Chapter 27 & 28
Nutrition & Fluids

Key Terms

• Aspiration
• Dehydration
• Edema
• Dysphagia
• Gastrostomy tube
• Intravenous therapy (IV)

Digestive System

Fig. 27-1, p. 443
Also known as the Gastrointestinal System (GI system)
Basic nutrition

• Nutrition is the processes involved in the ingestion, digestion, absorption, and use of food and fluid by the body.
• A poor diet and poor eating habits:
  • Increase the risk for infection
  • Increase the risk for acute and chronic diseases
  • Cause healing problems

Cont.

• Cause chronic illnesses to become worse
• Affect physical and mental function, increasing the risk for accidents and injuries

Dietary Guidelines

• The Dietary Guidelines for Americans, 2015 is for persons 2 years of age and older.
• The Dietary Guidelines help people:
  • Attain and maintain a healthy weight.
  • Reduce the risk of chronic disease.
  • Promote overall health.
• The Guidelines focus on:
  • Consuming fewer calories
  • Making informed food choices
  • Being physically active
Daily choices

• Table 27-1; page 445 MyPlate serving Sizes
• Grains
• Vegetable
• Fruit
• Dairy
• Protein Foods

The MyPlate symbol encourages healthy eating from 5 food groups.

• MyPlate, issued by the United States Department of Agriculture (USDA), helps you make wise food choices by:
  • Balancing calories
  • Increasing certain foods
  • Reducing certain foods
• The USDA recommends that adults do at least one of the following:
  • 60 minutes each week of moderate to vigorous physical activity
  • Vigorous activity at least 3 days a week
  • Muscle strengthening
Nutrients

- **Protein**: is the most important nutrient. It is needed for tissue growth and repair. Sources include meat, poultry, fish, eggs, milk, milk products, cereals, beans, peas, and nuts.
- **Carbohydrates**: provide energy and fiber for bowel elimination. They are found in fruits, vegetables, bread, cereals, and sugar.

Nutrients (cont)

- **Fats**: provide energy. They add flavor and help the body use certain vitamins. Sources include meat, lard, butter, shortening, oils, milk, cheese, eggs yolks, and nuts. Dietary fat not used by the body is stored as body fat.
- **Vitamins** (see table 27-2, p. 447)
- **Minerals** (see table 27-3, p. 448)

Food Labels

- Many foods have labels (Fig. 27-3, p. 448) see next slide
- Discuss reading labels
Meeting Nutritional Needs

• A team approach is needed to meet a person’s nutritional needs.
• The nutritional care plan involves the person’s:
  • Likes and dislikes
  • Lifelong habits

Factors affecting eating and nutrition

• Culture: influences dietary practices. Food choices and food preparation
• Religion: selecting, preparing and eating food often involve religious practices. (P. 449) A person may follow all, some, or none of the dietary practices of their faith. You must respect the person’s religious practices.

• Finances: people with limited incomes often buy cheaper carbohydrate foods. Their diets often lack protein, and certain vitamins and minerals.
• Appetite: relates to the desire for food. When hungry a person seeks food. They eat until satisfied. Aromas and thoughts of food can stimulate the appetite.
• However, loss of appetite (anorexia) can occur. Causes include illness, drugs, anxiety, pain, and depression. Unpleasant sights, thoughts and smells are other causes.

• Personal choice: food likes and dislikes are personal. Food choices depend on how food looks, how food smells and how it is prepared.

• Body reaction: avoid foods that cause allergic reactions. They avoid foods that cause nausea, vomiting, diarrhea, indigestion, gas, or headaches.

• Illness: appetite usually decreases during illness.

Factors
- Most of the elderly prefer several small meals a day
- Cost of food is a major factor
- Food preparation
- Eating alone
- Shopping
Special Dietary Needs

- Clear liquid
- Full-liquid
- Mechanical soft
- Pureed
- And many more (see table 27-4, p. 451)

Clear liquids usually given following:
- Certain surgical procedures
- After gastro-intestinal upset such as the "stomach flu"
- Usually used temporarily

Full Liquid Diet

Diet usually progresses from clear liquid to full liquid
Mechanical Soft Diet
Meat is usually ground. Given for persons that have difficulty chewing and swallowing food.

Pureed Diet
Generally served to persons that have difficulty chewing and swallowing.

Regular Diet or General Diet
Usually served to persons that do not have any dietary limits or restrictions.
Person with AD or RD

- Decreased appetite
- Exercise a.c.
- Keep meal time simple
- Serve a glass of juice a.c.
- Have tray ready to serve when resident is seated.
- Serve finger foods.

The Sodium-Controlled Diet

- Heart, liver and kidney diseases, certain drugs and some complications of pregnancy cause the body to retain extra sodium.
- A sodium controlled diet is often needed.
- Box 27-3, p. 453, High Sodium foods

Diabetes Meal Planning

- Diabetes is a chronic disease from a lack of insulin.
- Insulin is produced in the pancreas and lets the body use sugar.
- Dietitian and person develop a meal plan
- Diabetics should eat all that is allowed and only what is allowed
Cont.

• Meals and snacks times are the same time every day.
• Always check the meal tray of a diabetic to see what was eaten.
• Report to the nurse if they did not eat, or if they ate very little, or any changes in the person’s eating habits.

The Dysphagia Diet

• Means difficulty swallowing
• Food thickness is changed to meet the person’s needs (Box 27-4, p. 454)
• If the liquids are thickened they DO NOT USE A STRAW.
• The doctor, speech-language pathologist, occupational therapist, dietician, and nurse choose the right food thickness.

Thickened Liquids

• Must be mixed to the proper consistency
• Must be done for all liquids including oral care brushing and rinsing
• May be done by dietary, nurse, or nursing assistant.
S/S of dysphagia

- Avoid foods that needs chewing
- Tires during mealtime
- Pockets food
- Coughs or chokes before, during or after drinking or eating
- Complains that food gets stuck or food won’t go down
- C/O frequent heartburn
- Appetite is decreased.

Special Orders

- Encourage fluids
- Restricted fluids
- Nothing by mouth (NPO)
- Box 27-6, p. 456 common causes of dehydration

Dehydration

- Poor fluid intake
- Refusing fluids
- Vomiting/diarrhea
- Medications
- Dementia
- Bleeding
- Fever
- Functional impairments – out of reach
Encourage Fluids

• Offer liquids frequently throughout the day.
• Ask resident for their personal preference.
• Check with the nurse to be sure of what they can have.
• Check with nurse if thickened liquid are required.

Restricted Fluids

• More fluid coming into the body than leaving.
  Some Causes:
  • Congestive heart failure
  • Kidney (Renal) disease
  • Receiving renal dialysis

Care of persons on fluid restriction

• Fluids are limited to certain amount determined by the doctor.
• Dietician and nurse determine how the amount will be given during the day.
• Water pitcher and glass are removed from the room.
• Offer oral hygiene to keep the mucous membranes moist. Remind them not to swallow but to rinse.
Aspiration

• Is breathing fluid or an object into the lungs
• Persons with dysphagia are at risk for aspiration
• See Box 27-5, p. 454

Chapter 28

• Enteral nutrition
• Used for persons who cannot chew or swallow
• Different types listed on p. 455
• See figs. On p. 455-456

Preventing Aspiration

• Tubes can move out of place
• Regurgitation is the backward flow from the stomach into the mouth
• To prevent this person is in semi-fowler’s position. Follow the care plan.
• This position may be required for 1 or 2 hours, or at all times
• Never lower the head of the bed without checking with the nurse
IV therapy

• Your job is to be sure you allow enough slack in the tubing when moving, or positioning the person
• Report the following to the nurse:
  • No fluid dripping
  • Insertion site is red, or puffy or swelling
  • Never remove from, or adjust flow pump