

# Eating well to prevent falls

## The role of Allied Health professionals



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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*

Solids/Diet	Fluids
Full	Thin
Soft- dental	Mildly thick (level 1)
Soft-dysphagia	Moderately thick (level 2)
Minced and bread dental	Extremely thick (level 3)
Minced, moist dysphagia	
Puree and bread dental	
Smooth puree dysphagia	

# *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*



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