

## Helping the patient with reduced hydration and nutrition

### 1: Maintaining the environment for eating and drinking

Introductory level

<p>Produced by <b>St. Oswald's Hospice</b> Regent Avenue Gosforth Newcastle-upon-Tyne NE3 1EE</p> <p>Tel: 0191 285 0063 Fax: 0191 284 8004</p> <p>This version written and edited by:</p> <p><b>Dorothy Mathews</b> Macmillan Nurse for People with Learning Disability. <b>Lynn Gibson</b> Manager of Northumberland Physiotherapy service (LD) Northumberland Tyne &amp; Wear NHS Foundation Trust <b>Claud Regnard</b> Honorary consultant in Palliative Care Medicine, St. Oswald's Hospice</p>	<p><b>Aim of this worksheet</b> To consider how to ensure the environment is best suited for eating and drinking.</p> <p><b>How to use this worksheet</b></p> <ul style="list-style-type: none"><li>• You can work through this worksheet by yourself, or with a tutor.</li><li>• Read the case study below, and then turn to the Work page overleaf.</li><li>• Work any way you want. You can start with the exercises on the Work page using your own knowledge. The answers are on the Information page - this is not cheating since you learn as you find the information. Alternatively you may prefer to start by reading the Information page before moving to the exercises on the Work page.</li><li>• This CLiP worksheet should take about 15 minutes to complete, but will take longer if you are working with colleagues or in a group. If anything is unclear, discuss it with a colleague.</li><li>• If you think any information is wrong or out of date let us know.</li><li>• Take this learning into your workplace using the activity on the back page.</li></ul> <p><b>Case study</b> <b>Ben is a 33-year-old man who has moderate learning disability together with hydrocephalus, spastic diplegia, visual impairment and epilepsy. He enjoys life, but his plans to resettle in a small group community home are halted when he was diagnosed as having a carcinoma of the kidney with lung metastases. He is normally well nourished, but he has become tense and easily startled at mealtimes and is becoming increasingly reluctant to eat.</b></p>
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## Mealtimes are social occasions

Why do we eat?

At its most basic, hunger makes us eat for nutrition and for survival. But we also eat for psychological reasons such as habit, boredom, pleasure, satisfaction or comfort, and because we choose to make it a social activity.

What influences our choice of diet?

Choices (likes/dislikes) obviously influence our choice, but this is greatly influenced by lifestyle (eg. vegetarianism) religion, external resources (ie what is available locally), budget, and occasion. In illness, other factors become important such as environment, staff numbers, medications, loss of taste, and physical/mental health problems.

## Environment: a matter of choice

This can have a big impact on a person's wish to eat and participate at mealtimes.

When we are independent and healthy we choose when, what and where we eat, and with whom. Having this choice allows eating to be a pleasurable and social activity and not just a means of survival. For some, this means eating in the company of others. Other people, however, prefer privacy especially if they already have difficulty eating. Illness or a loss of independence can greatly reduce these choices.

## Problems with the mealtime environment

*Timing:* the living environment in the hospital, hospice or nursing home can lead to inflexible mealtimes, as daily routines can be task orientated, with limited time allocated for serving, eating and enjoying the meal.

*Company:* a crowded, small room or a large area with an open access or thoroughfare does not encourage pleasant mealtimes. Thought needs to be given to the number of people using the dining room. Positioning of patients, carer and furniture needs to be carefully thought out to prevent unintentional exclusion eg. placing a patient facing a blank wall, but hearing general activity behind them.

*Food:* each meal should offer variety, be attractive, be offered at the correct temperature and an appropriate proportion size for the patient.

*Equipment:* if necessary the patient should be assessed by an appropriate professional (i.e. physiotherapist, occupational therapist) for appropriate seating and crockery/utensils. Otherwise the usual furniture needs to be checked for table height and access.

*Communication:* this is an important social aspect of eating, and distractions or background noise such as music or stacking plates should be kept to a minimum. Relationships should be acknowledged both between patients and between patients and staff. Wherever possible the patient's choice should be followed. Communication opportunities increase for both the patient and carer when the carer pays attention, is responsive, is at face to face level, gives eye contact, asks simple questions, creates choices, uses simple language about the meal and allows the patient to use all sensory information such as looking, smelling and touching.

## Lessons to be learnt

*What could be making Ben tense and easily startled at mealtimes?*

Ben may have a brisk startle reflex or increased muscle tone so that loud noises or sudden bangs would make him uncomfortable and tense. An increase in his anxiety because of the illness or a new environment (eg. hospital) would worsen this problem.

*What could be contributing to Ben's reluctance to eat?*

Maybe Ben's taste in food could have changed so he dislikes what is being offered. Food should be colourful and well seasoned so it stimulates the appetite using sight and smell and taste, especially given Ben's visual impairment. Portion sizes should be individually adjusted and consideration given to the individual needs of the patient and to the temperature of the food offered. Some patients can only manage small portions at one time, but may be willing to take these more frequently as snacks. Oral problems need to be excluded eg. poor dental hygiene, oral candida, aphthous ulceration. Anorexia (loss of appetite) also can be caused by cancer, infection, anxiety, depression and many other illnesses. Finally a number of drugs can alter taste or reduce appetite by causing drowsiness, nausea or gastric irritation.

*What could you do to improve Ben's mealtime experience?*

If it is necessary to help someone to eat, the carer should sit opposite the person being fed, talk calmly providing verbal and non-verbal prompts and encouragement. Appropriately sized mouthfuls should be given with sufficient time made available to enjoy the meal. Time becomes very important in a patient who has a swallowing problem. Many people assume that anyone can assist another to eat. However, helping a patient to eat is not a simple procedure. Carers need to be taught how to do it, what the problems are and how they might be overcome. Most importantly, they need to know the problems of a poor environment and the risks of swallowing problems (see CliP worksheet on *Thinking About Swallowing Problems*).

Causes related to his illness need to be treated (see CliP Worksheet *Decisions in Hydration and Feeding*).

## Reflect

Think about why we eat and what influences our choice of diet.

- Why we eat:
- What influences our choice of diet

## Write

Write down some examples of problems with the mealtime environment that can occur for patients

Category	Examples
Timing of meals	
Company	
Food	
Equipment	
Communication	

## What?

Write your thoughts on the following questions:

- What could be making Ben tense and easily startled at mealtimes?
- What could be contributing to Ben's reluctance to eat?
- What could you do to improve Ben's mealtime experience?

### FURTHER ACTIVITY: Maintaining the environment for eating and drinking

Select a patient who seems to have difficulty with eating or drinking.

- Observe their environment during mealtimes and consider their individual likes dislikes and personalities.
- Think of ways you could improve the environment for that patient.

### FURTHER READING: Maintaining the environment for eating and drinking

#### Journal articles

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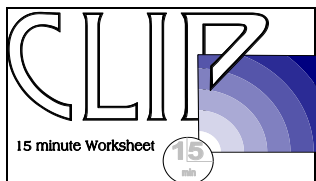
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#### Current Learning in Palliative care

An accessible learning programme for health care professionals

#### 15 minute worksheets are available on:

- An introduction to palliative care
- Helping the patient with pain
- Helping the patient with symptoms other than pain
- Moving the ill patient
- Psychological and spiritual needs
- Helping patients with reduced hydration and nutrition
- Procedures in palliative care
- Planning care in advance
- Understanding and helping the person with learning disabilities
- The last hours and days
- Bereavement

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[www.clip.org.uk](http://www.clip.org.uk)