

Clinical Interventions Aiding Dietary Intake

The purpose of this document is to highlight factors that can influence an individual's eating and drinking habits. The list contains information to help optimise nutritional status, maintain mealtime safety and encourage the social and pleasurable aspects of meals.

Visual Impairment	<p>Encourage use of reading glasses if appropriate</p> <p>Make sure food and drink is within arm's reach</p> <p>Verbally explain where the food and drink is on the tray using a clockwise system, or show the patient using the cutlery in their hands</p> <p>Use colour contrast on tray e.g. white plate against coloured tray/placemat</p> <p>Minimise glare in the room</p> <p>Offer assistance</p>
Hearing loss	<p>Encourage use of hearing aids if appropriate to help effective communication</p> <p>If the patient doesn't have a hearing aid speak slowly, clearly and if necessary louder, but do not alter your tone</p> <p>Seek clarification that the patient has heard and understood you.</p>
Social issues	<p>Can impact on ability to complete own personal care, eating and drinking independently, and shopping and cooking (once discharged)</p> <p>Consider referral to social services for assessment if this is a concern</p> <p>Eating can often improve in hospital when an individual is being looked after, but consider home circumstances to continue the benefits gained during admission</p>
Dentition	<p>Encourage good oral hygiene to prevent infection, gum disease and oral thrush which can cause pain and taste changes</p> <p>Encourage use of dentures if appropriate</p> <p>If dentures are ill fitting it may be safer to provide a soft diet with no dentures. If teeth are loose / decaying highlight the need for dental review.</p>
Pain management	<p>Ensure correct timing of pain relief to reduce impact on appetite</p> <p>Review this regularly</p>
Medical conditions	<p>Some conditions may cause weight loss through poor absorptive capacity, high nutrient loss, and/or increased nutritional needs</p> <p>Investigate and optimise any underlying medical conditions, e.g. Gastro-intestinal episodes, uncontrolled Diabetes Mellitus, cancer, infections, Chronic Obstructive Pulmonary Disease</p>
Gastrointestinal symptoms	<p>Highlight issues such as diarrhoea, constipation, wind, bloating, nausea, vomiting, reflux, and abdominal pain</p> <p>Treat with appropriate medication for symptom management and regularly review these</p>
Dexterity	<p>Difficulty with fine motor skills can result in difficulty using cutlery, crockery, glasses etc, and opening packaging</p> <p>Offer assistance if appropriate</p> <p>Consider offering finger foods</p> <p>Seek advice from occupational therapy.</p>

Dysphagia	<p>Signs can include coughing, choking, gurgled voice, regurgitating food, persistent drooling, changes in facial colour and the sensation of food getting stuck in the throat or chest</p> <p>If any of the above are observed seek advice from speech and language therapy</p>
Medications	<p>Can impact on alertness and cause drowsiness</p> <p>Can impact on saliva production and cause dry mouth</p> <p>Also consider effect they may have on appetite, gastrointestinal function and/or micronutrient absorption</p>
Positioning	<p>Ensure adequate posture – as near 90° as possible</p> <p>Use pillows to prop up if necessary, e.g. one sided weakness following stroke</p> <p>Ensure food and drinks are within arm's reach</p> <p>Offer assistance if positioning is impacting on ability to self feed</p> <p>Seek advice from occupational therapy</p>
Assistance	<p>Encourage family/carers/friends to visit and offer assistance at meal times. (Particularly important for patients with dementia who are more likely to accept food from a familiar face)</p>
Temperature	<p>Ensure patient is a comfortable temperature. If too hot – open window/use a fan, or suggest the removal of a layer of clothing. If too cold, close window/move further away (if possible), or suggest another layer of clothing</p>
Noise	<p>Limit background noise and distractions</p>
Socialising during meals	<p>Should be encouraged only if appropriate</p> <p>Offer privacy to those who have difficulty eating if they wish to avoid embarrassment or loss of dignity</p> <p>If easily distracted limit socialisation at meal times</p>
Psychiatric/Psychological difficulties	<p>Low mood, anxiety, eating disorder traits, self neglect, depression, isolation, bereavement – validate the individuals concerns and offer gentle encouragement. Mood is likely to improve with adequate nutrition</p>