

Nutrition and Wounds

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**Nutrition
Professionals**
Australia

*solutions for
a healthy life*



Nutrition and wounds

- Inadequate nutrition is one of the major risk factors associated with pressure ulcer development
- Poor nutritional intake increases the risk of developing pressure ulcers, increases risk of infection and impedes the healing process.
- Adequate healing is dependent on sufficient nutrition and hydration.



Nutrition Related Risk Factors

- Malnutrition- low BMI
- Dehydration
- Recent weight loss
- Reduced food intake
- Impaired ability to eat
Independently
- Low albumin, Zn, total protein
- Uncontrolled diabetes





Nutrition in Treatment of wounds

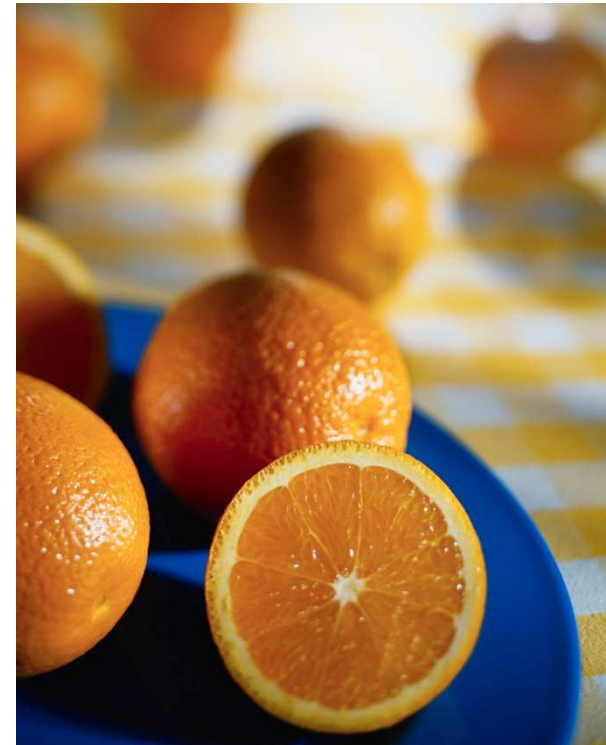
- Limited studies
- A variety of nutrients are important in wound healing but optimal quantity and combination is unknown





Important nutrients

- Energy
- Protein
 - Arginine
 - Glutamine
- Vitamin C
- Vitamin E
- Vitamin A
- Zinc
- Iron
- Omega 3 fatty acids
- Fluid





Recommendations for Care

NPUAP-EPUAP guidelines recommend:

- Nutrition Screening
- Nutrition Assessment
- Early assessment and intervention
 - Weight history
 - Ability to eat independently
 - Adequacy of intake



Recommendations for Care

- Provide sufficient Calories
 - 30 to 35 Cal/kg
 - More if required
 - Liberalise dietary restrictions where indicated
 - Provide supplements
 - Consider nutrition support



Recommendations for Care

- Provide adequate protein
 - 1.25- 1.5g Protein/kg for PU
 - Monitor renal function
- Provide and encourage adequate fluid
- Provide adequate vitamins and minerals
 - Encourage consumption of a balanced diet
 - Multivitamin and mineral supplement
 - Offer commercial supplements when dietary intake is poor



Recommendations for Care

- Official recommendations for care do not mention specific wound care supplements
- Studies have been done for individual nutrients
- Difficult to quantify what is the protective factor in a whole supplement
- Studies often done in PU- can we extrapolate to other wounds?
- Anecdotal reports are very positive



Nutrition screening

- Gives an indication that the person might be at risk of malnutrition
- Aims to identify those at risk
- *On presentation and ongoing*
- *Frequency- every care plan review*
- Must be used together with a plan of action
- *Only the beginning- interventions must be highlighted*



Nutrition Support Pathway

- The plan of action is more important than the tool
- Implement nutrition support strategies-
high protein high energy diet
- Weigh regularly
- Monitor intake
- Review progress
- Early referral to a dietitian if nutrition continues to deteriorate



High Protein High Energy Diets

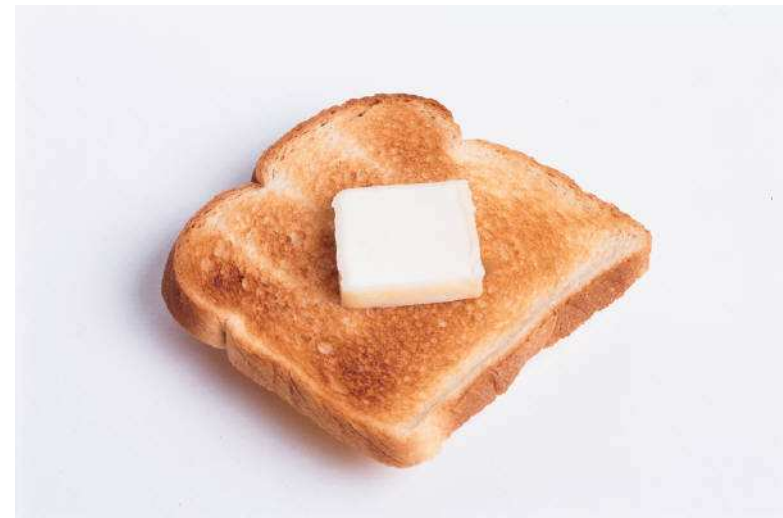




Add extras to the food

- Butter, margarine
- Cream
- Sour cream
- Grated cheese
- Milk powder
- Glucose polymers*
- Protein powder*
- Energy supplement*

* Dietitian only





Small frequent meals

- Small meals often – large helpings may be daunting
- Don't forget snacks
- Serve dessert later
- Grazing
- Serve on a bread and butter plate
- Mid-meals are vitally important





Nourishing fluids

Use full cream dairy foods

- Milk drinks
- Milkshakes
- Iced coffee
- Hot chocolate
- Hot milk coffee
- Juice
- Even cordial
- No egg flips (commercial egg nog is OK)





Commercial supplements

- Try other measures first
- Supplements are expensive
- Energy supplements
- Standard supplements- complete or incomplete
- Energy dense supplements
- Puddings
- Clear fluid supplements



Specialised Supplements

Arginaid Extra, Diabeteshield, Cubitan





References

The Role of Nutrition in Pressure Ulcer Prevention and Treatment: National Pressure Ulcer Advisory Panel White Paper, Becky Dorner et al (US National Pressure Ulcer Advisory Panel)

Nutrition Therapy in the Prevention and treatment of pressure ulcers. Crowe T and Brockbank C- Wound Practice and Research Vol 17 (2) May 2009 p 90



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