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Nutrition Matters

September 2010

Hello and welcome to Nutrition Matters produced by the Melbourne Dietetic Centre for Aged Care Facilities to support optimal nutrition practices. The professional dietitians at the Melbourne Dietetic Centre compile the nutrition insights offered in this newsletter.

In this issue we look at how to optimise the food intake of residents with dementia.

Finger foods aren't just for children and parties

What is Dementia?

Dementia is a common term used to describe many illnesses that result in progressive decline of a person's memory, functioning, intellect, social and emotional skills. The most common types of dementia include Alzheimer's Disease and Vascular Dementia. Other less common types are dementia with Lewy Bodies, Frontotemporal Lobar Degeneration and Korsakoff's Syndrome (alcohol related dementia). Nutrition is important for residents with all forms of dementia.

Working in an aged care facility, you will know that maintaining a resident's nutrition and preventing weight loss can be challenging. For residents with dementia this can be even harder. People with dementia may lose weight because of a number of reasons: they may forget whether they have eaten or they may no longer be able to recognise some foods, or food at all. Additionally residents may have difficulty using cutlery, chewing or swallowing, become easily distracted often leaving the table prior to completing meals or they may be unable to verbalise their food preferences or hunger levels. Some people with dementia may experience a combination of these symptoms, making it very difficult for them to maintain adequate nutrition. These are all daily issues faced in aged care facilities.

For most nutrition issues related to dementia there is no one magic solution; instead a trial and error approach, in consultation with an Accredited Practising Dietitian, is best. The remainder of this article will look at how finger foods may be useful for people with dementia.

What are finger foods?

As the name suggests, finger foods can be eaten easily, without the need for cutlery. They are foods that hold their form when picked up and require limited chewing. Suitable finger foods would include: a small sandwich, cubes of tasty cheese, meat balls, fruit platters – bite size pieces or small fruit muffins. Ideally finger foods in a dementia menu are not just party pies, sausage rolls and other common party foods, as these lack adequate nutrition and can contribute to a nutritionally inadequate menu. In general, while finger foods can be in-

cluded in anyone's diet, they tend to be most useful for residents with middle to late stages of dementia, as this is when they are most likely no longer able to cope independently with a normal meal.

Why are finger foods important for people with dementia?

- Can be 'eaten on the run'

Useful for those residents who wander and won't stay sitting at dining table long enough to complete a meal

- Does not require the use of cutlery

Better for residents with poor fine motor skills

- Nutritious

With assistance of a dietitian an entire menu can be developed using finger foods

- Residents able to maintain independence and dignity

Residents who cannot use cutlery effectively if not given finger foods will require full feeding assistance

- Can save time

Getting residents (who wander) to 'eat on the run' will save staff time required in re-directing to the task of eating at the dining table and will minimize the number of full feeds required

- Can stimulate a resident's appetite if presented in an attractive manner

However, when implementing finger foods to a menu, the food safety issue of choking needs to be considered. Remove seeds, skins, bone, etc, ensure residents requiring a soft diet are not provided with bite size pieces that are not considered soft and continue to provide adequate supervision of residents having finger foods.

If your facility hasn't been using finger foods, a good place to start is with mid-meal snacks. For facilities with dementia specific units it is ideal if there can always be some simple finger foods available to offer as meal alternatives if required. It is worth remembering, that just like a small child learning to eat, residents with dementia may need to be offered the same food on several occasions before they accept it; the same can be said for residents changing to finger foods.



Finger foods aren't just for children and parties Cont...

Preparing a finger food menu

Food Group	Serves	Food suggestions
Breads and Cereals	4-9	<ul style="list-style-type: none"> • Buttered toast or bread fingers • Small bread rolls with butter • Sandwiches • Buttered crumpets or muffins • Biscuits • Scones, pikelets • Oatmeal slices (home made)
Vegetables	5	<ul style="list-style-type: none"> • Potato wedges or chunky chips • Small roast potatoes • Broccoli florets • Carrot & celery sticks • Cherry tomatoes - cut in half • Cucumber sticks • Vegetable patties • Baked vegetable slices, eg zucchini slice • Corn fritters
Fruits	2-3	<ul style="list-style-type: none"> • Slices of pear or apple • Melon wedges • Orange segments • Slices of kiwi fruit • Strawberries • Bananas, whole or sliced • Dried fruit e.g. apple rings, apricots • Seedless grapes • Banana fritters • Small fruit muffins
Meat/alternatives	1-2	<ul style="list-style-type: none"> • Meat sliced & cut into bite size pieces • Fish fingers • Fishcakes • Hard boiled eggs, quartered • Chicken drumsticks, lamb cutlets • Meatballs/rissoles (beef, chicken, pork, Lamb) • Sausages • Sausage rolls • Quiche slices • Omelette pieces • Chicken drumstick, lamb cutlets (fat and gristle that may cause choking should be cut off)
Dairy/alternatives	3	<ul style="list-style-type: none"> • Cheese cubes or sticks • Melted cheese on toast, cut into quarters • Ice-cream cones • Milk in tetra packs • Frozen yoghurt poles/cones

Sample Day Menu

Breakfast

Wholemeal toast, Boiled egg (shell removed), Milk, Banana

Morning Tea

Sliced apple, small muffin with milk, tea, coffee

Lunch

Soup (thin/puree in a cup)
Meat balls with gravy/sauce, potato wedges and corn cobbettes. Ice cream in cone. Fruit Juice, water or cordial

Afternoon Tea

Pikelets with margarine and jam, cheese sticks Milk or fruit juice

Dinner

Zucchini slice with cubes of ham, cherry tomato (halved), stick of carrot/celery or cucumber, Apple cake, milk, juice or cordial

Supper

Milo, Banana, fruit toast or biscuit

Tip: If a resident is going to be eating with their fingers, make sure their hands are cleaned regularly to avoid contamination of foods and gastric upset.



Further Information

Alzheimer's Australia

Simple factsheets on common nutrition issues

<http://www.alzheimers.org.au> 1800 100 500

Reference Books

Finger Foods: a 3-week menu and recipes / Nutrition Consultants Australia. Nutrition Consultants Australia, [2003]

Best practice food and nutrition manual for aged care facilities: Addressing nutrition, hydration and catering issues / Bartl, Rudi and Carolyn Bunny. -- Gosford, NSW: Central Coast Health, 2004.

Well for life: Improving nutrition and physical activity for residents if aged care facilities / Victorian Government Department of Human Services, Melbourne, Vic. -- Melbourne, Vic: Department of Human Services Victoria, 2003.

Nutrition week October 10-16 2010

World Food Day October 16

Make nutrition a priority at your facility during this week. Have a dietitian as guest speaker for your staff or residents. Prepare a special lunch on October 16, or simply use this week to review residents' nutrition at your facility.

NEW @ MDC

MDC Weight Tracking Chart

MDC have recently developed and implemented a new weight-monitoring chart designed to assist your aged care facility to track weight variation. The digital chart tracks weights over a 12 month period and automatically identifies residents who gain or lose 2 kg within 1 month, whilst also auto-highlighting gradual weight variation over time. When weights are entered into the chart, the weight will become highlighted if action is required, ie weight shows a 2Kg loss, or resident presents with 3 consecutive weight losses.

Already in use at many facilities throughout Victoria, this chart assists in maintaining compliance with standard 2.10 Nutrition and Hydration and removes the risk of having residents with unidentified weight loss/gain.

To find out more about the chart and how to get it set up in your facility contact MDC main office phone (03) 9817 1544 or email admin@mdc.id.au

Preparing for Accreditation, start now!

5 steps to get you started with Nutrition and Hydration systems

1. Implement/Review your weight management policy

Have interventions and guidelines on when to refer to specialist such as the dietitian when residents lose or gain weight. Check your staff are actioning your weight policy e.g. review weight charts and cross reference progress notes for management consistent with your policy. Contact dietitian if concerned about individual residents

2. Review menu

Have menu reviewed to ensure it meets resident's needs and is nutritionally complete. MDC recommends a comprehensive menu review at least annually

3. Dietitian to review enteral feeds

Residents with complex health issues such as a PEG feeding should be seen at least annually by a qualified dietitian. More often reviews may be required, especially initially or if the resident is losing/gaining weight.

4. Compile evidence of continuous improvement

Collate any nutrition, catering meeting minutes, quality audits, nutrition education, catering feedback, facility weight and

supplement reviews. Ensure you have a process for identifying your nutrition care gaps and you have documentation to show improvements made and current plans of improvement.

5. Check residents' diet requirements and preferences

Review residents' diet preferences in consultation with nutrition care team (dietitian, nursing staff, resident and relatives). Update diet forms and care plans at least annually as residents are likely to change their mind about their food preferences. Make sure all diet information is congruent; especially ensure kitchen documentation reflects updates made in resident histories.

Relevant standards: 2.10 Nutrition and Hydration, 4.8 Catering, 2.1 Continuous Improvement

Need assistance?

Contact MDC and an aged care dietitian expert will conduct a Nutrition and Hydration Review to identify gaps and areas for improvement at your facility.





Nursing Homes in the News

ELDERLY patients in nursing homes are being fed cold and inedible food, left sitting in urine and faeces and subjected to cruel and at times inhumane treatment from overworked and under-resourced carers ...

Frail residents incapable of feeding themselves are left to negotiate often cold, unappetising meals or left to go hungry.

Sydney Telegraph May 30, 2010.

At MDC we understand that it can be difficult to get everything done with limited staffing. However we encourage all facilities to roster staff breaks outside resident meal times to maximize the assistance available to residents. Likewise we encourage staff to spend 1:1 time with residents during meal time, avoid plating meals too early and leave insulated covers on meals until staff are able to provide assistance with feeding residents. This way we can all work together to make sure residents are able to enjoy the meals provided.

About MDC

Melbourne Dietetic Centre (MDC) is an aged-care nutrition leader in Victoria, providing specialized aged-care services of an exceptionally high professional standard.

Why should I choose an MDC dietitian for my facility?

- ✓ Aged-care specialists
- ✓ Flexibility to work with you according to your individual needs
- ✓ We concentrate on making you accreditation-ready all the time
- ✓ Always contactable (full-time reception and after hours emergency line)
- ✓ Better value for money as effective and efficient use of time and resources
- ✓ You receive the values and experience of a cohesive team of 15 dietitians, not just a sole provider
- ✓ Access to a plethora of resources, associations, current research and best practice guidelines
- ✓ Strong focus on quality assurance and continuous improvement both internally and for your facility
- ✓ Your own Customer Partner, who keeps in regular contact with you to ensure optimum services are continually provided according to your needs

MDC can provide your facility:

- Staff education
- Food service workshops
- Weight reviews
- Nutrition and hydration auditing
- Menu reviews and menu planning
- Assistance for passing accreditation
- Quality Assurance activities and reports
- Nutrition screening for malnutrition risk
- Comprehensive Diet Manual detailing modified diets & special meal plans
- Efficient regular or on-call clinical services
- Locum or leave cover for your regular dietitian
- Nutrition and hydration policy development



Melbourne Dietetic Centre

For further information visit www.dietitiancentre.com.au

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