



September 2012

Nutrition Newsletter

Information and news for Care Homes
in The Essex And Tendring Area

Social Care Institute for Excellence

We were recently invited to take part in the making of a short film for the Social Care Institute for Excellence. This organisation are promoting the importance of the multidisciplinary team and effective working between health professionals and care homes to reduce hospital admissions.

We will keep you updated on the outcomes of this project.

www.scie.org.uk

The importance of monitoring your resident on discharge from hospital.

When a resident returns home following a hospital stay you would expect them to be better and not malnourished. This is not always the case. Malnutrition is common in older people admitted to hospital and nutritional status may decline following admission for many different reasons.

- Illness itself can reduce appetite.
- Investigations and treatments can further hinder it eg. Chemotherapy or Radiotherapy can induce diarrhoea and vomiting/ patients need to be nil by mouth for some investigations.
- The hospital environment and unfamiliar food and drink offered may further compromise your resident's nutritional state during their admission.

Do not despair! There is much that you can do once again to improve your resident's nutritional intake and well being on their return to their home.

- On arrival, weigh and complete your Care/Nursing homes nutritional screening tool.
- Look at your resident to see if there are any physical signs of malnutrition. As well as obvious signs of weight loss. i.e. ill fitting clothes and jewellery do you notice any of the following?
 - Dull dry hair.
 - A swollen tongue.
 - Bleeding gums, poor condition of natural teeth or ill-fitting dentures.
 - Dry skin, skin breakdown and sores,
 - Muscle wasting, unable to stand unaided.
 - Has there been any change in their mood ? Are they more irritable, depressed , confused or apathetic?
- If you suspect malnutrition then the treatment is nutritional support by yourself and your team.
- Refer to your food first pack for practical ideas and guidance.

Sally Lamond – Specialist Dietitian Clacton District Hospital/ Community

chu-ftr.foodfirst@nhs.net Tel: 01206 744552 Fax: 01206 744492



NUTRITION IN END OF LIFE

A Poor Appetite is a powerful statement about our well being and it is so often present in patients at the end of life. The emphasis therefore, must be on enjoying the food eaten, however small. These patients are unlikely to always fancy 'the dish of the day' and they need to be offered a variety of dishes which may involve just very small portions of food or even just snacks such as chocolate or ice cream. All the old rules can be broken and ideas such as 'spoiling your lunch' are no longer relevant. Here at St. Helena Hospice we have menu books with the weekly menu and some photographs – but also an A4 list of alternative dishes on offer which have been agreed with our cooks. Some dishes may need a little notice and this is clearly marked. They are often very simple dishes such as 'egg on toast' or 'crumpets'.



Having read the last three months articles, the 'Food First' initiative has been inspiring and the standard of food and snacks on offer in some of the nursing homes is first class. Your pictures look delicious and these pictures can just set your appetite buds racing! That is why we use pictures in our menu books to tempt patients to eat.

Nausea can be a big problem and will obviously affect the appetite. Some of the initiatives to increase calories such as adding double cream or extra cheese are unlikely to help here. It is probably best to avoid greasy, fatty or fried foods and strong smelling foods. Cold meals or snacks such as crackers or toast can often seem more palatable. Sipping fizzy drinks or even allowing them to go 'flat' can be helpful. Herbal teas such as ginger or peppermint are another option.



Dry Mouth is so often present in our patients and it is not difficult to imagine how much this can affect the food that might be enjoyed. They need to avoid dry, sticky or chewy foods. Soft foods such as omelette, pasta, milk jellies, ice cream etc or foods with sauces are likely to be easier to eat. Fizzy drinks and fruit juices will help and sucking boiled sweets or chewing gum can stimulate the salivary glands.

Sore Mouth you need to be on the lookout for ulcers and thrush of course which are often present due to the patients poor condition. Avoid offering salty, spicy, sharp acidic foods, also dry rough or hard foods (i.e. toast, biscuits etc.) Soft moist food with extra sauces, soups, milky drinks might be more soothing. Avoid very hot foods or drinks. Warm or cold is better. Try adding ice cream to milkshakes. Some of those lovely ones shown in previous articles look delicious.



Taste Changes. Losing normal taste can be helped by choosing highly flavoured aromatic foods, or by having herbs, spices or sauces added (i.e. soy, Worcester or Barbecue sauces). Sharp tasting citrus foods and drinks can help stimulate taste. If a '**metallic taste**' is a problem it can be helpful to marinate meat in a fruit juice or wine. This sort of marinade can also help with a '**bitter taste**' as can choosing sweeter foods. If foods '**taste too sweet**' then choose savoury foods. Using stronger seasonings can help as well as adding lemon juice to drinks. If '**excessive saltiness**' is a problem avoid crisps, dry biscuits, salty meats, gravies, sauces and soups.

Supplements where they are advised can be made to be more palatable by just a little effort and initiative. Try turning them into jellies, sorbets, whips, smoothies or refreshing drinks.

Many thanks to Liz Mills - Nutrition Lead for St Helena Hospice



www.brake.co.uk

Skimmed Milk Powder Donation

Brake Bros Catering suppliers have kindly donated some sample bags of skimmed milk powder to the Food First Project.

If your care home is not using this to add valuable calories to your residents diet please contact us.

1 tbsp = 54kcal/5.5g Protein

Mix 4 tbsp with 1 pint of whole milk and use in a residents tea, coffee, on cereals skimmed milk powder can also be added to smoothies and soups.

Sticky Toffee Pudding with a Toffee Sauce

This recipe kindly donated by The Hare & Hounds

Layer Bretton, Colchester

www.thehareandhound.co.uk

Ingredients

100g Dates, pitted and chopped
100g Butter
100g Caster Sugar
2 Eggs
100g Self Raising Flour
1tsp Bicarbonate of Soda

Sauce

400ml Double cream
1½ tbsp Black Treacle
300g Dark Brown Sugar

Makes 6
Servings

568 Kcals
Per Serving



Preheat an oven to 180c, grease and flour a large tin or 6 x 150ml moulds
Put the dates and 200ml of water into a saucepan, bring to the boil, then lower the heat and simmer the dates for a further 10 mins or until soft.
While the dates are simmering, put the butter and sugar into an electric mixer and whisk until creamy. Add the eggs one at a time, whisking between additions, then whisk the flour into the mix.
Add the bicarbonate of soda to the dates and then add this mixture to the creamed ingredients.
Pour into the tin or moulds and bake in the oven for about 30 mins or until risen and set. Allow to cool slightly.
Meanwhile, make the sauce. Mix together all the sauce ingredients in a pan over a high heat and stir until the sugar has dissolved. Bring to the boil and then remove from the heat.
Turn the pudding onto a tray to cool.
To serve re warm the cake and the sauce, cut into portions, pour some of the sauce over Serve with custard.

The Community Dietetics Team.

chu-ftr.foodfirst@nhs.net Tel: 01206 744552 Fax: 01206 744492

Auditing our Progress

Below you will find a questionnaire about the Food First project. We would appreciate it if you could spare a few minutes to answer the questions and return it to us. This will help us evaluate the project and improve in areas that need it. Care Homes that have not responded will be contacted by telephone within the next two months to take part in the survey.



Food First Audit 2012

Care home name:

Number of beds:

- 1)What do you do if you have concerns about a client's weight or dietary intake?

- 2)Are any of your clients under the care of a dietitian?

- 3)Are any of your clients taking prescribed nutritional supplements (e.g. Fresubin Energy, Fortisip, Fortijuice, Ensure Plus, Calogen, Pro-cal Shot, Forticreme complete, Complian Shake or similar)?

- 4)Has your home received a Food First pack?

- 5)If yes to question 4 - have you made any changes to your treatment of clients with nutritional problems since receiving the pack?

- 6)Have you been receiving our monthly Nutrition Newsletters?

- 7)If yes to questions 4 and 6 – is there any other information you feel would be beneficial to include in the Food First pack and / or Nutrition Newsletters?

Please complete and return to us at either
chu-ftr.foodfirst@nhs.net or fax: 01206 744492