

# ALGORITHM FOR PREVENTION OF PRESSURE INJURIES: NUTRITION GUIDELINES<sup>†</sup>

## Trigger Condition:

- Unintended weight loss  $\geq 5\%$  in 30 days;  $\geq 10\%$  in 180 days
- BMI<sup>§</sup> < 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<sup>¶</sup>)
- Immobility
- Infections (i.e., respiratory, urinary tract, gastrointestinal)
- Decline in ADLs (activities of daily living)
- Other selected conditions per facility

<sup>§</sup> Body Mass Index

<sup>¶</sup> Braden BJ & Bergstrom N. *Decubitus* 1989;2(3):44

Refer to dietitian nutritionist to  
Assess & Document: RDN follows the  
Nutrition Care Process

At Nutrition Risk?

No

Yes

Monitor status as needed  
or following a change  
in condition

Provide Nutrition  
Therapy

Re-assess &  
document as needed

## Dietitian Nutritionist Assessment:<sup>1</sup>

- 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
  2. 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<sup>®</sup>) for  $\geq 65$  years available at [www.mna-elderly.com](http://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](http://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.

<sup>†</sup>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.

©2017 Nestlé. All rights reserved.