



Dietetic booklet

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**How to prevent and manage
malnutrition at adults?**

By
**Hungarian Dietetic Association
2011**



HOW TO PREVENT AND MANAGE MALNUTRITION AT ADULTS

handout for dietitians and health care professionals

NUTRITION IS A BASIC HUMAN RIGHT

Hunger and malnutrition are unacceptable in a world that has both the knowledge and the resources to end this human catastrophe!

Nutrition, whether in terms of food or of health is fundamental in the life of each individual, group and people on this earth!

The goal of this brochure

This brochure intends to serve as a sample to all the health care institutions and their professionals (doctors, dietitians etc.) to develop how to prevent and manage malnutrition.

Definition of malnutrition

A state of nutrition in which a deficiency, excess or imbalance of energy, protein, and other nutrients causes measurable adverse effects on tissue (shape, size, composition), function and clinical outcome.

Prevalence of malnutrition

Up to 5% of the population in EU is malnourished

Prevalence of malnutrition in hospital setting ranges from 20 to 50 %

Cost of malnutrition

Expensive, costing Europe around Euro 171 billion / year

Role of the dietitian

In their professional practice dietitian apply national and international guidelines and use clinical pathways to improve nutritional health.

Dietitians utilise all forms of nutritional therapy from normal food to artificial clinical nutrition and facilitate the transition from one form of the therapy to another. The provision of nutritional therapy in an effective and safe manner through the appropriate use of food and prescribing nutritional supplements has demonstrated substantial cost savings.

Consequences of malnutrition

Malnutrition is frequently undetected and untreated causing a wide range of adverse consequences.

Some adverse effects of malnutrition include:

- Impaired immune responses - increasing risk of infection
- Reduced muscle strength and fatigue
- Reduced respiratory muscle function - resulting in increased difficulties in breathing and expectoration (in turn increasing the risk of chest infection and respiratory failure)
- Impaired thermoregulation (predisposed to hypothermia)
- Impaired wound healing and delayed recovery from illness
- Apathy, depression and self-neglect
- Increased risk of admission to hospital and length of stay – increased healthcare cost
- Poor libido, fertility, pregnancy outcome and mother child interactions

DIFFERENCE BETWEEN SCREENING AND ASSESSMENT OF NUTRITIONAL STATUS

Nutritional screening: A process to identify an individual who may be malnourished or at risk for malnutrition to determine if a detailed nutrition assessment is indicated.

Nutrition Screening is considered to be the first step to identify patients who may be at nutritional risk or potentially at risk of malnutrition. In addition this screening process provides opportunity for the patient's ability to eat and drink safely to be assessed.

This aspect of the screening would encompass the following areas:

- Unintentional weight loss;
- Body Mass Index – calculated from measured weight and height;
- Appetite;
- Ability to eat – difficulties in swallowing, assistance required, level of hydration;
- Additional stress factor – type of surgery/injury, disease process.

Nursing / health care, medical staff, which is completed/stand ready when a patient is admitted to hospital. As part of this process patients should be weighed, assessed for any recent weight loss and ability to eat evaluated.

Nutritional assessment is considered as more detailed, more specific and a more in-depth evaluation of nutritional status usually conducted by an expert, such as dietitian.

NUTRITION CARE PROCESS (NCP) / 4 STEPS

The Nutrition Care Process is a systematic approach to providing high quality nutrition care. The NCP consists of four distinct, interrelated steps:

1. Nutritional Assessment: The dietitian collects and documents information such as food or nutrition-related history; biochemical data, medical tests and procedures; anthropometric measurements, nutrition-focused physical findings and client history.

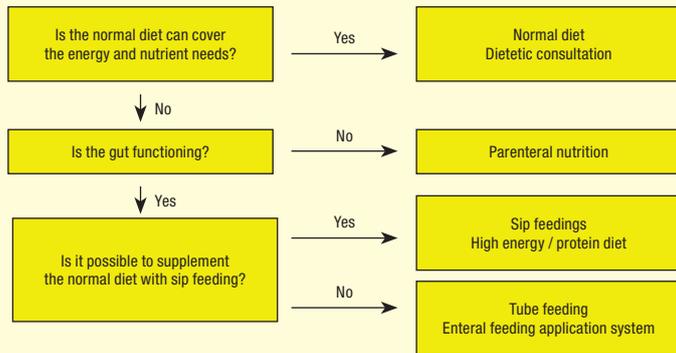
2. Diagnosis: Data collected during the nutrition assessment guides the dietitian in selection of the appropriate nutrition diagnosis (i.e., naming the specific problem).

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3. Intervention: The dietitian then selects the nutrition intervention that will be directed to the root cause (or etiology) of the nutrition problem and aimed at alleviating the signs and symptoms of the diagnosis. Consulting with nutrition support service.

4. Monitoring / Evaluation: The final step of the process is monitoring and evaluation, which the dietitian uses to determine if the patient/client has achieved, or is making progress toward, the planned goals.

NUTRITION INTERVENTION DECISION TREE



NUTRITION TEAM / NUTRITION SUPPORT SERVICE

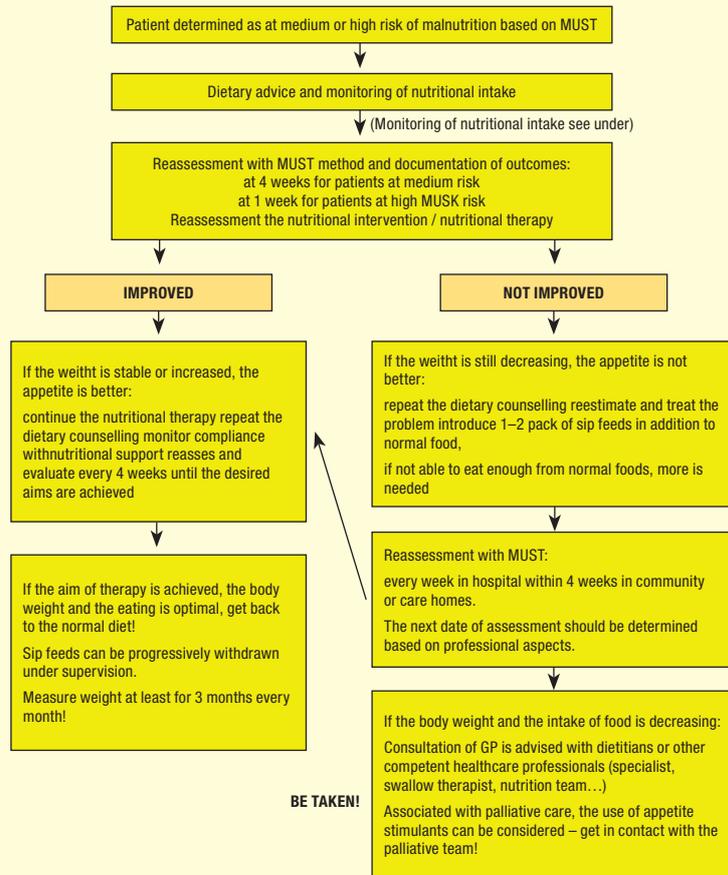
An interdisciplinary group which may include physicians, dietitians, nurses, , pharmacists, and/or other healthcare professionals with expertise in nutrition who manage the provision of nutrition support therapy.

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NUTRITION SUPPORT ACTION PLAN FLOWCHART MODEL

MAKE IT FOR YOURSELF!

MUST-based algorithm for medium and high risk patients



BE TAKEN!

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Medium- or high risk category

Continuous follow-up of the nutritional status and food intake

- The patient has to inform its physician about the outcomes of screening.
- The nurse should note its observations regarding the daily amount of the patient's consumed food with pictograms in the documentation at every shift, at least 4 days following.

 = patient has eaten only two-thirds of food served

 = patient has eaten less, than half of food served

- On the 4th day after the screening, measure again the bodyweight of the patient!
- In case, there is a causeless decrease in the bodyweight of the patient and the amount of food, he consumed during four days is less, than half of the food served, the nurse should advice detailed nutritional assessment to the physician and the dietitian.

SIP AND ENTERAL TUBE FEEDING FORMULAS

Non disease specific enteral formulas

	Sip feeding	Tube feeding
Standard (~100 kcal / 100 ml)	<i>Fibre free:</i> Fresubin original drink	<i>Fibre free:</i> Nutrison, Isosource <i>With fibre:</i> Nutrison multifibre
High Energy (~ 150 kcal / 100 ml)	<i>Fibre free:</i> Ensure plus, Nutridrink, Fresubin energy drink <i>With fibre:</i> Ensure plus fibre	<i>Fibre free:</i> Nutrison Energy <i>With fibre:</i> Nutrison energy multifibre
Very High Energy (~ 200 kcal / 100 ml)	<i>Fibre free:</i> Ensure Twocal, Fresubin 2 kcal drink, Resource 2,0 <i>With fibre:</i> Resource 2,0 + fibre, Fresubin 2 kcal fibre drink, MediDrink	

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Disease specific enteral formulas

	Sip feeding	Tube feeding
Diabetes	Diasip, Diben drink, Glucerna	Nutrison Advanced Diason, Diben
Respiratory failure	Pulmocare	
Liver disease	Fresubin Hepa	
IBD - amino acid based - cow's milk protein based	Elemental Modulen IBD	
Decubitus	Cubitan	Nutrison Advanced Cubison
Osteoporosis	Nutridrink protein	
Intensive therapy		Survimed OPD, Nutrison Advanced, Protison, Nutrison Protein plus multi fibre
Dysphagia	Nutilis	
Immuno nutrition	Oral Impact	Reconvan
Kidney disease	Nepro	

Nutrient moduls	
Carbohydrates	Fantomalt
Protein	Protifar
Fat	Calogen, Liquigen
Dietary fibre	Stimulance

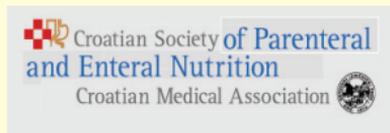
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