

# Fluids and Nutrition

## Aim

SOS Homecare aims to provide high quality services for people who are often vulnerable. Food safety is therefore essential when preparing and handling food. This policy aims to ensure that staff understand the importance of supporting clients to have a healthy diet, that staff can recognise the signs and symptoms of dehydration and malnutrition, that staff understand how to prevent dehydration and malnutrition and that staff have the skills and knowledge to support individuals to have access to fluids, food, and nutrition in accordance with their care plan.

## Food Hygiene

Food must be prepared and stored in ways that prevent it becoming contaminated with things that can cause harm or illness. Food hazards could be:

- **Physical** – such as objects that can be harmful, for example bones or bits of packaging. These could be in food when bought or introduced when preparing food. Check for these as far as is possible
- **Chemical** – such as pesticides, weedkillers or cleaning chemicals that could be harmful if eaten, for example pesticides attached to fresh fruit and vegetables or cleaning products sprayed onto prepared foods. Ensure all fruit and vegetables are washed before preparation and avoid spraying cleaning products close to food.
- **Allergenic** – such as those that may cause reactions if an individual is allergic to the food, for example nuts, shellfish, milk or gluten. These may cause an itchy skin rash, breathing problems and/or stomach cramps with vomiting or diarrhoea. In the worst case the person may go into an **anaphylactic shock**. Always ensure foods that contain allergens are kept and prepared separately from foods that do not.
- **Bacterial** – such as micro-organisms in food, for example raw foods that need to be cooked to remove the pathogens, or those found in the human gut, nose and mouth that can be transferred to food during the storage, handling and preparation process. Effective food safety principles should be followed to remove these risks.

Some groups of people are more **vulnerable** to food-related illnesses because of a weakened immune system. These groups can include:

- **babies, toddlers, children and teenagers:** as immunity develops throughout our lives, the older we get the more immune we become to germs
- **pregnant and breastfeeding women:** childbearing and breastfeeding uses up a lot of the body's iron and zinc which are important for immunity
- **older people:** their immune system becomes less effective in recognising contaminated food

- **people living on a low income:** they find it difficult to afford a healthy and balanced diet
- **people in prison:** particularly through exposure in confined spaces to infectious diseases like tuberculosis and hepatitis C
- **people in hospital:** illness weakens the immune system, and some medication may also affect the immune system.

It is essential that precautions are taken to ensure that food is safe to eat. There are some basic principles staff must follow when handling, storing or preparing food, these include:

- wash your hands thoroughly before touching food
- wear gloves whilst preparing food
- wash equipment in hot water between uses
- ensure food is cooked thoroughly
- store food in sealed containers and keep cool
- food stored in a fridge should be labelled, dated and kept at 5°C or below
- store raw meat below cooked food in the fridge
- prepare raw and cooked foods separately
- equipment should be washed in hot soapy water or a dishwasher if available.

### **The importance of good Nutrition and Hydration**

The food and drink that we have must provide the nutrients that our bodies need to work properly. To stay healthy, we need a diet that includes the correct balance of the following:

- fruit and vegetables
- bread, rice, potatoes, pasta and other starchy foods
- meat, fish, eggs, beans and other non-dairy sources of protein
- milk and dairy foods
- foods and drinks high in fat and/or sugar.

In addition, fluid is essential for life. Without enough fluid the body cannot carry out basic processes that enable it to function correctly, such as: digesting food and enabling nutrients to be absorbed enabling blood to circulate around the body removing waste products via urine and faeces keeping cells and tissues moist, helping to avoid infection controlling body temperature by perspiration maintaining brain function.

It is recommended that individuals should have about 1 ½ – 2 litres of fluid each day or 6–8 cups or glasses. Most ordinary drinks (for example, fruit juices, milk, tea and coffee in moderation and low sugar drinks) count as fluid but lots of alcohol can lead to dehydration.

The best fluid to rehydrate the body is water. Some medical conditions, such as certain types of heart condition or kidney disease will require individuals to drink less.

### **Signs and symptoms of poor nutrition and hydration**

The term malnourished means that an individual's diet does not contain the right balance of nutrients it needs to function properly. This could include under-nutrition, when a person does not get enough nutrients or over-nutrition, when a person has more nutrients than they need.

### **Signs and symptoms of malnutrition**

- muscle weakness
- feeling tired all the time
- increased infections
- more falls
- constipation
- lack of energy
- gaining or losing weight
- changes in behaviour
- depression
- poor wound healing.

### **Signs and symptoms of dehydration**

- feelings of thirst as the body tries to increase fluid levels
- dark coloured urine as it tries to reduce fluid loss
- headaches, tiredness and confusion, as the flow of blood to the brain decreases.

(These signs might also indicate an undiagnosed health problem, for example type 2 diabetes.)

Ongoing dehydration can contribute to:

- constipation
- urinary tract infections, which are prevalent in some groups in care
- kidney stones and infections
- poor wound healing.

If dehydration remains untreated, it can have serious consequences. Blood circulation can be affected or kidneys can fail.

### **Promoting adequate nutrition and hydration**

Providing for nutrition and hydration must be carried out in a person-centred way. Efforts must be made to meet each individual's needs and choices. The care plan is an essential part of recording and delivering this.

All clients will have a care plan which will include an assessment of their nutrition and hydration needs. This should include details of:

- any food allergies
- likes and dislikes
- the support needed to eat and drink, e.g. whether they have their own teeth and, if not, can they eat normally or do they need soft food? Do they need help with cutting up food or opening packs like yogurts?
- any beliefs or preferences that affect the foods that they eat. Some individuals choose not to eat certain foods, for example, if they are vegetarians or vegans
- any foods they should not have because of medication. For example, some people on certain medications for depression should not have cheese, or people taking medication for high cholesterol should avoid grapefruit
- any foods the client should avoid because of health conditions. For example: people with raised blood cholesterol levels may be advised not to have too much saturated fat such as butter, fried items and pastry; people with diabetes may be encouraged to avoid too much sugar found in sweets, chocolate, sugared breakfast cereals, cakes and puddings and encouraged to eat fewer of these or smaller portions; those who have high blood pressure may be advised to limit salt; anyone who is obese should be encouraged to limit sugary and fatty foods.
- Any difficulties in eating or drinking without help. This may be due to: forgetting to eat (perhaps due to dementia); side effects of medication which may affect appetite or cause sickness; poorly fitting false teeth; physical illness such as a stroke which may have affected the individuals muscles around their mouth for chewing or hand for lifting drinks; depression which may cause poor appetite; a visual impairment which may affect the way a person sees their food to eat it
- Any equipment used to support the individual to eat/drink independently. This might include: technology such as clocks or reminder messages to tell someone when it is time to eat or drink; cutlery with shaped and padded handles that can help with gripping; two-handled mugs to help people with poor grip, tremors or weak wrists; cups with lids to reduce the risk of spillage; one-way straws that help people to drink without the need to lift cups and glasses, even if muscle weakness has reduced their ability to suck; non-slip mats which stop plates from moving around while people are

cutting food; plates and bowls with high sides to prevent food falling off the edges; insulated bowls which keep the food hot if the individual eats slowly.

It is important that individuals are treated with **dignity and respect**. They should have plenty of time to eat, not be rushed and be able to choose whether they would like to use any equipment offered.

If you have concerns that an individual is not eating or drinking enough despite being encouraged and supported, you should discuss your concerns with your manager who may seek advice from a specialist such as a dietician or a nutritionist. They will ensure that additional support can be provided. This might include:

- closer monitoring of nutrition and fluid intake
- talking to the person to identify any barriers to eating and drinking
- emphasising that good nutrition and hydration are important
- discussing the problem with the person's carer or family member
- consulting with other workers such as doctors, therapists or dentists.

## **Supporting individuals to have access to fluids, food and nutrition in accordance with their care plan**

### **Fluid**

Individuals should have access to fluid at all times, unless it is restricted for medical reasons. They should be encouraged to drink throughout the day and not wait until they feel thirsty, as feelings of thirst are an early sign of dehydration.

To make sure that individuals are drinking enough you need to offer drinks and encourage and support them to drink as set out in their care plan. Drinks need to be refreshed regularly and placed within easy reach for those with restricted movement or mobility.

If you are at all concerned about an individual's fluid intake, you must report these concerns to your manager.

### **Nutrition**

Food provided should be in accordance with an individual's care plan, and the care plan must ensure that cultural preferences, needs related to health conditions, and allergen advice is followed.

Food safety principles must be applied when storing, preparing, and handling food. Food must be served at the right temperature and within easy reach.

If the care plan states that the person needs encouragement or help and support with eating, this needs to be provided. If an individual needs specific utensils to eat independently, these need to be available and within easy reach.

As with concerns about fluid intake, any worries about an individual's food or nutrition must be shared with your manager.

### **Recording Fluid and Nutrition intake**

Where the care plan states that food or drinks should be prepared it is essential that the carer does the following:

- offers the client an appropriate choice of food and drinks. This should take into account their individual preferences, any allergies or medical requirements, any dietary requirements (e.g. is a soft diet required)
- prepares the food and drink as directed by the client (or instructions on the packet), in line with food hygiene regulations
- records in the daily notes what food/drink has been prepared for the client
- supports the client to eat/drink where required – this includes ensuring that appropriate equipment is used as necessary

Where there are concerns about the fluid and food intake for individual clients it may be necessary for the carer to record the following:

- volume of fluid given
- volume of fluid consumed
- volume & colour of urine (if the client goes to the toilet while the carer is present, or has a leg bag)
- amount of food given
- amount of food consumed
- consistency of stools (if the client goes to the toilet while the carer is present)

Specific food/fluid intake sheets/charts will be provided where necessary.

### **End of Life**

People with a terminal illness will often experience changes to the way they eat and drink. This can be caused by:

- changes in taste and smell – this can affect which foods they find appealing
- loss of appetite
- sore or dry mouth
- nausea and vomiting
- constipation
- difficulty swallowing – this is common in head and neck cancer and neurological conditions such as motor neurone disease (MND), Parkinson's, multiple sclerosis (MS), and dementia
- fatigue

- depression, anxiety or stress
- the body slowing down and not needing or wanting to eat or drink in the last few days and hours.

Not being able to eat and drink in the same way as before can cause problems, including weight loss and fatigue. It can also make people feel isolated from the social aspects of meals.

### **What can I do to support someone with eating and drinking?**

There are lots of things you can do to support someone with their eating and drinking:

- Find out what food and drinks they like and don't like.
- If they have dentures, make sure they're being used and that they fit comfortably.
- If they have low appetite or fatigue, offer them small meals or snacks throughout the day as these can be easier to manage than big meals.
- Plan meals or snacks for when they have the most energy.
- Make sure they're comfortable – help them to sit upright in bed or in a chair.
- Assist them with toileting if required as going to the toilet can help someone feel more comfortable before they eat.
- Make sure the environment is appropriate for eating – cover any medical equipment such as catheter bags.
- Limit distractions, for example turning off televisions.
- If you're assisting someone with eating, holding their hand can help to show your support.
- If appropriate, include them in meal times with other people so they can take part in the social aspect of meals too.
- Support good mouth care (see oral care policy).

### **When should I ask for help?**

If the person has a sore or dry mouth, nausea and vomiting or constipation, they might need treatment from their GP, district nurse or specialist nurse.

A dietitian can advise someone on a good diet for them and may be especially helpful if they have changes in taste and smell or a low appetite.

If you're worried that the person has any problems with swallowing, they should be assessed by a speech and language therapist.

### **Difficulty swallowing**

Neurological conditions such as MND, MS, and Parkinson's can affect the muscles and nerves and cause difficulty swallowing (dysphagia). People with dementia and head and neck cancer can also be affected.

If someone has difficulty swallowing, there is a risk that when they swallow, food and drink doesn't go into their stomach but ends up in their lungs. It can cause choking, and if food gets into the lungs it can cause pneumonia and can make people very unwell, and sometimes lead to death.

It's important to check that someone is swallowing safely. Signs that someone may have difficulty swallowing include:

- coughing or choking when eating or drinking
- bringing food back up, through the mouth or nose
- drooling of saliva
- being unable to chew food properly
- feeling that food is stuck in their throat or chest
- a wet or 'gurgly' sounding voice
- lung infections including pneumonia.

If you suspect someone has difficulty swallowing, it is essential that you inform the office. who will then contact the GP, district nurse or specialist nurse to arrange an assessment from a speech and language therapist.

The following actions can help if someone is having difficulty eating and drinking. It is important that you follow any instructions recorded in the care plan carefully, and inform senior staff if you believe the swallowing is getting worse.

- observing the person when they eat and drink
- providing a soft diet
- thickening fluids for drinking
- avoiding all food and drink by mouth – sometimes called nil by mouth (NBM)
- changing oral medications to other routes such as injections, patches or syringe drivers
- giving artificial nutrition and hydration (ANH)

*NB: the use of syringe drivers and ANH must only be carried out by medically trained staff*

### **Last few days of life**

It's very common for someone to become less interested in food in the last few days of life. This is normal. Everyone with a terminal illness eventually stops eating and drinking.

This doesn't tend to be distressing for the person who is dying but it can be very difficult for their family and friends. Providing food for our loved ones is a big part of showing that we care for them. Family and friends often want to continue doing this and don't want to feel that their loved one is hungry or thirsty.



Family and friends often ask if the person can have artificial hydration and nutrition, for example tube feeding or subcutaneous fluids. For some conditions, this is an option. But for other conditions, and often when people are in their days, there is no evidence that it helps people to live longer or improves their quality of life.

Explain to the family that eating and drinking less is normal in the last few days. This can be a difficult conversation. Ask for help from an experienced colleague if you don't feel comfortable.

### **Supported nutrition and hydration**

Some people will need support to make sure they get enough food and drink. This can come in different forms:

- Oral nutrition support – for example extra snacks or fortified drinks such as Ensure and Fortisip.
- Enteral feeding – delivering artificial liquid feed directly into the gut through a tube.
- Parenteral feeding – delivering artificial liquid feed into the bloodstream intravenously (IV).

*NB: Enteral and Parenteral feeding must only be carried out by medically trained staff*

### **Training**

Food Hygiene and Nutrition/Fluids training will be included in the company induction. Refresher training will be provided every two years.

Employees who carry out specialist care tasks, such as Percutaneous Endoscopic Gastrostomy (PEG) feeding, will be required to undertake a competency assessment before carrying out such tasks, and must attend refresher and update training as required to maintain competence. All such specialist training will be carried out by medical professionals.

Employees supporting clients who are in the end stages of life will receive additional training as required.

### **Review**

This policy will be reviewed annually, or more frequently if current best practice guidelines change.