



ASSISTING PATIENTS WITH THEIR NUTRITIONAL NEEDS

KATE GOODHAND AND JANE EWEN

Common steps for all nutrition-related skills

Essential equipment

Depends upon skill but is likely to include one or more of the following: utensils, crockery with or without adaptations, plate guard, slip mat, napkin/disposable clothes protection.

Field-specific considerations

When caring for a patient with a learning disability it is important to know their level of understanding so that consent for and cooperation with the care can be gained. You will need to allow time to explain what you are doing and whether it will cause discomfort or pain.

Patients who have mental health problems may not understand why you need to undertake nutrition-related skills. They may also be so depressed that they don't have the energy to eat, or those with cognitive impairment may have forgotten to eat. They may withhold consent to have their measurements taken and you may need to refer to the Mental Capacity Act 2005 and best interest.

Children have different anatomy and physiology to adults, which varies from birth through to adolescence. You will need knowledge of paediatric anatomy and physiology to enable you to interpret the results. As younger children may not understand why you need to undertake the skill, you will need to modify your approach. It is usually helpful to have the parents or carers present to assist.

Care-setting considerations

In hospital or care homes, seek the patient's preference for eating alone or in company. At home individuals may need food and drink prepared and served by healthcare workers.



What to watch out for and action to take

Whilst undertaking any nutrition-related skill, you should also assess:

- the position of the patient;
- their neurological condition – are they alert and responsive?;
- any signs or complaints of pain or discomfort;
- the patient's or relative's views – these may provide you with important additional information.

The information gained from these observations will enable you to fully assess the patient's condition, institute appropriate treatment as necessary and escalate needs care to senior nurses and the medical team.

Helpful hints – Do I ...?

- Gloves and aprons must be worn if the patient is in isolation.
- Hand hygiene must be performed before touching a patient, after touching a patient and after touching a patient's surroundings.
- Waste should be disposed of in a clinical waste bag.

Step	Reason and patient-centred care considerations
1. The first step of any procedure is to introduce yourself to the patient, explain the procedure and gain their consent.	<p>Fully informed consent may not always be possible if the patient is a child or has mental health problems or learning disabilities, but even in these circumstances, every effort should be made to explain the procedure in terms that the patient can understand. This is not only respectful of their individual human rights, but also helps to ensure that they will be more accepting of the treatment and that their anxieties are reduced.</p> <p>For patients who are unable to provide consent because they are unconscious, advice should be sought from your mentor or a qualified nurse.</p>
2. Gather the equipment required (see individual skills for equipment required). Ensure these are clean and in working order.	Reduces the chance of infection and maintains patient and nurse safety.

Step	Reason and patient-centred care considerations
3. Clear sufficient space within the environment, for example around the bed space or chair.	Enables clear access for the patient and the nurse to safely use the equipment required.
4. Wash your hands with soap and water before you start the skill. Apron and gloves should only be worn if appropriate.	Wearing an apron and gloves as part of personal protective equipment (PPE) is a standard infection-control procedure when a patient is in isolation. Ensure your use of PPE such as gloves and disposable aprons is appropriate by considering the individual patient situation and the risk presented.
5. Ask the patient if they wish to have the curtains drawn for privacy or to be in a separate room.	Some patients may feel exposed. Maintain patient privacy, dignity and comfort as required.
6. Patients need to be in a comfortable position, either sitting in a chair, resting on a couch or in bed.	To promote patient comfort and reduce anxiety.
7. After performing the skill ensure the patient is in a comfortable position, with drinks and call bells available as necessary.	Promotes patient comfort and ensures they are well nourished and hydrated.
8. Discard PPE, any single-use equipment and other used materials as per policy. Clean any equipment used as per the relevant policy every time it is used and perform hand hygiene.	To prevent cross-infection and maintain equipment in working condition.
9. Document findings on the patient's observation chart and/or in the patient's notes.	Maintains patient safety and accurate records.
10. If any changes are observed, escalate to senior nursing staff/mentor immediately.	It is vital to report changes to a registered nurse immediately so they can ensure care is escalated.

Evidence base: Dougherty and Lister (2011); WHO (2009)