Eating well to prevent falls

The role of Allied Health professionals
Allied Health Professionals have a key role in ensuring that the underlying causes of malnutrition are recognised and managed.

The following slides outline how:

- Dietitian’s
- Occupational Therapist’s
- Speech Pathologist’s

can assist older people to eat well to prevent falls.
Role of the Dietitian

- **Conduct Assessment** of pre-morbid and current nutritional status
- **Calculate** nutritional requirements *(energy, protein, fluid)*
- **Translate** requirements into appropriate nutrition support
- **Monitor** intake and nutritional status
- **Liaise** with multidisciplinary team
- **Educate** for discharge and provide follow up if required
**Nutrition Intervention**

Goal: *Optimise nutrition status and/or prevent further weight loss*

- High energy high protein diet
- Additional nourishing mid meal snacks
  - Custard, yoghurt, ice cream
  - Fruit cake, biscuits
- Oral nutrition support supplements
  - Ensure Plus – 1.5kCal/mL
  - Sustagen – 1Kcal/mL
  - Recover
  - Ensure Plus Juice
Nutrition Education

• High Energy High Protein (HEHP)
  • Increased nutrition requirements (energy & protein) post surgery
  • Prevent weight loss
  • Increase muscle mass/prevent muscle wastage

• Food fortification – *making every mouthful count*

• Home Enteral Nutrition for nutrition supplements
Role of the Occupational Therapist

• **Conduct Assessment** of pre-morbid and current physical and cognitive ability to manage eating and drinking utensils, and ability to prepare food on discharge.

• **Trial** adaptive eating and drinking utensils to assist in better nutrition and hydration if required on the ward.

• **Liaise** with multidisciplinary team regarding use of adaptive utensils on the ward.

• **Facilitate provision** of adaptive eating, drinking and food preparation utensils for use on discharge.

• **Educate patient and family/Carer** re equipment, and facilitate follow up
Examples of adaptive utensils

- Built up cutlery to increase grip
  - spoons, knives and forks.
- Angled spoons
- Alternative cups
- Modified plates (e.g. edge to push food up against)
- Non-slip placemats
- Adaptive food preparation implements e.g. jar openers, angled knives, one handed cutting boards
- Kettle tippers
**Role of the Speech Pathologist**

- Speech Pathologists manage **dysphagia** (difficulty swallowing) to reduce the risk of aspiration.

- **Conduct assessment** of swallowing ability via clinical swallowing assessment, not sip test.

- **Recommend** modified diet or fluid consistencies, or safe swallowing strategies.

- **Liaise** with multidisciplinary team about tolerance of prescribed diet/fluids, monitor chest status and diagnoses for dysphagia.

- **Facilitate provision** of purchasing thickened fluids/ thickening powder for use on discharge.

- **Educate patient and family/Carer** about preparing modified diet and fluid consistencies at home and facilitate follow up in the community if required.
Role of the Speech Pathologist

If concerns with swallowing arise such as:

• Coughing/choking or wet/gurgly voice with eating/drinking

• Clinical signs of aspiration such as temperature spike and decreased chest status

Patient may have **dysphagia** (difficulty swallowing).

• Staff should refer to Speech Pathologist.
Continuum of modified diets and fluids used by Speech Pathology

<table>
<thead>
<tr>
<th>Solids/Diet</th>
<th>Fluids</th>
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<tbody>
<tr>
<td>Full</td>
<td>Thin</td>
</tr>
<tr>
<td>Soft- dental</td>
<td>Mildly thick (level 1)</td>
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<tr>
<td>Soft-dysphagia</td>
<td>Moderately thick (level 2)</td>
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<tr>
<td>Minced and bread dental</td>
<td>Extremely thick (level 3)</td>
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<tr>
<td>Minced, moist dysphagia</td>
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<tr>
<td>Puree and bread dental</td>
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<tr>
<td>Smooth puree dysphagia</td>
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Safe Swallowing Strategies

• **Always sit upright** – DO NOT lean backwards in the bed or chair. Helps to close off the entrance to the airway and lungs.

• **Take small mouthfuls and eat slowly** – Take one sip of drink at a time so you don’t overload already weakened muscles.

• **Do not use a straw (unless recommended by Speech Pathologist)** The fluid moves a lot faster through a straw and weakened muscles find it harder to control.

• **Alternate food then a drink** The drink will clear any food or residue that maybe at the back of the throat.

• **Encourage self-feeding where able** Patient will be more prepared.
Making every mouthful count