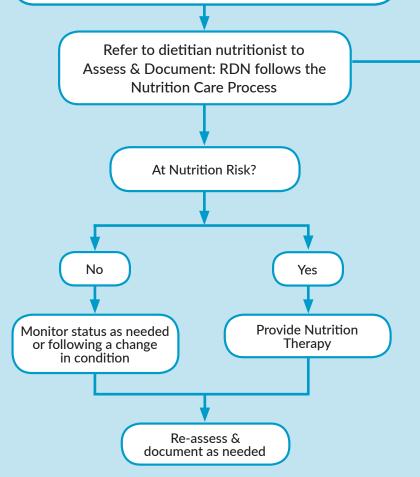
ALGORITHM FOR PREVENTION OF PRESSURE INJURIES: NUTRITION GUIDELINES[†]

Trigger Condition:

- Unintended weight loss ≥5% in 30 days; ≥10% in 180 days
- BMI[§] < 18.5 (weight (lb) / (height (in) x height (in)) x 703 **or** weight (kg) / (height (m) x height (m))
- Swallowing problems/dysphagia
- Receiving enteral or parenteral nutrition
- Poor oral intake
- At risk of developing pressure injury (i.e., low score on Braden Scale^a)
- Immobility
- Infections (i.e., respiratory, urinary tract, gastrointestinal)
- Decline in ADLs (activities of daily living)
- Other selected conditions per facility
- § Body Mass Index
- ^a Braden BJ & Bergstrom N. Decubitus 1989;2(3):44



Dietitian Nutritionist Assessment:1

- Current weight/height
- Determine deviation from Usual Body Weight
- Body Mass Index (BMI)
- Interview for Food Preferences/Intolerances
- Determine nutritional needs
- 1. Calories (30-35 kcal/kg body weight (BW)
- 2. Protein (1.25-1.5 g/kg)
- 3. Fluid (1 mL fluid per calorie intake/d or minimum of 1500 mL/day or per medical condition)
- Compare nutrient intake with nutritional needs: assess adequacy
- Laboratory values (within 30 days)
- 1. Serum protein levels may be affected by inflammation, renal function, hydration and other factors and do not reflect nutritional status
- Consider lab values as one aspect of the assessment process. Refer to facility policy for specific labs
- Risk factors for pressure injury development
- 1. Medical history
- 2. Validated risk assessment (i.e., Braden Scale)
- 3. Malnutrition (use validated screening tool, e.g., Mini Nutritional Assessment (MNA® for ≥65 years available at www.mna-elderly.com)
- 4. Medical treatments
- 5. Medications (review type of medications)
- 6. Ability to meet nutritional needs orally (if inadequate, consider alternative method of feeding) consistent with individual's wishes
- 7. Oral problems (e.g. chewing, swallowing) EAT-10: A Swallowing Screening Tool available at Nestlé Nutrition Institute (www.nestlenutrition-institute.org)

Considerations:

- Incorporate fortified foods at meals for weight gain
- Provide supplements between meals as needed
- Vary the type of supplements offered to prevent taste fatigue
- Provide preferred food/food substitutions
- At admission weigh weekly x 30 days and then monthly
- Monitor acceptance of food and/or supplements offered
- Monitor tolerance of oral nutritional supplements, e.g., diarrhea
- Provide a vitamin/mineral supplement, if intake is poor
- Provide assistance at meal time, if needed
- Encourage family involvement
- Offer food/fluid at appropriate texture for condition
- Liberalize restrictive diets
- Consult with pharmacist and provide food and drugs at appropriate times and amounts
- Consider alternative method of feeding and if consistent with individual's wishes and goals of therapy:
 - 1. Provide tube feeding to meet needs per assessment
 - 2. Monitor tolerance, if needed recommend a specialty formula
 - 3. Provide parenteral nutrition when GI tract is non-functioning
- 1. National Pressure Ulcer Advisory Panel, European Pressure Ulcer Advisory Panel and Pan Pacific Pressure Injury Alliance. Prevention and Treatment of Pressure Ulcers: Quick Reference Guide. Emily Haesler (Ed.). Cambridge Media: Perth, Australia; 2014.
- [†]These are general guidelines based on various clinical references and are not intended as a substitute for medical advice or existing facility guidelines. An individual assessment is recommended.

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