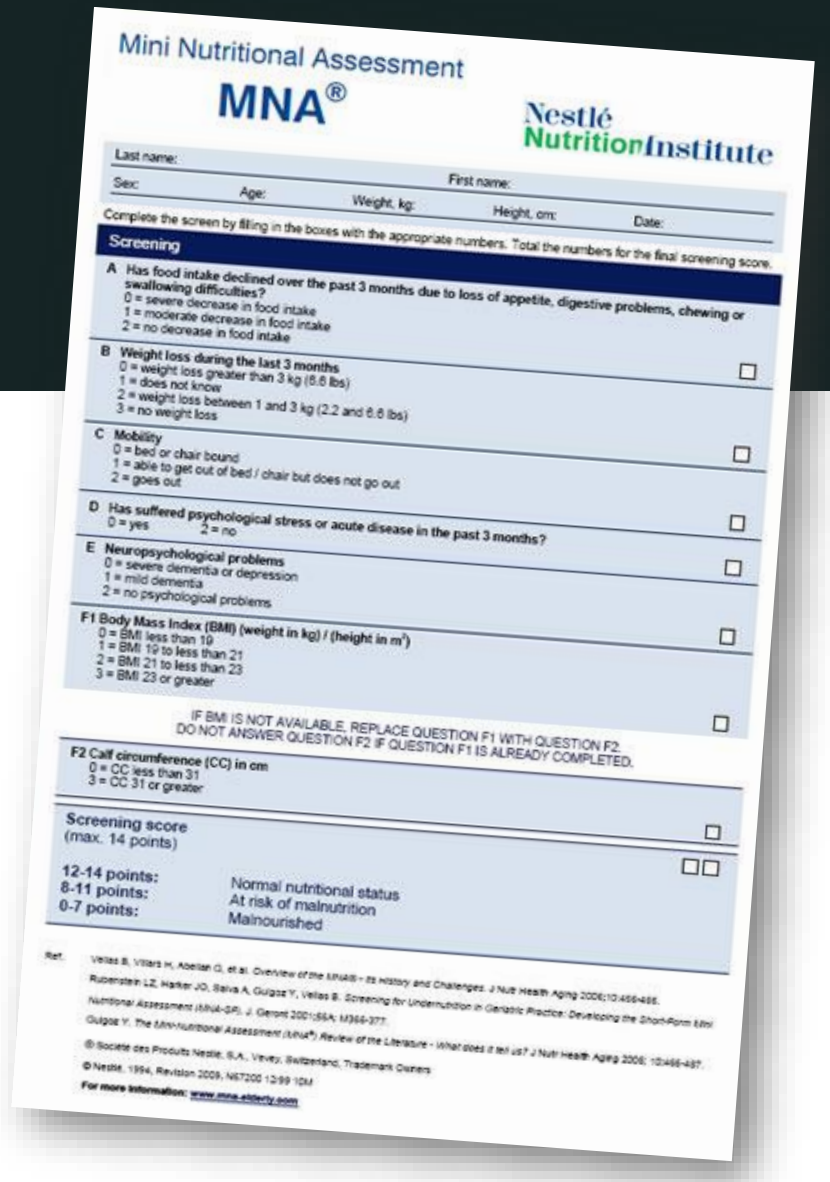


- The consequences of poor nutrition are significant and often irreversible for older people.
- Weight loss is not a normal part of ageing.
- In residential aged care unexplained weight loss is a key measure of the National Aged Care Quality Indicator Programme.

MALNUTRITION SCREENING

68% of people in the study were malnourished or at risk of malnutrition.

MNA SF is a **6-question screen** which looks at a number of things such as weight loss, oral intake, BMI and cognitive/physical changes to their health in the last 3 months. Residents who score 0-11 are either malnourished or at risk of malnutrition and further action is required.



Mini Nutritional Assessment

MNA®

Nestlé Nutrition Institute

Last name: First name:

Sex: Age: Weight, kg: Height, cm: Date:

Complete the screen by filling in the boxes with the appropriate numbers. Total the numbers for the final screening score.

Screening

A Has food intake declined over the past 3 months due to loss of appetite, digestive problems, chewing or swallowing difficulties?
0 = severe decrease in food intake
1 = moderate decrease in food intake
2 = no decrease in food intake

B Weight loss during the last 3 months
0 = weight loss greater than 3 kg (6.6 lbs)
1 = does not know
2 = weight loss between 1 and 3 kg (2.2 and 6.6 lbs)
3 = no weight loss

C Mobility
0 = bed or chair bound
1 = able to get out of bed / chair but does not go out
2 = goes out

D Has suffered psychological stress or acute disease in the past 3 months?
0 = yes 2 = no

E Neuropsychological problems
0 = severe dementia or depression
1 = mild dementia
2 = no psychological problems

F1 Body Mass Index (BMI) (weight in kg) / (height in m²)
0 = BMI less than 19
1 = BMI 19 to less than 21
2 = BMI 21 to less than 23
3 = BMI 23 or greater

IF BMI IS NOT AVAILABLE, REPLACE QUESTION F1 WITH QUESTION F2.
DO NOT ANSWER QUESTION F2 IF QUESTION F1 IS ALREADY COMPLETED.

F2 Calf circumference (CC) in cm
0 = CC less than 31
3 = CC 31 or greater

Screening score
(max. 14 points)

12-14 points: Normal nutritional status
8-11 points: At risk of malnutrition
0-7 points: Malnourished

Ref.

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For more information: www.mna-elderly.com

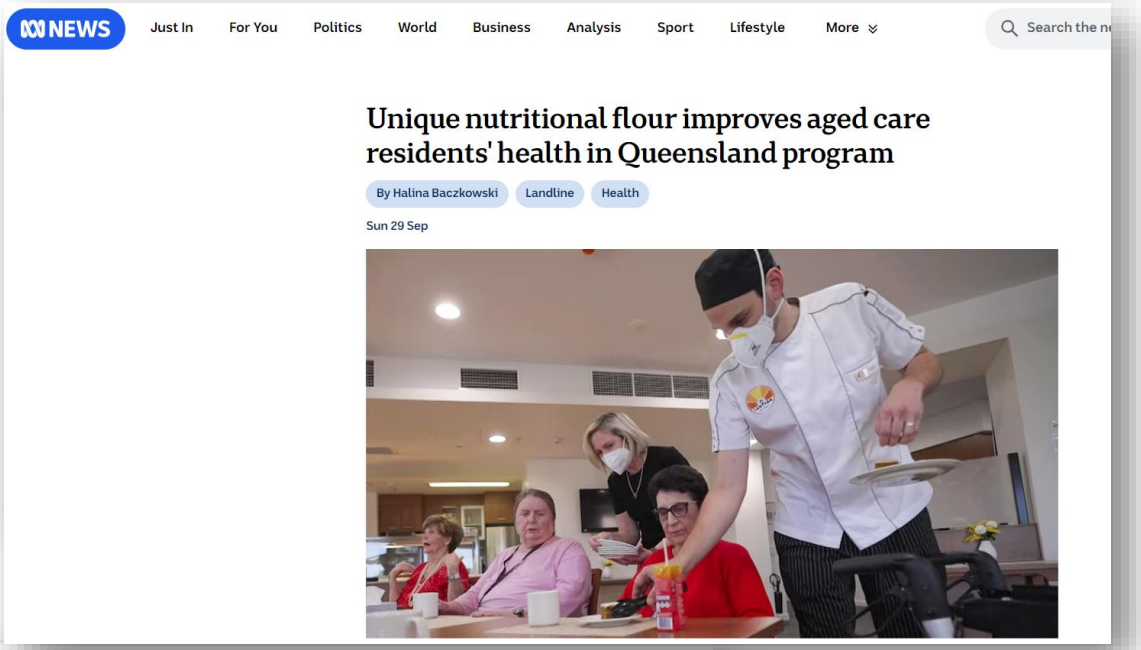
mna-guide-english.pdf

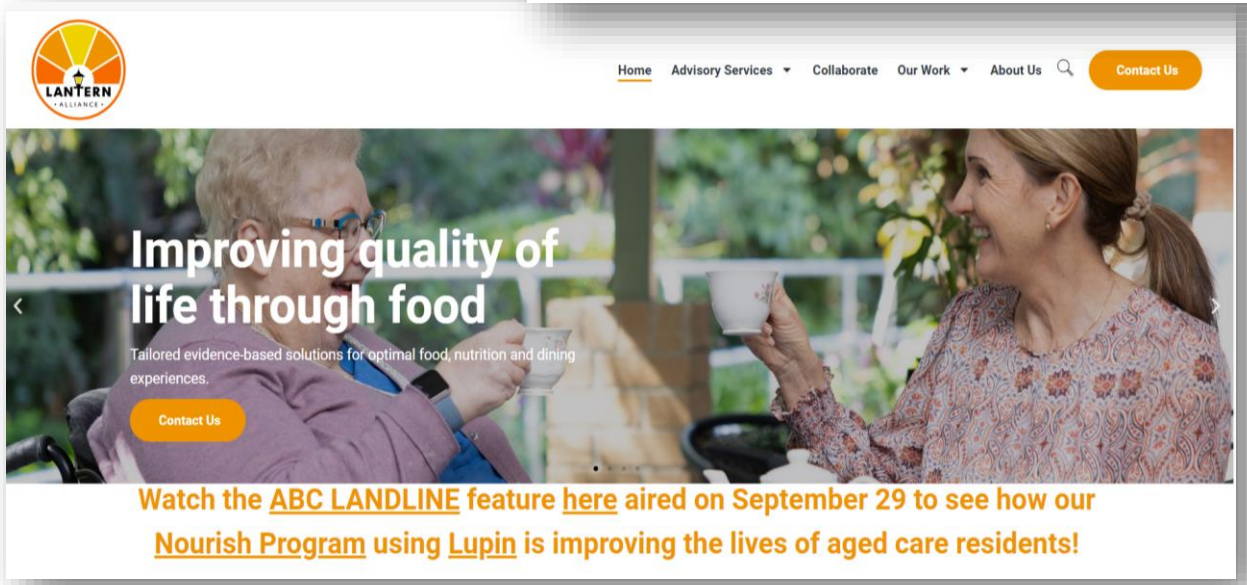
Food, nutrition & dining: resources for workers

An enjoyable food and dining experience is vital to the health, wellbeing and quality of life of older Australians in aged care. People who enjoy their dining experience are more likely to eat and drink well, reducing the risks of malnutrition, dehydration and unplanned weight loss.

Food, nutrition & dining: resources for workers | Aged Care Quality and Safety Commission

Maggie Beer's Big Mission : ABC iview



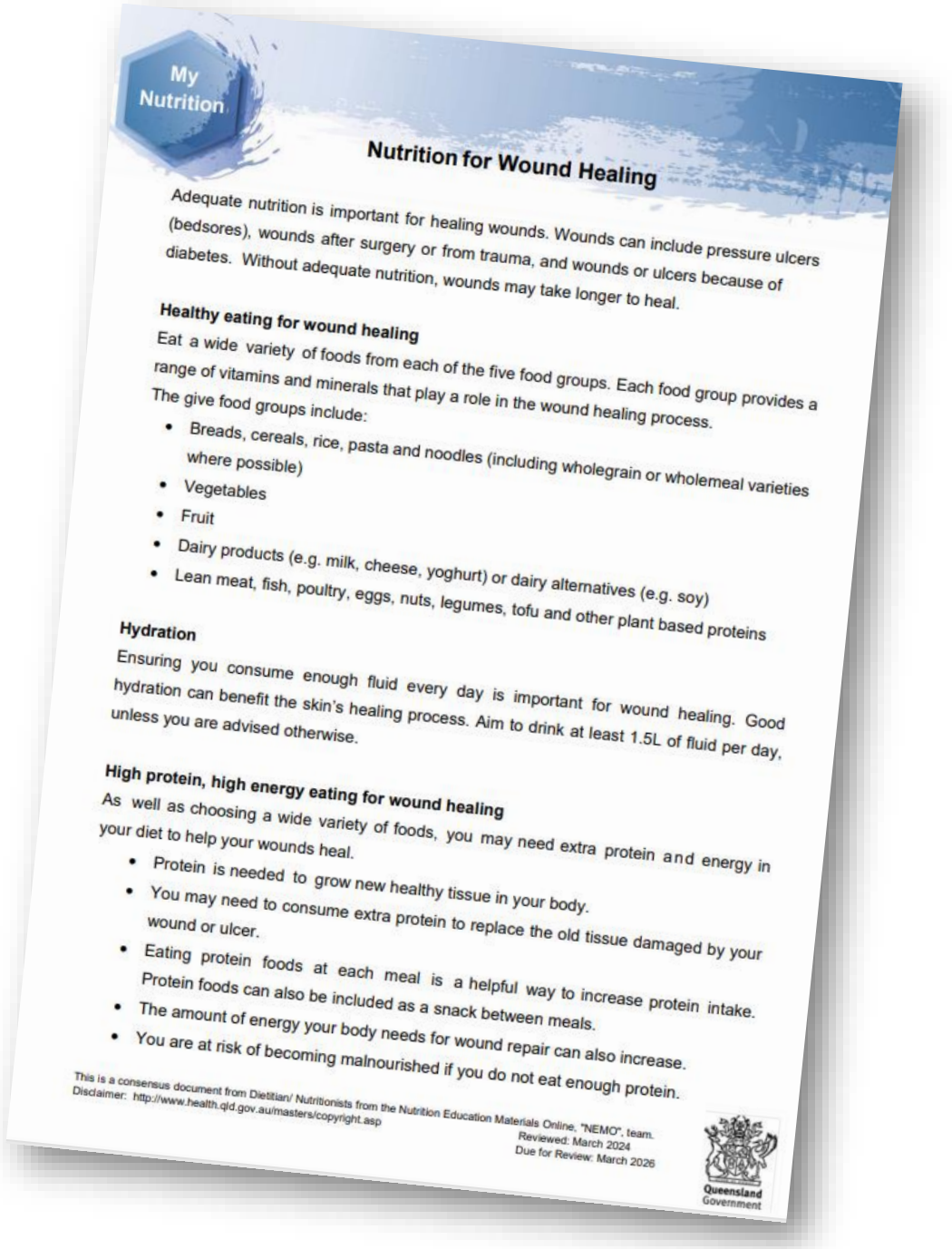


Lantern Alliance - Improving quality of life through food

Information

- [Nutrition for Wound Healing | NEMO (health.qld.gov.au)]

Note: Australian Guide to Healthy Eating – is not designed for wound healing or supporting malnutrition



My Nutrition

Nutrition for Wound Healing

Adequate nutrition is important for healing wounds. Wounds can include pressure ulcers (bedsores), wounds after surgery or from trauma, and wounds or ulcers because of diabetes. Without adequate nutrition, wounds may take longer to heal.

Healthy eating for wound healing

Eat a wide variety of foods from each of the five food groups. Each food group provides a range of vitamins and minerals that play a role in the wound healing process.

The give food groups include:

- Breads, cereals, rice, pasta and noodles (including wholegrain or wholemeal varieties where possible)
- Vegetables
- Fruit
- Dairy products (e.g. milk, cheese, yoghurt) or dairy alternatives (e.g. soy)
- Lean meat, fish, poultry, eggs, nuts, legumes, tofu and other plant based proteins

Hydration

Ensuring you consume enough fluid every day is important for wound healing. Good hydration can benefit the skin's healing process. Aim to drink at least 1.5L of fluid per day, unless you are advised otherwise.

High protein, high energy eating for wound healing

As well as choosing a wide variety of foods, you may need extra protein and energy in your diet to help your wounds heal.

- Protein is needed to grow new healthy tissue in your body.
- You may need to consume extra protein to replace the old tissue damaged by your wound or ulcer.
- Eating protein foods at each meal is a helpful way to increase protein intake. Protein foods can also be included as a snack between meals.
- The amount of energy your body needs for wound repair can also increase.
- You are at risk of becoming malnourished if you do not eat enough protein.

This is a consensus document from Dietitian/ Nutritionists from the Nutrition Education Materials Online, "NEMO", team.
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Queensland Government