

Essential to Care



Herefordshire
Clinical Commissioning Group



Redditch and Bromsgrove
Clinical Commissioning Group



Wyre Forest
Clinical Commissioning Group



South Worcestershire
Clinical Commissioning Group

Staffordshire 
& Stoke-on-Trent Partnership
NHS Trust



Warwickshire North
Clinical Commissioning Group



Coventry and Rugby
Clinical Commissioning Group



South Warwickshire
Clinical Commissioning Group

Housekeeping

- Fire exits
- Toilets
- Mobile phones
- Questions
- Schedule for day



Why is this training essential?

New NHS figures show the number of care home residents rushed to hospital has risen by 63 per cent in four years, from 13,906 in 2010/11 to 22,682 in 2014/15.

Most of the admissions in the West Midlands have been linked to key factors: **poor nutrition and hydration, acquired infections, ineffective hygiene and catheter care.** The majority of these admissions could have been prevented.

This training is about spotting the signs of a deteriorating resident.



Schedule for the day

- Nutrition and Hydration
- Lunch
- Infection Control
- Break
- Catheter Care & Skin Integrity
- Record Keeping

Nutrition and Hydration

An awareness of the Nutritional and Hydration needs of the Older Person

At the end of this session you will be able to

- Identify the changing Nutritional and Hydration needs of older people
- Explain the risks and effects of Dehydration or Malnutrition
- Know how to obtain consent, make best interest decisions and record effectively, including where to refer concerns.

Nutrition....The Facts!

- Losing weight is not a standard issue as we get older, rather an indication of not eating properly
- Nearly a million over-65 year olds in England suffer from untreated malnutrition, almost all of whom are in the community (93% own home, 5% care home, 2% hospital)
- Being malnourished can mean medication is less effective if it should be taken on a full stomach - and this makes it harder to recover from illness
- Those who are malnourished see their GP twice as often, have three times the number of hospital admissions and stay in hospital more than three days longer.

Activity one

List the effects of
malnutrition on the
older person



Effects of malnutrition

- General tiredness and fatigue
- Muscle weakness – falls, immobility
- Low mood so can't be bothered
- Reduced immune system - More illness and infections
- Confusion, reduced memory
- Feeling cold, difficulty getting warm
- Longer wound healing
- Development of pressure ulcers

Factors that affect food intake...

Appetite reduction

- Energy requirements and metabolic rate declines with age and appetite reduces
- Constipation, medication, pain and nausea are likely to have an impact on appetite

Sense of smell and taste reduce with age

- Food once enjoyed may now be less enjoyable. The ability to perceive tastes like sweet and salty diminishes

Factors that affect food intake...

Gums shrink with age

- Dentures become loose, poorly fitted and make eating many fruit and vegetables a challenge. Gums can become sore and ulcerated from the rubbing.
- The importance of good oral health care
 - Helps ensure good nutrition and hydration
 - Preserves dignity



Factors that affect food intake...

Dry mouth

- Reduced saliva production as we age. Many drugs cause dry mouth. The elderly may therefore find it more difficult to chew and swallow their food.

Difficulty in digesting food

- Very large meals may also not be tolerated and 3-4 small meals may be preferred. Eating small nutritious snacks in between meals may help to alleviate acidity and heartburn

Factors that affect food intake...

Ability and manual dexterity

- Choice of food can be dictated by ability. Does the food need cutting up or scooping? Do they have to rely upon someone else?

Motivation

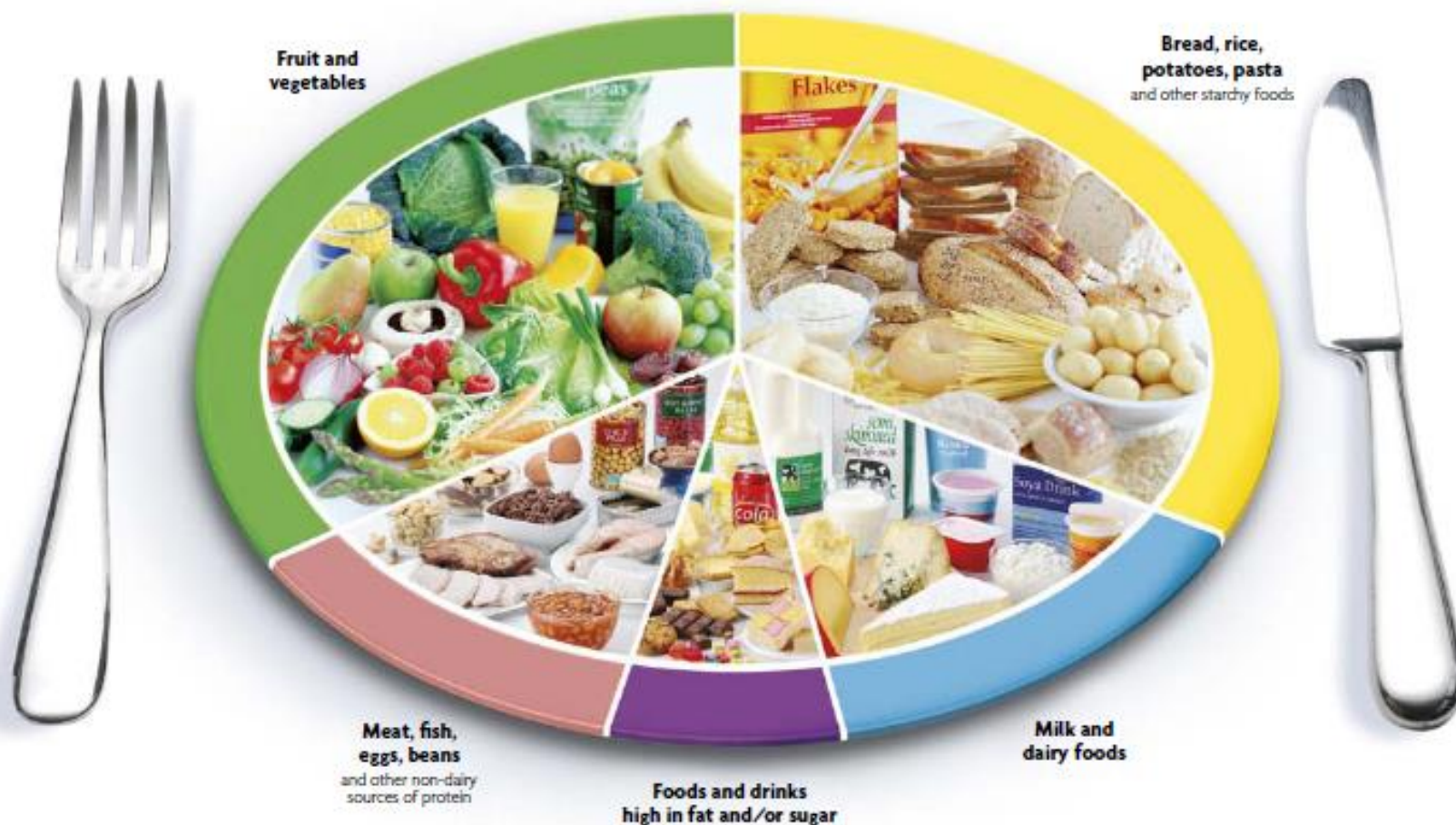
- Time is also an important factor, the older person may require longer to eat and become de-motivated when food becomes cold or they are being rushed.

Healthy balanced diet

Knowing the issues an older person faces we can help to encourage a eating a healthy, well balanced diet

The eatwell plate

Use the eatwell plate to help you get the balance right. It shows how much of what you eat should come from each food group.



Activity two

Design a meal for
an older client
that you support
that will offer all
the elements of
the Eatwell plate



Nutrients in the older person..

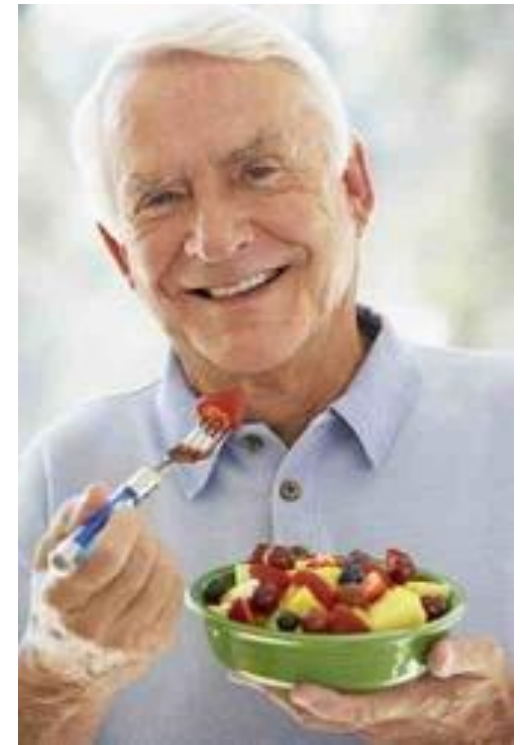
- Less food/energy is required as we age as metabolic rate declines, however, requirements for protein, vitamins and minerals remain largely unchanged
- Bones de-mineralise with age. No vitamin D = No calcium absorption.

It therefore remains important for the older person to have a nutrient rich diet!

‘Make Every Mouthful Matter’

Oral nutritional supplements should not be used as first line treatment. A ‘food first’ approach should be used initially.

Suitable snacks, food fortification as well as homemade milkshakes and smoothies and over the counter products can be used to improve the nutritional intake of those at risk of malnutrition



What to aim for....3,2,1

Aim for **3 fortified meals a day** (breakfast, lunch and evening meal)

+

At least **2 high energy snacks** each day

+

Use **1 pint of fortified milk** daily

321 Meal Planner

3 fortified meals a day:

- **Add** fortified milk or cream to porridge and breakfast cereal
- **Add** 1 tablespoon of grated cheese or cream to potatoes/soups/casseroles
- **Add** 2 teaspoons of butter to potatoes and vegetables
- **Add** full fat mayonnaise/salad cream to sandwich fillings/salads

321 Meal Planner

2 High energy snacks daily:

- Cheese with crackers and butter
- Toast with butter and jam/peanut butter/chocolate spread/cheese
- Full fat yoghurt
- Mini pork pie, sausage roll, cocktail sausages, mini scotch egg, quiche
- Nibbles; nuts, crisps, chocolates, sweets, crumpets, teacakes, cheese, biscuits and fruit

321 Meal Planner

1 pint of fortified milk every day:

Milk is a nutritious food. Fortifying milk makes it even more nutritious. It doubles the goodness without doubling the amount of milk you have to drink

(1 pint full fat milk + 4 tablespoons dried milk powder)

Next Step

Keep a record of food taken and review after a month. If a 'food first' approach has failed to achieve a positive change and there is clear evidence to optimise this approach, then the need for oral nutritional supplements in addition to continuing the **321** meal planner approach will need to be considered

“Never lose sight of
the fact that old
people need so little
but need that little
so much”

Dehydration....THE FACTS!

- People often rely on thirst as a signal for how much to drink
- An older person's thirst sense is less acute and they are less able to respond to changes in temperature e.g. in hot weather
- Chronic illnesses can increase an older person's risk of dehydration e.g. Kidney disease or diabetes, although, those on regular medication have a lesser risk to dehydration...WHY?

What does water do?

- Regulates body temperature
- Lubricates joints
- Carries nutrients (carbs, fats, proteins, vitamins, minerals) and oxygen to the cells
- Helps prevent constipation
- Acts as a shock absorber for eyes, brain & spinal chord
- Moistens tissues in the eyes, mouth & nose
- Removes waste products and toxins that the organs' cells reject, & removes them through urine & faeces



Loss of water in the body...

- **Breathing** (look how windows mist up in a car or when you breath on a mirror = water!)
- **Urination** The kidneys produce 0.5 to 3mls urine every minute, that's a **minimum** of 30mls/hour
- **Faeces**. If inadequate fluid then constipated stool, if diarrhoea then too much fluid loss
- **Tears** are fluid. Tend not to be present in the dehydrated person, young or old
- **Sweating** is body fluid!
- **Saliva** 98% saliva is water. If dehydrated, less saliva and therefore reduced ability to chew, swallow and digest food!!

Respiration rate and sweating is increased with fever or increased activity or in warmer weather

Storage of water in the body...

- 75% of the body's water is stored in muscle
- We lose muscle mass as we age
- Only 45% of the body's water is stored in muscle in the older person
- Reduced muscle mass = reduced water storage
- Therefore older people can deteriorate quickly and we must monitor them all the time.

Daily fluid requirements...

- Adults, regardless of build/age require at LEAST 1500mls of water intake daily, generally 30ml/kg
- Fluids do not just have to be water and may include milk, juices, soft drinks, soup, tea and coffee, however, tea and coffee should be taken in moderate amounts only
- The concentration of urine is a good indicator of hydration status
- **Prevention is the most important first step in treating dehydration**



Dehydration Urine Color Chart

The following Dehydration Urine Color Chart will help you use your urine color as an indicator of your level of dehydration and what actions you should take to help return your body back to a normal level of hydration.



Doing ok. You're probably well hydrated.
Drink water as normal.



You're just fine. You could stand to drink
a little water now, maybe a small glass
of water.



Drink about 1/2 bottle of water (1/4 liter)
within the hour, or drink a whole bottle
(1/2 liter) of water if you're outside
and/or sweating.



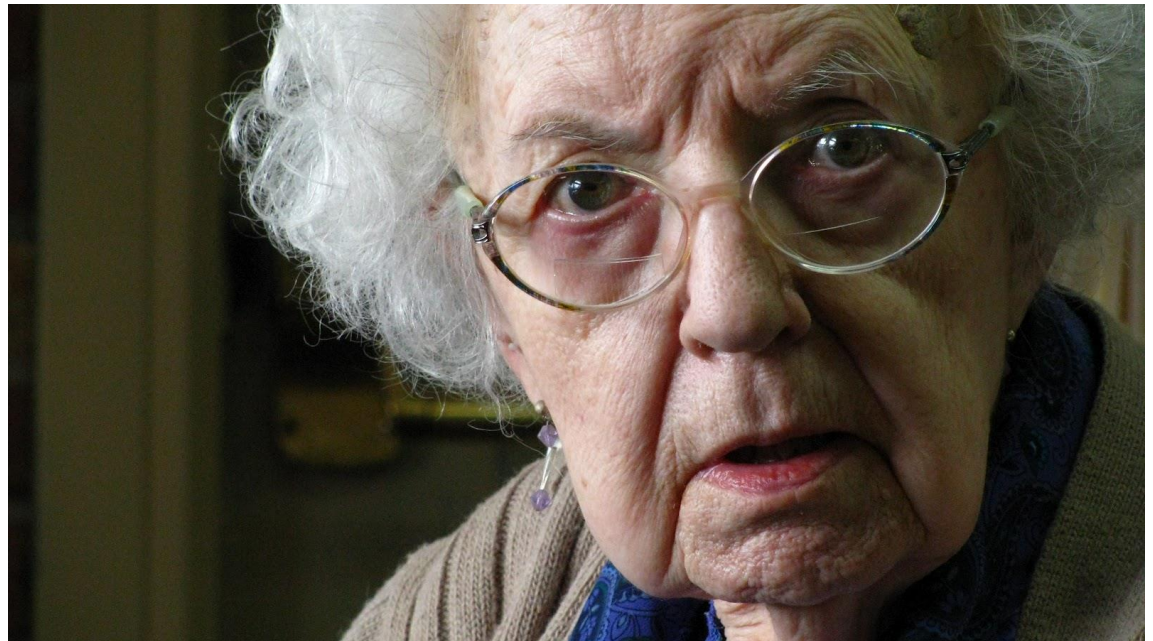
Drink about 1/2 bottle of water (1/4 liter)
right now, or drink a whole bottle (1/2 liter)
of water if you're outside and/or sweating.



Drink 2 bottles of water right now (1 liter).
If your urine is darker than this and/or red
or brown, then dehydration may not be
your problem. See a doctor.

Activity three

The signs and symptoms of dehydration in an older person



Signs and Symptoms of Dehydration..

- Thirst
- Tiredness
- Darker/concentrated urine /Passing small amounts of urine infrequently
- Headache
- Irritability
- Dizziness or light headedness
- Lacking concentration/can't think clear
- Forgetfulness/short term memory loss
- Loss of strength/stamina
- Dry lips, mouth and eyes that do not produce tears, sunken eyes
- dry skin that sags slowly into position when pinched up
- Confused
- Balance/co-ordination/unsteady
- Cold hands and feet
- Rapid heart rate
- Weak pulse/low blood pressure
- Seizures
- Unconsciousness
- Death

How can Dehydration lead to falls?

- *In the 'hydrated' aging person*
 - Reduced muscle mass
 - Reduced strength
 - Arthritic joints
 - Restricted pivot
 - Reduced movement
 - Medication
 - Poor eye sight
 - Nocturia
 - Easily disorientated
 - Footwear/chiroprody
 - Pain
- *In the 'dehydrated' older person*
 - Tiredness/lethargy
 - Postural Hypotension
 - Dizziness or light headedness
 - Lacking concentration/can't think clear
 - Forgetfulness/short term memory loss
 - Loss of strength/stamina
 - Dry eyes that do not produce tears can affect vision more
 - Confusion/delirium
 - Balance/co-ordination/unsteady
 - Cold hands and feet
 - Rapid heart rate
 - Weak pulse/low blood pressure

Falls....THE FACTS!

- 30% over 65year olds and 50% over 80 year olds fall each year
- Approx 10% of UK ambulance service calls are to people over 65 who have fallen. About 60% of cases are taken to hospital
- Approx 50% of older people in residential care facilities fall at least once a year. Up to 40% fall more than once!!
- Falls are recorded as a 'contributing factor' in 40% of admissions to nursing homes
- Incidence of hip fracture is high in residential settings and at least 95% are caused by falls
- Public Health figures show that older people who fracture their hip have up to a 10% chance of dying in the first month and up to a 30% chance of dying within the next year.

How can you reduce risk of falls?

- Keep hydrated
- Eat balanced diet
- Footwear
- chiropody
- Spectacles
- Remove obstacles
- Raised toilet seats/Grab rails
- Good lighting
- Time to move/stand/turn
- Medication/pain relief
- Medication reviews
- Sit on edge of bed for a moment before standing
- Take plug out of bath and drain water away before standing



What else can dehydration or malnutrition cause?

Delirium

A symptom or complication of a medical condition leading to temporary confusion.

Usually reversible

IDENTIFY AND TREAT THE CAUSE!!

Other factors

- Dysphagia
- Learning disabilities
- Dementia
- Culture and Religion