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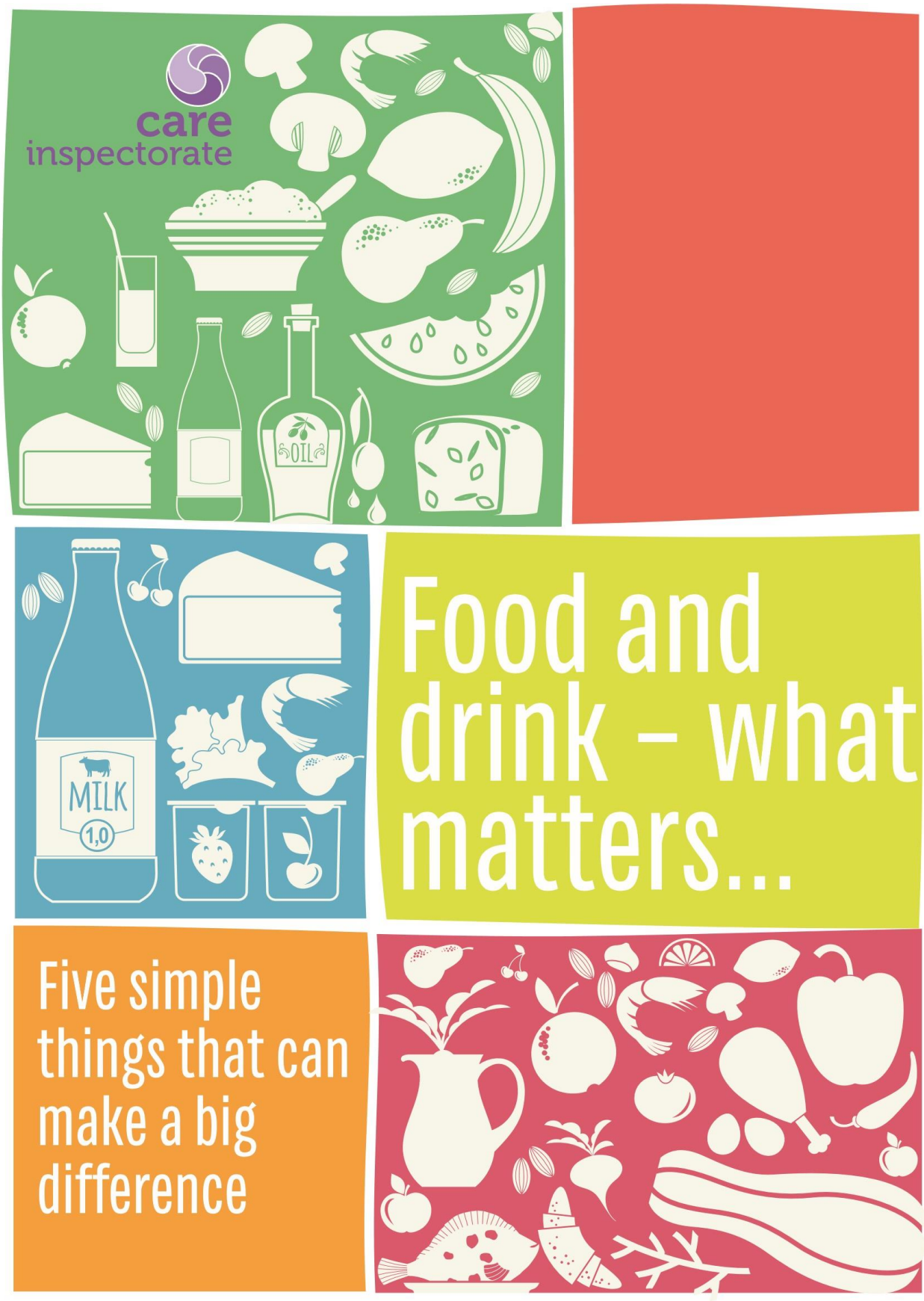
NHS Fife

NHS Fife Nutrition & Dietetics

Nutrition Resource Folder for Care Homes

Produced by the Fife Nutrition and Clinical Dietetic Department 2021

Contents



care inspectorate

Food and drink – what matters to me

Five simple things that can make a big difference

1. Know me and what, how and when I like to eat and drink

- Find out what I like to eat and drink but remember - my tastes might change over time, so ask me regularly.
- Find out what portion size I prefer and when I like to eat my main meal, or if I prefer frequent, smaller meals throughout my wakened day.
- Find out how my favourite food and drink choices can be adapted to meet my current needs. For example, made sweeter or more savoury; the texture adjusted so I can eat safely; what would make it look more appetising to me if the texture has to be modified (for example, moulds, scoops, cutters).
- Involve my family and named carers to ensure you fully understand my eating and drinking needs and habits.
- Use the information you gather to get me the support I need.

2. Communicate my food and fluid needs

- Liaise with catering/kitchen staff to make sure my special dietary requirements are catered for.
- If I can't tell you want I want to eat and drink, be creative. For example, 'show and tell' what is on the menus and hold taster sessions, recording my response (facial expressions, gestures) to foods and fluids.
- Make sure my plan of care reflects my likes and dislikes and what texture my food and fluid should be, using the national descriptors.
- Involve the right people at the right time to get me the help I need, for example a speech and language therapist (SLT), a dietitian, an occupational therapist.
- The food that I eat and drink should help me maintain my health and wellbeing. For example, by reducing the risk of constipation, dehydration, skin breakdown.

3. What help do I need to eat and drink independently

- What adaptations do I need to help me to eat and drink independently? For example, adapted cutlery, crockery, seating support.
- Give me time to eat but make sure my hot food stays at the right temperature to keep it appetising. For example, use heated plates, consider smaller portions with the option of further helpings.
- Give me time to chew and swallow and give me your full attention when you are helping me.
- Make sure salt and pepper, other condiments and small jugs of water or other fluids are within reach, so I can help myself or you can help me.
- If I am eating and drinking on the move, make sure you know how much I am eating and drinking to help you make decisions about me. For example, what help do I need if I am losing weight or not eating enough.

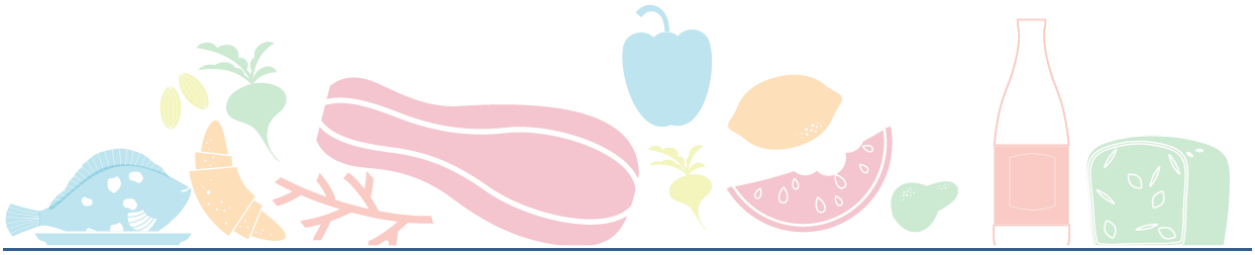
VEGETABLES DAIRY PROTEIN CEREALS FRUIT

4. Create an environment that promotes the dining experience

- Find out what makes the best dining experience for me and what I don't like, including who I enjoy sitting beside and who I would rather not sit beside.
- Be aware of the noise levels and any distractions, adjust them as appropriate to help me focus on eating and drinking.
- Make sure that I have been offered and/or used the toilet before I sit down to eat and that I have washed my hands.
- Set the table for me the way I would like it set, no matter where I decide to take my meal.
- If you are helping me to eat and drink, sit beside me and take your time. If I am unable to talk to you, observe my facial expressions and gestures to know when I am ready for more or have had enough.

5. What you need to do to make sure I eat well

- Know what my MUST score is and what it is telling you – take appropriate actions. For example, fortifying my food to add calories.
- Eating something is better than nothing and I may not prefer the ideal healthy diet. Respect my preferences but continue to offer me healthy choices.
- If I prefer not to sit for meals give me finger foods that I can carry around with me while I eat, or give me a named container I can snack from.
- Make sure food and fluid is available all day so I can eat and drink when I want to. For example, access to fluid stations and snack boxes.
- When preparing me for my meals, if required, make sure I have the correct glasses on and hearing aids in, as this will help me enjoy and take part in my dining experience.



Introduction

The aim of this folder is to provide nursing staff and carers with "FOOD FIRST" advice which will enhance the provision of good nutritional care within the care home. This resource folder should be used in conjunction with the Care Inspectorate document, **Eating and drinking well in care: good practice guidance for older people** which provides more detailed information about nutritional care in care homes.

Read the guidance from the Care Inspectorate at the start of this folder, **Food and drink – What matters to me, Five simple steps that will enhance good nutritional care.** If these factors are implemented this will set the foundation for the provision of high quality nutritional care.

The majority of people who are malnourished or at risk of malnutrition are living in the community and therefore malnutrition on admission to care homes is common. Nutritional screening on admission to the care home identifies malnutrition and provides the opportunity for early intervention. The screening process and assessment identifies factors that may prevent residents from eating and drinking appropriately to meet their nutritional needs. A person-centred nutritional care plan should then be developed, implemented and evaluated.

The consequences of malnutrition are:

- Impaired immune response/increased risk of infection
- Reduced muscle strength and fatigue
- Increased risk of falls
- Poor wound healing and increased risk of developing pressure sores
- Increased length of hospital stays
- Low mood
- Reduced independence and ability to carry out daily activities
- Reduced quality of life

Food First

Nutritional screening on admission to the care home identifies malnutrition and provides the opportunity for early intervention usually through a Food First approach.

Enquiring about food and drink preferences helps plan menu choices, catering for all resident's dietary needs. Adopting a food first approach is the best way to encourage residents to enjoy the meal time experience and meet their dietary needs. Mealtimes are important because they punctuate the day and encourage socialisation. Eating alone at mealtimes is often one of the reasons a resident has not been enjoying meals and has lost interest in eating prior to admission to the care home. Celebration meals such as Christmas, Easter and birthdays are important events that can encourage increased enjoyment of meals.

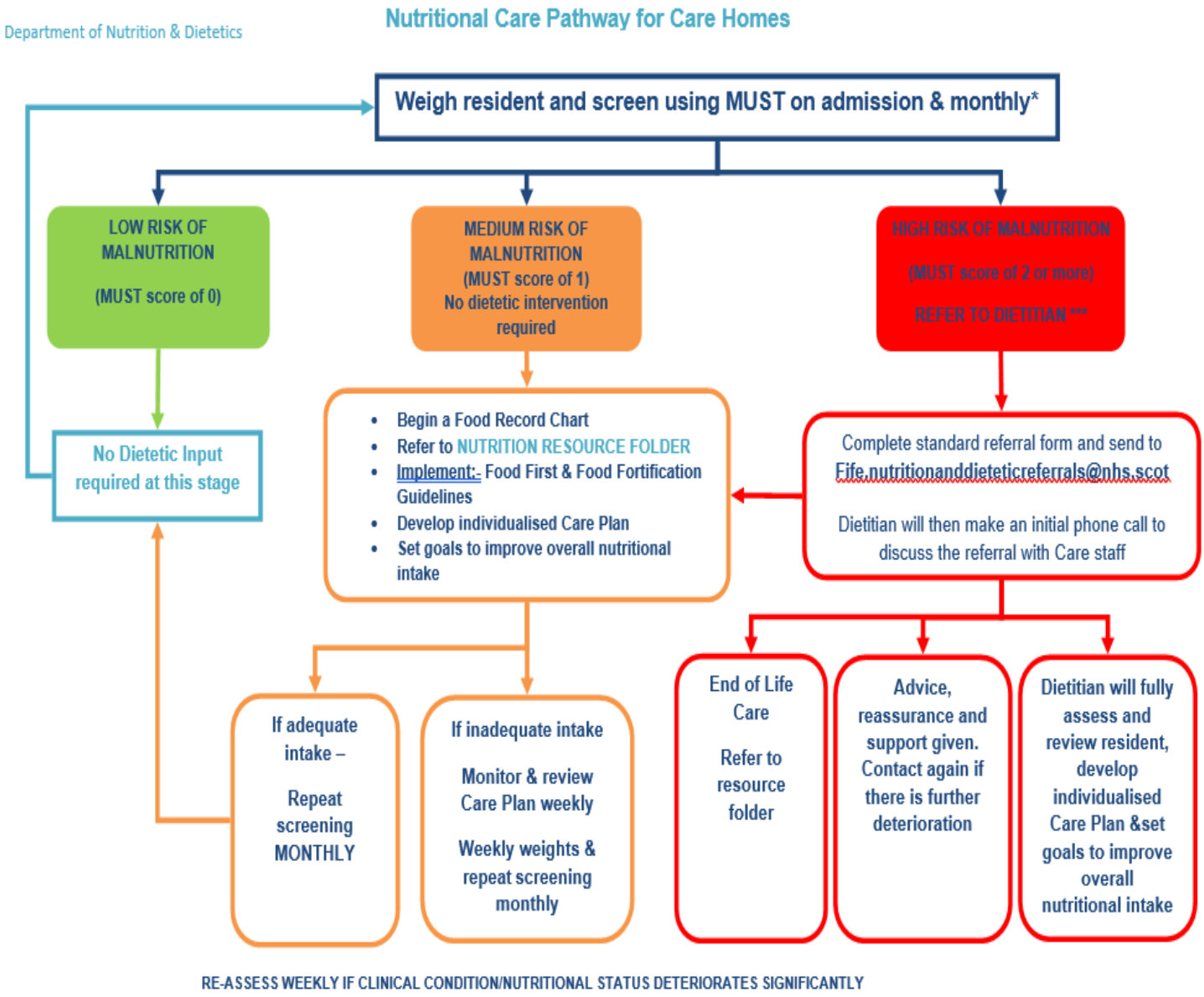
If a resident has lost their appetite and is losing weight a food first approach with food fortification is a practical way to increase calorie and protein intake whilst still encouraging enjoyment of meals and maintaining the habit of eating regularly.

If the care home provides adequate quantities of good quality homemade meals including the provision of appropriate textured foods with high calorie, protein snacks and drinks the unnecessary use of oral nutritional supplements (ONS) will be avoided. ONS should not be used as a substitute for food and drinks. There are a number of nourishing drinks recipes within the food fortification section of this folder which provide a comparable nutritional content to expensive company produced supplement drinks and taste better!

Refer to the nutritional screening and food fortification sections within this folder for food first advice and ideas about how to effectively fortify foods without the reliance on ONS. This will promote cost savings for the NHS and reduce plastic wastage, contributing to saving our environment.

Use other sections of this folder as required for advice around dementia, swallowing problems, diabetes and weight reduction.

Nutritional Care Pathway for Care Homes



Nutritional Screening

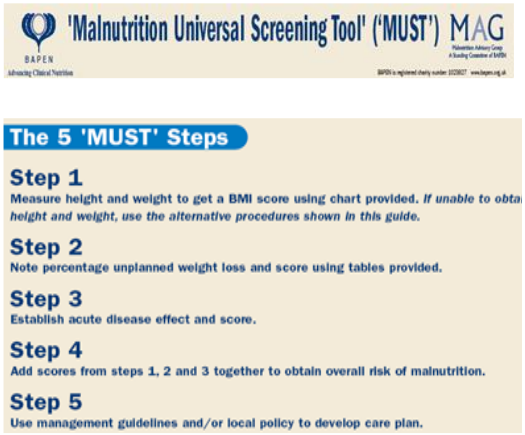
Nutritional Screening

Why Weigh?

- Identify residents 'at risk' of and those with existing malnutrition
- To monitor effects of any nutritional intervention

When to weigh?

- On admission to the care home
- Ongoing continual observation and feedback to the team
- Regular reviews depending on MUST score e.g. weekly or monthly



It is important to assess everyone as even residents who are overweight can be undernourished

How to Assess?

- Visual
  - Consider overall appearance
  - Clothes becoming too loose e.g. belts on trousers, dresses too big
  - Rings on fingers falling off
  - Arms and legs becoming very thin
  - Dentures becoming ill fitting
  - Patients' faces becoming much thinner and gaunt
  - Collect information - state of mental and physical health, weight changes
- Dietary - food and fluid intake
- Assess/screen for risk of malnutrition e.g. MUST

'Malnutrition Universal Screening Tool'

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MAG
Malnutrition Advisory Group
A Standing Committee of BAPEN

BAPEN is registered charity number 1023827 www.bapen.org.uk

'MUST'

'MUST' is a five-step screening tool to identify **adults,** who are malnourished, at risk of malnutrition (undernutrition), or obese. It also includes management guidelines which can be used to develop a care plan.

It is for use in hospitals, community and other care settings and can be used by all care workers.

This guide contains:

- A flow chart showing the 5 steps to use for screening and management
- BMI chart
- Weight loss tables
- Alternative measurements when BMI cannot be obtained by measuring weight and height.

The 5 'MUST' Steps

Step 1

Measure height and weight to get a BMI score using chart provided. *If unable to obtain height and weight, use the alternative procedures shown in this guide.*

Step 2

Note percentage unplanned weight loss and score using tables provided.

Step 3

Establish acute disease effect and score.

Step 4

Add scores from steps 1, 2 and 3 together to obtain overall risk of malnutrition.

Step 5

Use management guidelines and/or local policy to develop care plan.

Please refer to *The 'MUST' Explanatory Booklet* for more information when weight and height cannot be measured, and when screening patient groups in which extra care in interpretation is needed (e.g. those with fluid disturbances, plaster casts, amputations, critical illness and pregnant or lactating women). The booklet can also be used for training. See *The 'MUST' Report* for supporting evidence. Please note that 'MUST' has not been designed to detect deficiencies or excessive intakes of vitamins and minerals and is of **use only in adults.**

Step 1 – BMI score (& BMI)

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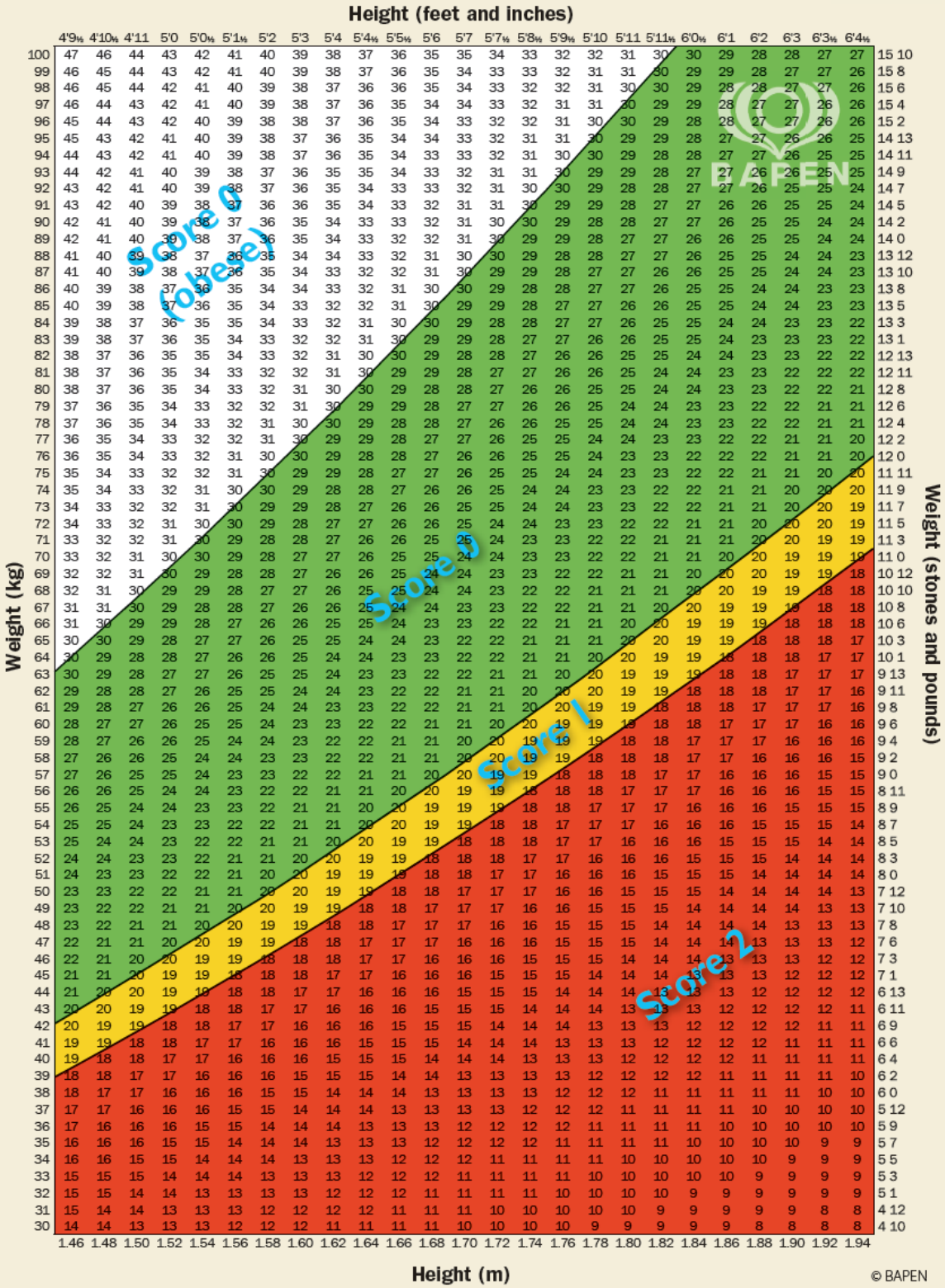
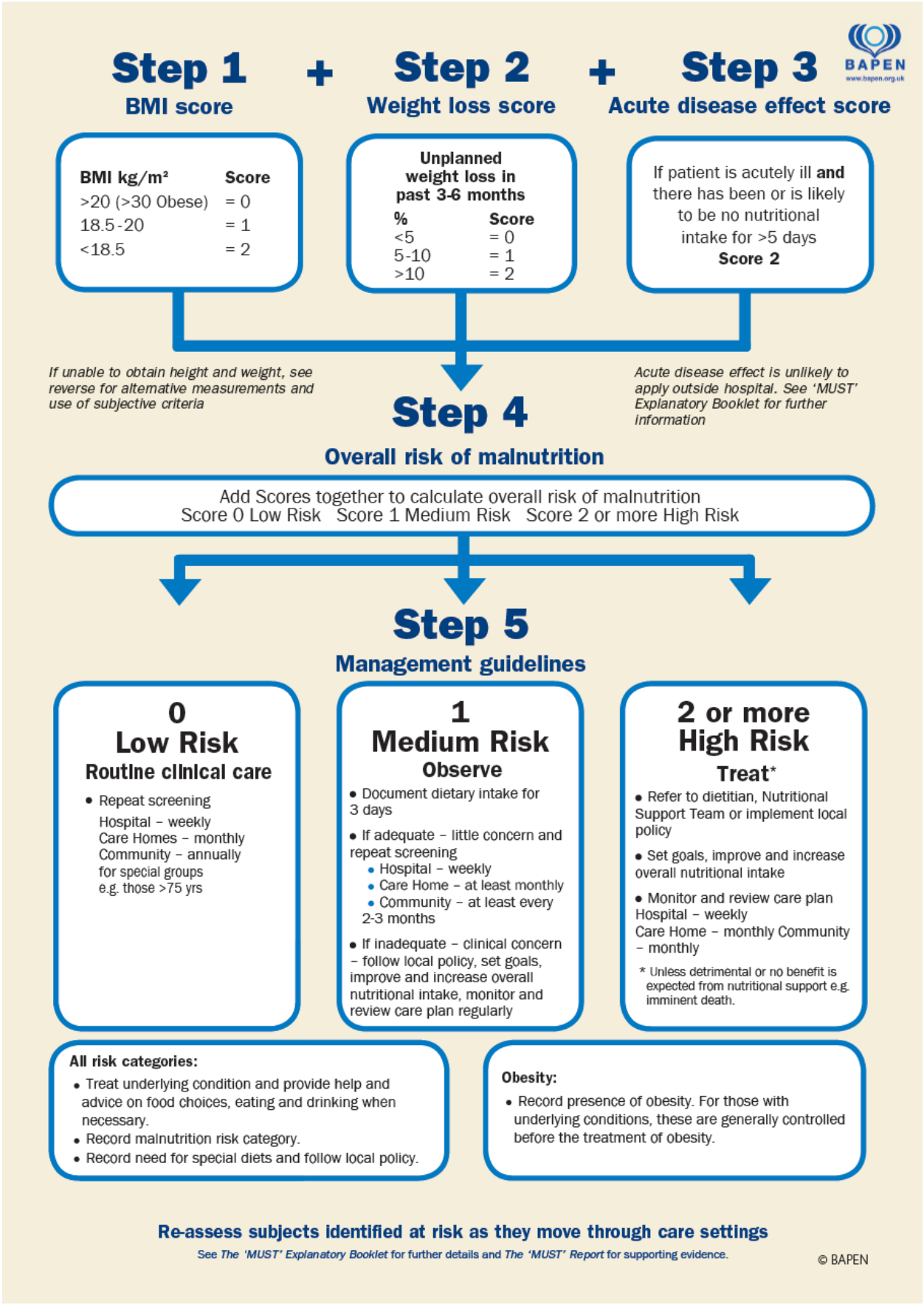


Note : The black lines denote the exact cut off points (30,20 and 18.5 kg/m²), figures on the chart have been rounded to the nearest whole number.


Step 1
BMI score
+
Step 2
Weight loss score
+
Step 3
Acute disease effect score
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BMI kg/m²
Score
>20 (>30 Obese) = 0
18.5-20 = 1
<18.5 = 2
Unplanned weight loss in past 3-6 months
%
Score
<5 = 0
5-10 = 1
>10 = 2
If patient is acutely ill and there has been or is likely to be no nutritional intake for >5 days
Score 2
If unable to obtain height and weight, see reverse for alternative measurements and use of subjective criteria
Acute disease effect is unlikely to apply outside hospital. See 'MUST' Explanatory Booklet for further information
Step 4
Overall risk of malnutrition
Add Scores together to calculate overall risk of malnutrition
Score 0 Low Risk Score 1 Medium Risk Score 2 or more High Risk
Step 5
Management guidelines
0
Low Risk
Routine clinical care
• Repeat screening
Hospital – weekly
Care Homes – monthly
Community – annually
for special groups
e.g. those >75 yrs
1
Medium Risk
Observe
• Document dietary intake for 3 days
• If adequate – little concern and repeat screening
• Hospital – weekly
• Care Home – at least monthly
• Community – at least every 2-3 months
• If inadequate – clinical concern – follow local policy, set goals, improve and increase overall nutritional intake, monitor and review care plan regularly
2 or more
High Risk
Treat*
• Refer to dietitian, Nutritional Support Team or implement local policy
• Set goals, improve and increase overall nutritional intake
• Monitor and review care plan
Hospital – weekly
Care Home – monthly Community – monthly
* Unless detrimental or no benefit is expected from nutritional support e.g. imminent death.
All risk categories:
• Treat underlying condition and provide help and advice on food choices, eating and drinking when necessary.
• Record malnutrition risk category.
• Record need for special diets and follow local policy.
Obesity:
• Record presence of obesity. For those with underlying conditions, these are generally controlled before the treatment of obesity.
Re-assess subjects identified at risk as they move through care settings
See The 'MUST' Explanatory Booklet for further details and The 'MUST' Report for supporting evidence.
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Step 2 – Weight loss score

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Current weight

kg	Score 0 Wt loss < 5% — Weight loss in last 3 to 6 months: Less than (kg)	Score 1 Wt loss 5 - 10% — Between (kg)	Score 2 Wt loss > 10% — More than (kg)
30	1.6	1.6 - 3.3	3.3
31	1.6	1.6 - 3.4	3.4
32	1.7	1.7 - 3.6	3.6
33	1.7	1.7 - 3.7	3.7
34	1.8	1.8 - 3.8	3.8
35	1.8	1.8 - 3.9	3.9
36	1.9	1.9 - 4.0	4.0
37	1.9	1.9 - 4.1	4.1
38	2.0	2.0 - 4.2	4.2
39	2.1	2.1 - 4.3	4.3
40	2.1	2.1 - 4.4	4.4
41	2.2	2.2 - 4.6	4.6
42	2.2	2.2 - 4.7	4.7
43	2.3	2.3 - 4.8	4.8
44	2.3	2.3 - 4.9	4.9
45	2.4	2.4 - 5.0	5.0
46	2.4	2.4 - 5.1	5.1
47	2.5	2.5 - 5.2	5.2
48	2.5	2.5 - 5.3	5.3
49	2.6	2.6 - 5.4	5.4
50	2.6	2.6 - 5.6	5.6
51	2.7	2.7 - 5.7	5.7
52	2.7	2.7 - 5.8	5.8
53	2.8	2.8 - 5.9	5.9
54	2.8	2.8 - 6.0	6.0
55	2.9	2.9 - 6.1	6.1
56	2.9	2.9 - 6.2	6.2
57	3.0	3.0 - 6.3	6.3
58	3.1	3.1 - 6.4	6.4
59	3.1	3.1 - 6.6	6.6
60	3.2	3.2 - 6.7	6.7
61	3.2	3.2 - 6.8	6.8
62	3.3	3.3 - 6.9	6.9
63	3.3	3.3 - 7.0	7.0
64	3.4	3.4 - 7.1	7.1

kg	Score 0 Wt loss < 5% — Weight loss in last 3 to 6 months: Less than (kg)	Score 1 Wt loss 5 - 10% — Between (kg)	Score 2 Wt loss > 10% — More than (kg)
65	3.4	3.4 - 7.2	7.2
66	3.5	3.5 - 7.3	7.3
67	3.5	3.5 - 7.4	7.4
68	3.6	3.6 - 7.6	7.6
69	3.6	3.6 - 7.7	7.7
70	3.7	3.7 - 7.8	7.8
71	3.7	3.7 - 7.9	7.9
72	3.8	3.8 - 8.0	8.0
73	3.8	3.8 - 8.1	8.1
74	3.9	3.9 - 8.2	8.2
75	3.9	3.9 - 8.3	8.3
76	4.0	4.0 - 8.4	8.4
77	4.1	4.1 - 8.6	8.6
78	4.1	4.1 - 8.6	8.7
79	4.2	4.2 - 8.7	8.8
80	4.2	4.2 - 8.9	8.9
81	4.3	4.3 - 9.0	9.0
82	4.3	4.3 - 9.1	9.1
83	4.4	4.4 - 9.2	9.2
84	4.4	4.4 - 9.3	9.3
85	4.5	4.5 - 9.4	9.4
86	4.5	4.5 - 9.6	9.6
87	4.6	4.6 - 9.7	9.7
88	4.6	4.6 - 9.8	9.8
89	4.7	4.7 - 9.9	9.9
90	4.7	4.7 - 10.0	10.0
91	4.8	4.8 - 10.1	10.1
92	4.8	4.8 - 10.2	10.2
93	4.9	4.9 - 10.3	10.3
94	4.9	4.9 - 10.4	10.4
95	5.0	5.0 - 10.6	10.6
96	5.1	5.1 - 10.7	10.7
97	5.1	5.1 - 10.8	10.8
98	5.2	5.2 - 10.9	10.9
99	5.2	5.2 - 11.0	11.0

Alternative measurements and considerations

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Step 1: BMI (body mass index)

If height cannot be measured

- Use recently documented or self-reported height (if reliable and realistic).
- If the subject does not know or is unable to report their height, use one of the alternative measurements to estimate height (ulna, knee height or demispan).

Step 2: Recent unplanned weight loss

If recent weight loss cannot be calculated, use self-reported weight loss (if reliable and realistic).

Subjective criteria

If height, weight or BMI cannot be obtained, the following criteria which relate to them can assist your professional judgement of the subject's nutritional risk category. Please note, these criteria should be used collectively not separately as alternatives to steps 1 and 2 of 'MUST' and are not designed to assign a score. Mid upper arm circumference (MUAC) may be used to estimate BMI category in order to support your overall impression of the subject's nutritional risk.

1. BMI

- Clinical impression – thin, acceptable weight, overweight. Obvious wasting (very thin) and obesity (very overweight) can also be noted.

2. Unplanned weight loss

- Clothes and/or jewellery have become loose fitting (weight loss).
- History of decreased food intake, reduced appetite or swallowing problems over 3-6 months and underlying disease or psycho-social/physical disabilities likely to cause weight loss.

3. Acute disease effect

- Acutely ill and no nutritional intake or likelihood of no intake for more than 5 days.

Further details on taking alternative measurements, special circumstances and subjective criteria can be found in *The 'MUST' Explanatory Booklet*. A copy can be downloaded at www.bapen.org.uk or purchased from the BAPEN office. The full evidence-base for 'MUST' is contained in *The 'MUST' Report* and is also available for purchase from the BAPEN office.

BAPEN Office, Secure Hold Business Centre, Studley Road, Redditch, Worcs, B98 7LG. Tel: 01527 457 850. Fax: 01527 458 718. bapen@sovereignconference.co.uk BAPEN is registered charity number 1023927. www.bapen.org.uk

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Step 5 'Must' Management Guidelines for Care Homes

Low Risk: Score 0
Routine Clinical Care

Continue to offer meals and drinks of resident's choice

Ensure resident is well hydrated (aim 30-35ml/kg body weight or approx 8 glasses of fluid per day)

Repeat weight and 'MUST' score monthly.

Medium Risk: Score 1
Observe

Identify any factors affecting resident's ability to eat and drink and take action if required:

a) Chewing and swallowing difficulties
b) Sore mouth/dental problems (ill-fitting dentures, oral thrush, ulcers)
c) Postural problems that require support with eating and drinking
d) Physical symptoms such as infection, pain, vomiting, diarrhoea, constipation, pressure ulcer, severe dry mouth, disease progression, increased physical activity
e) Mental health issues or challenging behaviour
f) Impact of any treatment / medication

Agree individualised nutrition care plan with resident/family. Share with all staff including cooks.
Care plan may include things such as:

1) Regular meals and snacks – aim for 3 small meals and 2-3 nourishing snacks daily (see snack ideas), ensuring that these are foods that resident enjoys
2) Offer full fat milk, milky drinks and/ or homemade milkshakes (see recipes)
3) Use food fortification (see food fortification section of folder). Try adding cream, butter, milk, milk powder to custard, porridge, puddings, milk, soup, breakfast cereal, potatoes and vegetables. Be as specific as possible in resident's care plan. For example 1 tbsp double cream in porridge, plain biscuit spread with cream cheese or peanut butter with afternoon cup of tea
4) Involve resident with meal planning/ food preparation if this is of interest to them
5) Support preferred eating environment for example in company (with staff or other residents), alone, beside window, radio/TV on or off etc
6) Provide any eating and drinking aids needed such as non slip mat, clothing protection, 2 handled cup
7) Make the most of resident's daily routine for example offering a smoothie or milkshake while watching favourite TV show; milky drink and cake when family visit; banana when sitting outside in garden etc
8) Occasional trip out to café/pub/restaurant/picnic spot if resident is able and enjoys this

Record weight weekly and repeat 'MUST' after one month or sooner if clinical condition requires.
If improving, continue until low risk.
If deteriorating, review nutrition care plan in consultation with resident, family and colleagues.

High Risk: Score 2 or more Treat (unless against resident's wishes or no benefit is expected e.g. imminent death)

Complete all actions for 'MUST' score 1

Refer to dietitian using agreed route

Recipes

Milkshake recipe = 3 portions
(Approx 200kcal per serving)

600ml full cream milk
60g dried milk powder
Milkshake powder eg Nesquick

Try adding pureed fruit (fresh or frozen), ice cream, double cream, or full fat yoghurt.

Milky coffee = 1 portion
(350kcal per serving)

150ml full cream milk
1 heaped tablespoon of dried milk powder
1 teaspoon coffee
2 tablespoons of cream
Heat milk, add other ingredients, stir, serve hot or cold.

Hot chocolate or malted drink = 1 portion

(450kcal per serving)

150ml full cream milk
1 heaped tablespoon of dried milk powder
3 teaspoons hot chocolate or malted drink powder
2 tablespoons of cream

Heat milk, add other ingredients, stir well and serve hot.

The above recipes have at least as many calories as most prescribable supplements.
Fortified Fruit Juice= 1 portion
(120kcal, 8g protein per serving)
180ml fruit juice
40ml squash/high juice
10g egg white powder
Slowly stir egg white powder into squash/high juice, try not to froth. Once dissolved top up with fruit juice.

Nourishing Snack Ideas

Mousse/ trifle etc
Fairy cake / malt loaf
Scone / pancake / crumpet
Teacake or shortbread
Sausage roll/cocktail sausages
Crisps
Bar of chocolate
Cereal bar
Digestive with peanut butter
or cream cheese - Handful of dried fruit or nuts
Custard pot / rice pudding / jelly
Creamy yoghurt, Jam tart
Cheesecake, crème caramel, custard
Sandwich/cheese on toast
Crackers with cheese / cheese spread
Oatcakes with butter / pate / hummus
Cheese cubes
Pieces of quiche
Piece of fruit

Fortifying Food

Fortified milk
4 tablespoons dried milk powder added to 1 pint full fat milk = 595kcal, 36g protein

Butter or margarine:
1 level teaspoon = 50 kcal
Double cream:
2 tablespoons = 150 kcal, 0.5g protein
Cheese:
1 oz/30g = 120 kcal, 7g protein
Skimmed milk powder:
4 level tablespoons = 200 kcal, 25g protein
Jam/ honey/ lemon curd/ golden syrup
2 heaped teaspoons = 100 kcal
Sugar:
1 heaped tablespoon = 100 kcal

Refer to Dietitian

Dietitians can only accept referrals for residents with a MUST score of 2 or above, unless they:

- Have a feeding tube in situ
- Have swallowing problems, for example dysphagia, oesophageal stricture

If a resident does not meet above criteria but care home staff feel that they need support with managing their nutritional needs please telephone dietetic department to discuss.

Food Fortification

Food Fortification

Food First Approach

Encourage small frequent meals, snacks and nourishing drinks to optimise dietary intake for those residents who have lost weight and have a small appetite or if in need of extra nourishment to aid wound healing. Food fortification will make meals, snacks and drinks more nutritious without increasing portion sizes.

- Aim for 3 small meals each day with snacks or nourishing drinks in between
- Avoid giving drinks just before meals as this can reduce appetite

Nourishing Drinks

These should not replace meals but can help to improve dietary intake if sipped between meals.
Food fortification is aimed at residents who are unable to achieve an adequate intake on a standard diet alone.
It is important to ensure that meals are to resident's preference first as this may be enough to solve any nutritional problems/weight loss.

Why use Food Fortification?

- To increase the energy & protein content of a resident's diet
- To provide extra nourishment using familiar foods
- To avoid having to ask the person to eat more
- To improve the flavour of foods
- Fortification is a cost-effective way of offering extra nourishment

Examples of foods that can be used to fortify foods:

Food	Calories
1 tsp butter pat	50
2 tbsp double cream	150
Matchbox size cheese 30g	120
1 tsp sugar	20
1 tsp jam/honey	40
1 tbsp milk powder	50
3 tbsp evaporated milk	75

How to Fortify

Cereals - cream, sugar
Potatoes - butter, cream, grated cheese
Soups - cream, grated cheese
Vegetables - butter, margarine, cheese

Puddings - cream, jam, honey
Bread, toast, biscuits, scones - extra butter, jam
Milk - dried milk powder (3-4 tbsp / pint) Add 60g (4 tbsp) per pint full fat milk

Fortified Milk

Fortified milk is a simple and effective method of increasing the nutritional content of standard milk.

How to make Fortified Milk

Dissolve 4 rounded tablespoons of dried skimmed milk powder in 1 pint of full cream milk (store in a refrigerator and consume within 24 hours), this increases the energy and protein content as shown below:

200mls / 1/3 pint	Energy (kcals)	Protein (g)
Semi-skimmed milk	92	7
Whole Milk	132	7
Fortified Milk	204	14

Further Suggestions for Fortified Milk

Analysis per portion NB: each made with 200mls Fortified Milk

	Energy (kcals)	Protein (g)
Coffee (1 level teaspoon / 2g)	206	14
Hot chocolate (1 heaped tablespoon /20g)	276	15
Ovaltine® 25g / (3-4 heaped teaspoons)	292	16
Horlicks® 25g / (3-4 heaped teaspoons)	297	17
Milkshake powder (3 rounded teaspoons/15g)	263	14
Milkshake powder 15g with 1 scoop dairy ice cream	369	16

	ENSURE PLUS MILKSHAKE 200ML	NESQUICK MILKSHAKE with fortified milk 200ML
PROTEIN	12.5g	14g
CALORIES	300kcal	236kcal
VITAMIN C	24mg	18.4mg
THIAMIN	0.4mg	0.16mg
VITAMIN D	4.0mg	1.54mg
CALCIUM	240mg	250mg
PHOSPHATE	200mg	196mg
IRON	4.2mg	2.2mg
ZINC	3.6mg	1.6mg

Savoury Snacks

Snacks should be readily available throughout the day and night. They provide a valuable way to increase energy intake, in particular when an individual experiences weight loss/difficulty maintaining weight or struggles to consume sufficient portions of meals.

Aim for a snack mid-morning, mid-afternoon and before bed if possible

Snacks need to be energy dense

Analysis per portion	Energy (kcals)	Protein (g)
1 Butter biscuit (14g) with soft cheese triangle (14g)	100	2
Peanut & raisins (25g – small bag)	109	4
1 Oatcake with (14g) / 1 dessert spoon cream cheese (10g)	114	3
Small sausage roll (32g)	123	3
2 Cheese filled biscuits	126	2
Peanuts (25g – small bag) roasted & salted	151	6
Bag of crisps (34g)	175	1
Mini pork pie (50g)	190	2
Cheese scone and butter	200	6
1 Oatcake with liver pate (40g)	209	7
Small cheese sandwich (1 slice bread)	223	7
Scotch egg (113g)	241	13
Small tuna mayonnaise sandwich (1 slice bread)	255	7
Cheese & biscuits (2 digestives with 1oz / small matchbox size full fat cheese)	257	9
Mini cheese pizza with ham (111g)	263	11.2
1 Slice buttered toast with 1oz / small matchbox size full fat cheese melted	271	10
Quiche Lorraine – ½ small quiche (85g)	292	7.3

Sweet Snacks

Analysis per portion	Energy (kcals)	Protein (g)
Biscuits and Cakes		
Jam tart	92	1
Chocolate mini roll	100	1
Shortbread finger	101	1
2 Chocolate filled biscuits	113	1
2 Chocolate digestives	128	2
Pancake with butter (5g) & 1 tsp of jam (18g)	170	2
1 Chocolate cream filled éclair	187	2
1 Slice buttered toast & 1 tsp of jam (18g)	193	3
Slice Madeira cake with butter (10g)	224	1
Chocolate caramel bar	232	2
Jam doughnut	252	2
Plain scone with butter (10g) & 1 tsp of jam(18g)	296	4
Danish pastry	334	5

Analysis per portion	Energy (kcals)	Protein (g)
Ready Prepared Desserts		
Mini chocolate coated ice cream (55g)	143	1.5
Small pot – custard (150g)	153	4
Small pot – trifle (125g)	155	3
Small pot – rice pudding (150g)	156	5
Thick and creamy yoghurt (150g)	160	6
Chocolate mousse (60g)	164	5.3
Fruit corner yoghurt (150g)	176	6.4
Fruit fool pot (114g)	194	3.3
Cheesecake pot (100g)	278	2.9
Sponge pudding pot (100g)	285	3.7

Building Residents Up After Covid-19

Eating a varied diet is important for supporting the normal functioning of the immune system, and many nutrients influence the body's ability to fight and recover from infection. However, there is no individual nutrient, food or supplement that will boost immunity, help us recover from, or stop us getting highly infectious viruses, like Covid-19.

It has been shown that people recovering from Covid-19 have lost their appetite, lost a lot of weight and also muscle mass.

One way to gain weight and rebuild muscle is to eat foods that are high in energy and protein. Fortifying food can help achieve this, using every day foods to increase the nutrient content of foods eaten. This means every mouthful will be full of nourishment.

Helpful hints include:

- Avoid 'diet', 'low fat' or 'low calorie' foods and drinks
- Enrich foods, for example
    - Add extra calories by adding butter e.g. to mashed potatoes, jacket potato, vegetables, toast, bread rolls and crackers
    - Fortify full fat milk; whisk 2-4 tablespoons of skimmed milk powder into a pint of milk
    - Add grated cheese, cream cheese, cream to foods e.g. soups, sauces, curries
    - Use mayonnaise, salad cream or dressing in sandwiches and salads
    - Add honey/syrup/jams to porridge, milky puddings, toast, teacakes
- Try to include some foods which are high in protein. This includes meat, fish, beans, lentils, cheese, milk and yoghurts, tofu, quorn and nuts
- Try offering small portions. Residents can always be offered more if desired.
- Make sure residents have something at each meal time, even if their appetite is small
- When your appetite is poor it helps to eat 'little and often', so try and offer nourishing snacks between meals and at supper time

Staying Hydrated

Getting enough fluid is essential for good health, and residents will need more fluid than usual if you have an infection. Adults are usually advised to have 6-8 mugs or large glasses a day, but this may need to be higher for someone with a high temperature, warm weather and during physical activity. Remember, this can include nourishing fluids such as milk if their appetite isn't good.

Taste Changes

It is common to find favourite foods do not taste the same after Covid-19 and this can take some weeks to return to normal. Try to stimulate the taste buds with sharp tasting foods and fluids such as cranberry, lemon or lime. Such flavours can potentially get rid of any unpleasant tastes in the mouth. If foods tastes metallic, a gargle of lemon juice in water may help or using plastic cutlery.

- Use stronger seasoning to add flavour to savoury foods, for example mustard, herbs, pepper
- Add flavourings to pudding, for example nutmeg into rice pudding or custard, ginger and cinnamon to fruit pots and yoghurts
- If struggling to eat red meat, other good sources of protein include turkey, chicken, fish, cheese, pulses, lentils and milk
- Sharp tasting foods and fluids such as cranberry, lemon or lime may help to stimulate your taste buds and can potentially get rid of any unpleasant tastes

Sore Mouth

Some residents may have a sore mouth if they have required oxygen therapy during treatment or due to oral thrush.

- Keep food soft and moist by adding gravy or sauces. Coarse dry foods may hurt or irritate the mouth
- Avoid very hot or very cold foods which may irritate the mouth
- Chilled food and drinks may be easier and drinking through a straw may help
- Avoid salty or spicy foods and acidic foods e.g. tomatoes, orange, lemon, grapefruit
- If the mouth is dry encourage residents to sip fluids frequently
- Ice lollies may soothe a dry mouth or add crushed ice to drinks
- Try sugar free boiled sweets to stimulate saliva production

Vitamin D

Help residents get more vitamin D by offering plenty of vitamin D rich foods, including:

- Oily fish such as salmon, sardines, pilchards, trout, herrings and kippers contain reasonable amounts of vitamin D
- Egg yolk, meat, offal and milk contain small amounts but this varies during the seasons
- Margarine, some breakfast cereals and some yogurts have added vitamin D
- Vitamin D can also protect muscles. It is recommended that we take a 10 microgram supplement each day

Further Information

If you are concerned about a resident who is continuing to have difficulty eating and drinking or continue to lose weight, contact your local GP or Dietitian.

Hydration

Drinking enough fluid is vital for the prevention of a number of conditions including urinary tract infections, constipation and kidney stones.

Older people are particularly vulnerable to dehydration and care home residents must have access to fluids of their choice throughout the day. Some older people try to restrict their intake through fear of incontinence and will need extra encouragement to drink.

Regular drinks should be readily available and encouraged throughout the day. Tea and coffee are a good way of getting older people to drink. Other more nourishing drinks such as milk/fortified milkshakes should be encouraged in those at risk of malnutrition.

During hot weather fluid requirements are higher and intake of fluids should be increased during this time.

- **Fluids can include water, fruit juice, milk, tea and coffee**
- **Nourishing drinks such as fortified milkshakes, smoothies or hot chocolate made with full cream milk and/or cream can help increase calorie intake.**
- **Soups, sauces, jellies, ice lollies and ice cream can increase fluid intake further.**
- **Estimated fluid requirements:**
  (Over 60 years) = 30ml x body weight (Kg)
  (Under 60 years) = 35ml x body weight (Kg)

WHY NOT TRY . . .

Fortified Milkshake

- 600ml full cream milk
- 60g dried milk powder
- 3 rounded teaspoons milkshake powder
- To have as 3 small drinks between meals

Fortified Fruit Juice

- 180ml fruit juice
- 40ml squash/high juice
- 10g egg white powder
- Slowly stir egg white powder into squash/High juice, try not to froth. Once dissolved, top up with fruit juice

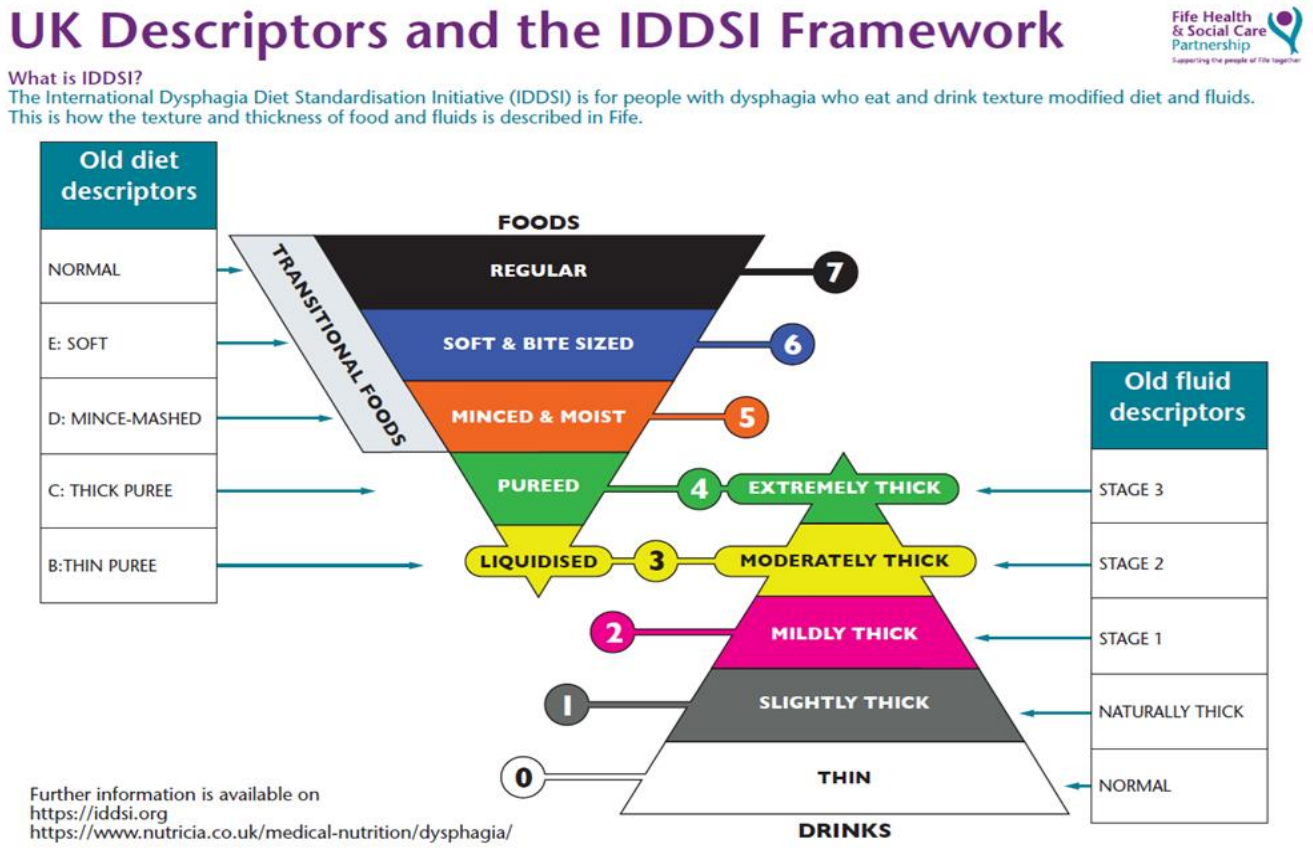
Dysphagia

Let's talk about IDDSI

The IDDSI (International Dysphagia Diet Standardisation Initiative) framework includes both food and fluids. IDDSI guidelines ensure that we are all working together using the same texture terminology. This will provide consistency in practice and support safe, good quality mealtimes for people living with swallowing difficulties.

You can access more online support by downloading lots of helpful resources from **www.IDDSI.org .** You can also download the free IDDSI App to your phone or tablet for quick reference and links to other sites.

For further information please contact your Dietitian or Speech and Language Therapist.



Dysphagia: Eating and Swallowing Problems

A difficulty with eating, chewing and swallowing is called **DYSPHAGIA**.

Good awareness and management of **Dysphagia** supports **wellbeing** and **quality of life**.

Eating, chewing and swallowing require the use and coordination of muscles in the mouth and throat. We use:

- Lips to close the mouth
- Teeth for chewing
- Jaw for chewing
- Tongue for gathering food up/holding fluid and taking to back of mouth
- Swallow 'reflex' which closes the throat and sends food/fluid into gullet and stomach

ANY issues with muscle movement can therefore potentially affect eating, chewing and swallowing, for example; stroke, motor neuron disease, Parkinson's Disease and issues from birth such as cerebral palsy and Down's Syndrome.

As well as muscle movement, eating, chewing and swallowing safely also needs our attention, our muscle memory, our concentration and awareness of our environment as well as being able to 'sense' and 'notice' the food in our mouth and throat.

Dementia and other conditions affecting our thinking, sensation and memory can also therefore affect our ability to eat, chew, swallow safely and enjoy our food/fluid safely.

Respiratory problems such as **COPD** can make the coordination of eating, chewing, swallowing and breathing more difficult.

WHAT HELPS?

Through working with the person with dysphagia, their family and friends, there are many things we can try which support safe eating, chewing, swallowing, enjoyment of food/fluid and good nutrition.

For further guidance please refer to the 'Swallowing Matters' document.

Please **contact** the Speech and Language Therapy department if you need:

- A copy of **'Swallowing Matters'**. This document enables you to support your residents with dysphagia and guides you as to when it is appropriate to make a request for assistance to the Speech and Language Therapy Service
- A copy of the Speech and Language Therapy Service **'Request for Assistance'** electronic form to be sent to the SLT hub – the hub address is at the bottom of the RfA form
- To discuss any concerns you have supporting a resident with eating and swallowing.

The following **documents** from the **Care Inspectorate** and the **RCSLT** also support dysphagia management in care homes.

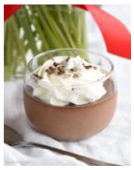
- https://www.careinspectorate.com/images/documents/5595/Supporting%20people%20with%20eating,%20drinking%20and%20swallowing%20difficulties.pdf
- (https://www.rcslt.org/speech-and-language-therapy/clinical-information/dysphagia#section-4)

Top Tips - Maintaining Weight on a Texture Modified Diet

1. Ensure meals and snacks are presented **attractively**.
2. Provide a pleasant **environment** to enjoy meals.
3. **Catering Staff** must be aware of a resident's dietary needs.
4. Increase **nourishment** by using food **fortification** techniques.
5. If the standard menu does not offer a suitable texture, **alternative** choices should be available.
6. A choice of **snacks** of suitable texture to be available.
7. Nutritious **fluids** will provide additional energy and protein (thicken fluids if recommended by Speech & Language Therapist).
8. **Puddings** can be offered at meal times and as a snack.
9. Aim for **3 meals** and **3 snacks** per day.
10. Dietary intake will improve if meal times are an enjoyable **experience**.

High Calorie Snack Suggestions

- Thick & creamy yoghurt
- Chocolate mousse
- Small pot custard, rice pudding or trifle
- Sponge pudding, add cream, ice-cream, evaporated milk or syrup
- Angel Delight or milk jelly (make with fortified milk)



- Fruit smoothie/float
- Jelly or sorbet
- Ice-cream with fruit coulis

- Coffee made with fortified milk
- Ice-cream smoothie
- Hot chocolate or Ovaltine with fortified milk
- Cup of soup with cream added
- Soft finger sandwich with tuna/egg mayo, pate no crusts

Dementia

Managing Eating and Drinking Difficulties with Dementia

Food Refusal

People may refuse food for a number of reasons. For example:

- Food may be refused because there is an underlying physical difficulty, such as a swallowing difficulty.
- Medicines may have side effects that impact on eating and drinking – for example, making someone constipated or nauseous. A medicines review may be useful.
- Food may be refused because the person doesn't like it. Make sure that food preferences are recorded and that choices of foods and drinks are on offer.

Other common problem behaviours around food and drink:

OBSERVED BEHAVIOUR	SUGGESTIONS FOR DEALING WITH THE BEHAVIOUR STYLE OF EATING AND PATTERN OF INTAKE
Incorrectly uses spoon, fork or knife	Try verbal cues and show correct use. The person may benefit from additional aids or devices. Consult with Occupational Therapist. Offer foods that can be eaten by hand.
Incorrectly uses cup or glass	Try verbal cues and show correct use. Offer a cup with handles or a straw.
Unable to cut meat	Provide cut meats, soft meats or finger food. Knives that use a rocking motion rather than a sawing motion may be helpful for someone with reduced strength.
Difficulty getting food onto utensils	A plate guard or lipped plate may help. A deeper spoon may help food stay on the plate better than a flatter spoon. Finger foods may take the pressure off cutlery use.
Spills drinks when drinking	Offer small amounts of fluids at a time in a stable cup with a handle that the person can easily grip. Offer a straw or two-handled cup if acceptable. Some drinks can be offered as frozen lollies on sticks or as a sorbet in a cone if drinking becomes stressful.
Plate wanders on the table	Use a no skid placemat or suction plate.
Eats desserts or sweets first	Serve meal components one at a time and keep sweets or desserts out of sight until the main course is finished.
Eats too fast	Offer food in small portions. Provide verbal clues to slow down, and model slower eating. Reassure the person that there is plenty of food available and it will not run out.
Slow eating and prolonged mealtimes	Serve small portions at a time so the food stays warm and offer second helpings. Consider whether the person would benefit from having 5 smaller meals a day rather than three larger ones if they are struggling to eat enough.
Eats other peoples food	Keep other persons food out of reach. Sit nearby and encourage the person to eat from their own plate. Serve small amounts of food at a time.
Eats non-food items	Take non-food items away and replace with food or drink or another distraction.
Mixes food together	Ignore as long as food is eaten.

OBSERVED BEHAVIOUR	SUGGESTIONS FOR DEALING WITH THE BEHAVIOUR
	RESISTIVE OR DISRUPTIVE BEHAVIOUR
Hoards, hides or throws food	Remove items. Keep the number of items on the table to a minimum. Serve small portions.
Interrupts food service or wants help	Give the person a role in the meal service such as setting the table or pouring water or helping others to the table.
Plays with food	Remove the items. Serve smaller portions.
Distracted from eating	Make sure the room is calm and quiet, that the person has everything needed for the meal (e.g. has been to the toilet, has their glasses, dentures or hearing aid if needed and is sitting comfortably) Other people modelling eating may help.
Stares at food without eating	Use verbal or manual cues to eat-for example placing food or utensils into the persons hands. Model eating and offer encouragement.
Demonstrates impatient behaviour during or before a meal	Make sure that people are not alerted to the meal too early, that they are offered something to eat if they have to wait for a meal to arrive, or that meals are served in small courses to minimise waiting times.
States 'I can't afford to eat' or 'I can't pay for this meal'	Seek advice from the persons GP as they may be depressed or in the early stages of dementia. Provide meal tickets or vouchers to allay their fears.
Wanders during mealtimes and is restless	Make sure the mealtimes are calm and try and encourage people to eat together. If wandering persists and food intake is compromised, encourage the person to use finger foods while wandering. If there is a time of day that the person will sit for longer periods (for example, first thing in the morning), ensure a good variety of foods is on offer then. Walk with the person before a meal and plan a route that ends with the mealtime where you both sit together.
ORAL BEHAVIOUR: *You may need to consult with a Speech and Language Therapist about these problems*	
Difficulty chewing	Provide foods that are easier to chew. Check dental health.
Prolonged chewing without swallowing	Liaise with the Speech and Language Therapist. Use verbal cues to chew and swallow.
Does not chew before swallowing	Verbal cues to chew. If choking is a hazard, liaise with a Speech and Language Therapist: they may require pureed food.
Holds food in the mouth	Use a verbal cue to chew. Massage the cheek gently. Offer small amounts of different foods and flavours.
Bites on spoon	Use a plastic coated spoon.
Spits out food	Check that the food is liked, that the temperature is appropriate and the food is of an appropriate texture.
Doesn't open mouth	Use a verbal cue to open the mouth. Softly stroking someone's arm and talking to them about the food can help. Touch the lips with a spoon. Use straws for drinks.

Finger Foods

Finger foods can prolong independent eating and may be useful for those who cannot hold or recognise cutlery.

	IDEAS FOR FINGER FOODS
BREAKFAST	
Cereal bars	Yoghurt in a tube
Toast with preserves	Mini sausages
Teacakes	Toast with mashed fish
English muffins	Boiled egg
Flapjacks	Eggy bread squares
Sandwiches or bagels	Omelette sandwiches
Crumpets	Tomato quarters
Dried or fresh fruit	Whole mushrooms
LUNCH AND TEA	
Chicken drumsticks	Dim sum, sushi
Mini sausages, mini burgers	Fried tofu cubes
Meatballs	Soup in a cup
Kebabs	Steamed or raw vegetable fingers or spears
Mini quiches	Salad sticks
Frittatas	Mini tomatoes, button mushrooms
Mini pies	Chips, potato wedges
Mini fishcakes, fish goujons, fish sticks, crab sticks	Mini new potatoes
Cold smoked fish pieces	Breads, rolls, chapattis, naan bread, bagels, wraps, and other types of breads
Boiled egg	Sandwiches with fillings such as meat and fish pate, peanut and other nut butters, cold meats, cream cheese, houmous
Scotch egg	Pizza slices
Mini spring rolls	
DESSERT	
Ice cream in a cone	Mini fruit pies
Ice lolly or sorbet in a cone	Fruit kebabs
SNACKS	
Crumpets	Biscuits
Toast fingers with toppings	Fruit wedges
Salad sticks	Dried fruit
Cereal bars	Malt loaf
Small cakes or buns	Fruit bread

Nutrition and End of Life-Dementia

As dementia progresses and the person is approaching the end of their life the focus of care tends to change and shifts towards helping them to be as comfortable as possible.

In the end stages of dementia (the last few weeks or months of life) food and fluid intake tends to decrease slowly over time. The body adjusts to this slowing down process and the reduced intake.

People with a terminal illness will often experience changes to the way they eat and drink. This can be caused by:

- changes in taste and smell – this can affect which foods they find appealing
- loss of appetite
- sore or dry mouth
- nausea and vomiting
- constipation
- difficulty swallowing
- depression, anxiety or stress
- the body slowing down and not needing or wanting to eat or drink in the last few days and hours

Weight loss is a natural part of the disease process. People often experience a decrease in appetite and a loss of interest of food and drink. They may refuse to eat. This is understandably a worrying time for families and carers but it is a natural and expected part of the dying process. Most people at the end of their life do not experience hunger or thirst.

This doesn't tend to be distressing for the person who is dying but it can be very difficult for their family and friends. Providing food for our loved ones is a big part of showing that we care for them. Family and friends often want to continue doing this and don't want to feel that their loved one is hungry or thirsty.

At this stage of life, meeting nutritional needs becomes less important and the focus shifts to providing comfort. Even very small amounts of food and drink can provide comfort.

Helpful Tips:

- Ask "what is helpful for this person at this time?"-there is no single 'right' answer and it depends on each person's individual situation
- Let the person choose if and when they want to eat and drink
- Don't worry about providing a balanced diet
- Offer small amounts of favourite foods
- Small portions of food which do not require a lot of chewing may be easier to manage e.g. mini tubs of yoghurt, desserts or ice cream, soft fruits, cream cheese with soft bread
- Keeps lips moist with a lip balm

Diabetes
&
Weight Reduction

Diabetes & Weight Reduction

A Carer's Guide for Residents with Diabetes

The priorities may change in the management of diabetes as people age. The focus is on eating a variety of nutritious foods, maintaining a healthy weight, muscle strength, independence and quality of life.

Eating a variety of nutritious foods will provide a balanced diet which is important for everyone including people with diabetes. **There is no such thing as a diabetic diet.**

TO ACHIEVE A BALANCED DIET

Eat regularly. Spread meals evenly over the day.

Try to include:

- Starchy foods containing carbohydrate with every meal, e.g. bread, potatoes, rice, pasta, cereal (higher fibre options are best choice)
- Foods rich in protein e.g., meat, fish, chicken, eggs, quorn, pulses, 3 times per day
- Dairy foods e.g. milk, yoghurt, cheese, 2-3 portions per day
- Fruit and vegetables 5 or more portions per day (residents with diabetes can enjoy all fruits)

SNACKS

- Can be enjoyed as part of a balanced diet as above e.g. piece of fruit, yoghurt, crackers and cheese, pancake
- It is not essential for residents with diabetes to have snacks between meals
- Can be useful if appetite is poor however should be limited if overweight
- Residents on twice daily insulin may require a snack in the evening to prevent low blood glucose levels/hypoglycaemia during the night

CARBOHYDRATES

- It is important for residents with diabetes to have a regular carbohydrate intake to help maintain steady blood glucose levels. Most residents who have a balanced diet and regular meal pattern will achieve this
- Residents on insulin may have an individual diet plan around amounts of carbohydrate

FLUID

- Drink sugar free fluids. Use sweeteners rather than sugar, no added sugar drinks and diet varieties

PUDDINGS

- For residents who are underweight or with a poor appetite include once/twice daily. Puddings may be needed to help meet residents' nutritional requirements e.g. milk puddings, sponge and custard
- For residents who are overweight include less often in small portions. Fruit based options may be a better choice e.g. jelly and fruit, stewed fruit
- It is not necessary for sugar free recipes to be used

If you are interested in furthering your knowledge around diet and diabetes we would recommend Diabetes UK Learning zone: https://learningzone.diabetes.org.uk/

Diabetes: Increasing Dietary Intake

For residents with diabetes who are underweight

It is important for health to try and increase dietary intake and try to maintain or gain weight.

Restrictive diets may result in unplanned weight loss. Usual dietary recommendations may not be appropriate for residents who have lost weight and have other health problems which affect their appetite e.g. dementia.

Aim for: Regular meals and snacks: e.g. breakfast, mid morning snack, lunch, mid afternoon snack, evening meal and supper/bedtime snack.

1. A good variety of foods
2. Promote meal enjoyment
3. A soft moist diet is often better tolerated when fatigued

Achieving and/or maintaining good blood glucose control will help to achieve weight gain/minimise weight loss.

If your resident's blood glucose levels are high and they are underweight or losing weight do not withhold foods. Consult with their GP or the diabetes specialist nurses to check they are taking the required diabetes medication

The following are some suggestions that may help you to improve dietary intake:

AIM TO EAT

- **Regularly**
- **'little and often'**
- **A variety of foods**

WHY?

- **Smaller meals can be more appetising**
- **To prevent weight loss**
- **To help improve energy levels**

HOW?

Food

- **Encourage breakfast:** A missed meal is difficult to make up for later. Your resident may also find that they will eat better the rest of the day
- **Serve small portions at mealtimes:** Include a starchy food (for example bread, potatoes, rice, pasta and noodles) and some protein (for example meat, fish, egg or beans/pulses). Add vegetables to give the meal overall balance
- **Include between meal snacks:** Consider your residents 'comfort foods'. This may be soup, fruit, a biscuit, cracker and cheese, full fat yoghurt
- **Offer cold foods:** They can be just as nourishing as hot foods. Filled sandwiches, cereals with full fat milk, cracker or oatcakes with cheese, egg, peanut butter or hummus
- **Offer soft/moist foods:** They can be easier to eat (for example fish in sauce, minced meats in gravy, smooth soups, mash potato, pasta, yoghurt, scrambled egg)
- **Offer fried foods more often**
- **Use full fat products:** Full fat milk, yoghurt
- **Add:** mayonnaise/salad cream/butter/margarine to foods including bread, potatoes and vegetables
- **Add:** grated cheese to mashed potato, cooked vegetables, grilled fish, baked beans, soups, scrambled eggs and sauces
- **Add:** double cream to cereals, porridge, soups, white sauces, milk puddings and fruit

Fluid

- **Continue to encourage your resident to drink plenty:** Aim to include 8-10 cups/glasses a day – this is around 1.6-2 litres
- **Continue to offer sugar free fluids:** HOWEVER **offer** more **nourishing drinks between meals** such as **a glass of milk** or milky coffees and teas. Aim for 1 pint of full fat milk per day. A small glass of fruit juice or smoothie can also provide some nourishment
- **You may consider offering fortified milk:** Add 4tbsps of dried milk powder to 1 pint of full fat milk. Store this in the fridge and use within one day. Use this milk in drinks, on cereal or to make soups, sauces and puddings

Diet During Illness

People with Diabetes do not normally get more illnesses than other people but if a resident does become ill, this may upset their diabetes control.

What should you do if a resident with diabetes is ill?

NEVER STOP GIVING INSULIN OR DIABETES TABLETS. IF CONCERNS CONTACT MEDICAL STAFF OR DIABETES SPECIALIST NURSE FOR ADVICE.

Metformin, Empagliflozin and Dapagliflozin should be stopped if resident has vomiting or diarrhea.

Blood glucose level may rise even if the resident is unable to eat their normal food and drink. Some people may experience a hypo *(low blood glucose levels)* if unwell and unable to eat as usual:

- Test blood glucose frequently e.g. every 2-4 hours
- Encourage resident to drink plenty of sugar free liquids throughout the day (water, tea, sugar-free squash)

Stage 1	If resident is able to eat normally, continue
Stage 2	If resident is unable to eat solids, try soups, puddings, yoghurt, ice cream, milk, fruit juice and sweet jelly
Stage 3	If resident can only manage fluids, sip at full sugar drinks e.g. full sugar lemonade, full sugar coca cola, lucozade or full sugar jelly

Consult your Doctor or Diabetes Specialist Nurse if:

- Resident is vomiting
- Resident does not improve quickly and you are concerned
- Resident's blood glucose levels remain high
- If ketones are present *(Type 1 diabetes only)*

When residents are ill they may not feel like eating but they must continue to take their usual amount of carbohydrate in some other form.

Each of the following is equal to 1 slice bread in carbohydrate value:

FOOD	QUANTITIES
Sugar	3 teaspoons
Honey, syrup, jam, marmalade	3 teaspoons
Glucose tablets	5 tablets
Lucozade	170ml
Fruit juices (natural unsweetened)	small glass (150ml)
Full sugar Coca Cola	small glass (150ml)
Lemonade or similar 'fizzy' sweet drink	1 glass (230ml)
Milk	½ pint (300ml)
Breakfast cereal with milk	½ small bowl
Porridge with milk	½ mug
Thick soup	1 mug
Milk pudding	½ mug
Ice-cream	1 ½ scoops
Yoghurt	1 pot
Sweet jelly made with water	1 pot
Cocoa made with milk	1 mug
Bournvita, Horlicks, Ovaltine made with milk	½ mug

Weight Management Guidance

Is the: Resident □ Relatives/visitors □ Care home staff/medical team □
All in agreement that this is appropriate?

AIM: Maintain current weight / prevent further weight gain □ Weight loss □

GOALS
Encourage healthy choices from menu (if less healthy options are chosen then provide a smaller portion)
Encourage resident to start the day with a healthy breakfast. People who eat breakfast find it easier to control their weight and are slimmer than those who don't
Encourage resident to have half of their plate filled with vegetables/salad and divide the other half between meat, fish, egg or beans and starchy foods like potatoes, rice, pasta or bread
Avoid fried foods and foods high in fat
Encourage fresh fruit as a snack
Use semi skimmed milk in cereal, tea/coffee
Use low fat spread instead of butter or margarine
Offer low calorie puddings e.g. low fat/low sugar yoghurt rather than traditional puddings
Serve three regular, balanced meals a day. Try to have meals at planned times during the day and only include snacks if resident is physically hungry
Aim to offer more fruit and vegetables – recommendations are to include at least five portions of fruit and vegetables each day. One portion is about a handful
Offer foods and drinks that are low in fat and sugar and limit sweet, fatty and salty snacks
Offer low calorie, non caffeinated drinks

If you find that making the food changes suggested in this information have not helped, refer the resident to the Dietitian.

Useful Contacts

Useful information can be found on the following websites: www.diabetes.org.uk

Useful Resources

BDA – The Association of UK Dietitians, Older Adult Food Facts: www.bda.uk.com

The International Dysphagia Diet Standardisation Initiative Framework: www.iddsi.org

Acknowledgements

Pg 34	*Reproduced from Eating Well: supporting older people and older people with dementia – a practical guide.*	*Authors: Helen Crawley & Erica Hocking The Caroline Walker Trust*
Pg 17	*Recipes*	*Reproduced with kind permission from Tayside Dietetic Department*
Pg 23	*Building Residents Up After Covid-19*	*Adapted from resource produced by Dietetic Department, Leicester NHS Trust*
Pg 20	*Fortified Milk*	*Reproduced with kind permission from the Grampian Dietetic Department*

Produced by Older People's Team Dietitians
Caroline Berry, Katrina Taylor & Lindsay Arnott
Nutrition and Clinical Dietetic Department, NHS Fife

Trust a Dietitian

Fife Health Charity

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