

Workbook model answers

Please find enclosed Workbook model answers for Task 1 (page 5) and for Case Studies 1-6.

Task 1 (page 5)

What is Nutrition Screening?

Nutrition screening is the process used to identify those at risk at malnutrition. It includes regular weighing and observing and reporting changes in weight. This can be done through screening tools. A popular easy to use one in the UK is the Malnutrition Universal Screening Tool (MUST) which is validated to identify people who are malnourished.

Case Study 1 (page 13)

Gail

Gail is a 93 year old lady. She was recently admitted into the care home and tends to eat well. She has porridge made with fortified milk for breakfast, a two-course lunch for main course and dessert and afternoon tea normally consisting of a sandwich and cake. She always eats everything presented to her and is partial to biscuits in-between meals. She consequently consumes the recommended daily intake of energy each day which is approximately 2000 kcal/d. She is happy to sit down and eat but is very active in-between meals and often only sleeps for a few minutes at a time before getting up and walking around again. Her movement was measured one day and it was found that she is using 2700 kcal/d whilst pacing around and because she does not sleep properly. Her weight has dropped to 42 kg (previously she weighed 48 kg). Her height from recall is 5ft 1 inches.

How much less energy does Gail consume than she expends and why is this occurring?

700 kcals less energy consumed than expended.

Gail is active throughout the day and is not eating enough to meet her needs.

Would you expect Gail to be at risk from malnutrition?

Yes, by not consuming sufficient food each day she will be losing weight. If this continues over an extended time she will be at risk of malnutrition.

Calculate her MUST score

Step 1

Gail's BMI is 17 which gives her a MUST score of 2

Step 2

Weight loss has been 6 kg which is $(6/48) \times 100 = 12.5\%$ which gives her a MUST score of 2

Step 3

No acute disease information available MUST score of 0

Total MUST Score of 4 meaning at high risk of malnutrition

What could you consider doing to help Gail consume enough energy and food to account for her considerable energy expenditure?

Fortify foods with cream, butter, cheese, milk powder

Offer more snacks and mini meals throughout the day including at night

Offer food to walk around with

Offer hot milky drinks/smoothies/milk shakes of choice

Case Study 2 (page 14)

Peter

Peter is 84 years old and has Alzheimer's disease. He is active walking around all day and although he sleeps for a few hours at a time he is often awake and paces around at night. He is unable to sit for long enough to eat his meals and will often only consume a few mouthfuls before moving again. He consumes about 700-800 kcal/d of energy which is less than half of the recommended 1955 kcal/d for his age group. His movement was measured one day and it was found that he is using approximately 1800 kcal of energy during a 24-hour period. His weight has dropped to 80 kg (previously he weighed 90 kg). His height was measured on arrival at the care home with a stadiometer and is 180cm.

How much less does Peter eat than he expends?

Between 1000 and 1100 kcals

Would you expect Peter to be at risk from malnutrition and why?

Yes, by not consuming sufficient food each day he will be losing weight. If this continues over an extended time he will be at risk of malnutrition.

Calculate his MUST score

Step 1

Peters BMI is 25 which gives him a MUST score of 0

Step 2

Weight loss has been 10 kg which is $(10/90) \times 100 = 11.1\%$ which gives him a MUST score of 2

Step 3

No acute disease information available MUST score of 0

Total MUST Score of 2 meaning at high risk of malnutrition

What types of foods could you offer Peter to encourage him to eat considering his need to pace around?

Offer more snacks throughout the day including at night

Offer finger food to walk around with including cheese chunks, potato chips, vegetable chunks, easy to eat creamy desserts, sandwiches, toast, muffins,

Offer hot milky drinks/smoothies/milk shakes of choice

What else could you consider doing to boost Peter's energy intake?

Fortify foods with milk powder, butter, cheese, cream

Offer foods 24 hours a day

Note his behaviour patterns and if he is willing to sit for an extended time at a particular time of day offer him a larger meal then.

Judith

Judith is 86. She was diagnosed with vascular dementia last year. She also has Type 2 diabetes. She was admitted into the care home after a formal carer became concerned that she was becoming increasingly confused and unable to live independently in her flat. Judith is fully mobile and very active and sleeps very little. In the last few weeks Judith has been losing weight and her MUST score has been identified as high risk. When asked by care staff what meal she would like at dinner time, Judith expresses interest by nodding in accordance to which meal choice she would like. However, when the meal arrives Judith expresses little interest in eating the food and pushes away the plate. In the last few weeks, Judith has shown a greater interest in puddings and any other sweet food items offered and/or available throughout the day. Judith is often seen walking with a sweet food item in her hand.

In Judith's care plan it was noted that Judith likes to drink water. However, in the dining room there is one cordial drink available for residents. Judith is unable to help herself to a drink. When Judith is asked if she would like a drink she refuses. Judith has expressed concerns that she fears the tap water in the kitchenette may be poisoned.

What factors could be causing Judith to lose weight?

Activity levels mean she is expending more energy than consuming.

Anxiety over water being poisoned in kitchen maybe extending to some foods at mealtime

Anxiety over water and not drinking may be contributing to weight loss

If you were responsible for Judith what would you initiate to encourage her to eat the food offered to her?

Increase food intake more by:

- Offering choice at point of delivery and giving time for Judith to make up her mind. Not expecting her to make a choice hours before.
- Look at food preferences/life histories/talk to family and friends to understand food preferences and the times she used to eat meal times. Try and work with these to offer food she is more likely to prefer.
- Is medication affecting her appetite?
- Are her food preferences being accounted for?
- Is food available when she is hungry and wishes to sit down to eat?
- Observing if she looks anxious or worried during mealtimes, expresses any fears about food
- Talk to other care staff to see if they have observed anything?
- Are there any medical issues causing her not to eat? Dental issues?
- Have there been any changes to the environment which might have distressed her?
- Have there been any changes to the menu which she doesn't like?

Considering Judith's diabetes and her interest in sweet foods, what could you offer her to encourage her to eat?

Offer fruits including soft fruits and canned fruits in natural juice

Reduced sugar cakes including fruit cake and no sugar scones with a small amount of jam on top

Yoghurts, rice puddings and fromage frais in small pots

Bread sticks and dips

Toasted teacake, crumpet or savoury scone

Other finger foods that she can walk around with in her hand for example vegetable sticks, cheese chunks, sausages, cheese straws, mini pizzas. She might be choosing sweet foods because they are available and can be held in the hand.

From the observations above what could you do to ensure Judith consumes more fluid?

Offer water from a bottle or water fountain. If it is the kitchen she is concerned about if there is anywhere else that she can get water from – taps in kitchenettes on units etc.

Other options for fluid-hot or cold drinks, speaking to her family regarding favourites, consulting her care plan, drinks in cartons as may not be perceived as ‘poisonous’.

In order to deliver person-centred care what needs to be done with the observations made above?

Consider the person and her needs. Use tools such as life histories and communication with other people who know her to understand her food preferences. Ensure that these are recorded in the care plan and all staff have access to this in order for everyone to understand her needs. (Also to keep observing any changes which may indicate medical or psychological fears).

Tom

Tom is 67. He was admitted to the care home earlier this year. It is suspected that Tom has the early stages of dementia though he is awaiting an official diagnosis. Tom has recently been diagnosed with age related macular degeneration. Tom has begun to lose weight. Tom does not have any of his own teeth and wears dentures. Tom has not visited the dentist since being at the care home.

On admission to the care home, it was noted in Tom's care plan that he has a strong preference for drinking tea as opposed to other drinks. However when offered a cup of tea by a carer Tom will often refuse.

When Tom's wife Margaret visits and makes Tom a cup of tea, Tom will often drink it with her. He also recently pointed to his wife's cup of coffee and when she offered the drink to him he drank some. Margaret was surprised by this as Tom had never expressed an interest in drinking coffee before. Tom has days where he is very confused and other days where he is less so.

It is noted in Tom's care plan that Tom used to be a gardener who took great pride in his work and loved being outdoors. At a recent birthday event held for Tom in the garden, Tom enjoyed eating the buffet style food available and especially the birthday cake.

Whilst this was an observation made by a few care staff and family members on the day, it was not formally recorded.

If you were responsible for Tom think about the following:

What other factors could be causing Tom to lose weight?

Not eating sufficient food because his dentures are not fitting properly. He may be finding it difficult or painful to chew foods.

Macular degeneration means he cannot see the food properly, may not be able to identify it as well as the tools to help him eat.

The dementia may mean he has forgotten what food he has ordered

He may not be able to communicate his difficulties or feel embarrassed to do so.

Consequently he is not eating and could be frustrated at his problems.

If you were responsible for Tom what would you initiate to try to encourage him to eat more food?

Encourage him to see a dentist and have one come and visit or arrange a visit to the dentist.

Sit with him and explain what and where the food is positioned on the plate. Also if he needs help to identify where the cutlery is and which hands he should put it in. Talk him through the eating process rather than trying to feed him and encourage him to retain as much independence as possible.

Speaking to him about his experiences of gardening.

Involvement in activities outside such as gardening may evoke memories and encourage eating whilst planting vegetables etc..

From the observations above what could you do to help Tom consume more fluid?

He is possibly copying his wife's actions. As she is drinking then he copies her. Take some time to sit with Tom and have a drink with him. Encourage him to drink.

In order to deliver person-centred care how would you formally record the information about Tom consuming more food at the birthday buffet.

All preferences and needs of the person should be documented in the care plans. These should be fully accessible to all members of staff. Staff should be encouraged to read these and familiarise themselves with the wishes of the resident but also understand them through conversations with the resident, families, friends and other carers.

Charlie

Charlie is 85 years old. He was admitted into the care home about 3 months ago and had lost weight prior to arriving. On admission he had a MUST score of 2. He was prone to wandering and was not able to communicate well, although he did not show much sign of anger he often tried to get outside and carers were often called because he had set off the emergency exit alarms. He has not regained much appetite. Prior to arriving at the home Charlie had occupied the house he and his wife had lived in for 50 years. This house had a garden much of which was laid down to lawn. This had been observed prior to admission when the manager had made a home visit. At that point he was proud of the fact he had managed to keep the garden tidy despite being diagnosed with Alzheimer's disease. His family all live in other parts of the country. One day his son came to visit and brought some photos of his Dad many years before growing his own vegetables and fruit on his allotment.

How could you use this information about Charlie's life history and try to encourage him to eat more?

Trying to get outside is not necessarily a sign of wishing to escape but he may have wanted to go out and enjoy the garden.

The information the son provided about his father growing his own fruit and vegetables provides an opportunity to engage with an activity for him. Try and involve him with growing things:

- In pots.
- On window ledges.
- In the garden in raised beds.
- Using a small watering can to water plants.
- He might be willing to use a small fork to dig the ground over.
- Helping to prepare vegetables.
- Picking herbs in the garden.
- Visit to local pick your own farm.
- Visits to local farms/orchards.

Have you considered a sensory garden?

Does the care home have a gardener, can he spend some time with Charlie to share experiences or maybe get him to help him?

This meaningful activity might increase his appetite.

Case Study 6 (Page 44)

Betty

Betty has recently arrived at the care home. She was diagnosed with Alzheimer's disease 10 years ago but has gradually and slowly deteriorated and is no longer able to look after herself. Up until recently she has been living in an annex of her daughter's large house. Her daughter is no longer able to give her the care she needs partly because she has had to increase her working hours but also because her mother has started significantly wandering during the night. When she was younger, Betty worked as a school kitchen chef and has always enjoyed socialising. She has actively been involved with the lives of her children and grandchildren. She enjoyed teaching them all how to bake and has many well used cookery books she has brought with her.

How could you use this information about Betty's life history to retain her sense of purpose and independence?

- Sit with Betty and look at her cookery books with her, encourage kitchen staff to do the same.
- Share experiences of cooking.
- Find activities that enable Betty to cook and help prepare food e.g. decorating biscuits, cake making, preparing vegetables, washing up in kitchen, fruit modelling.
- Encourage linking with a local school and children coming to visit the care home. This will further their understanding of people living with dementia as well as give some company for the residents.
- Unpack a small food delivery.
- Go food shopping to the local shops
- Get involved with setting tables
- Picking herbs in the garden
- Visit to local pick your own farm
- Visits to local farms/orchards
- Celebration events and food related events
- Food taster sessions
- Sandwich making