

MCE NURSING POINTS

NUTRITION

Nursing is the first consistent level of communication with the patient regarding nutrition.

NCLEX TIP

NCLEX wants the nurse to initiate and teach nutrition education to the patient on a consistent basis.

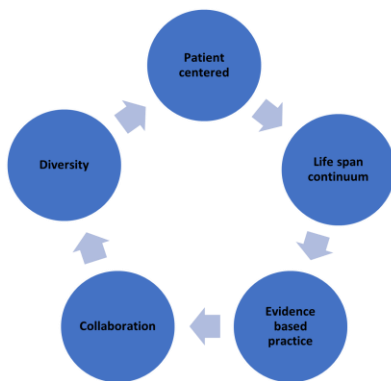
Remember!

The nurse can work with the nutritionist to provide a comprehensive nutritional program that the patient is an active part of.

However, if you are asked interventions when the patient has a question regarding nutrition, the correct INITIAL response is RARELY to consult the nutritionist.

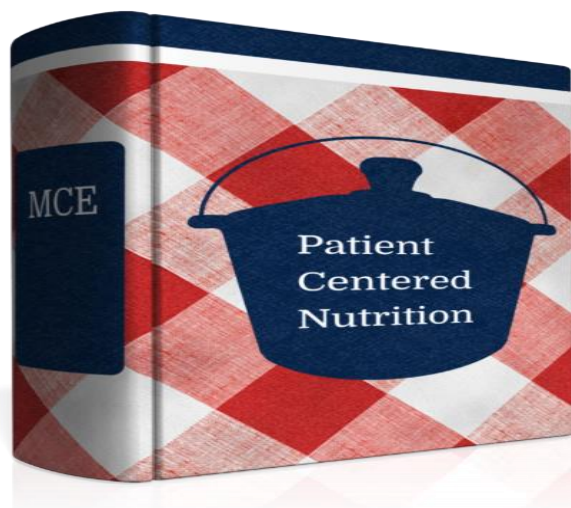
First, answer the initial question, educate and then you can consult the nutritionist.

All patients need thorough assessments. EVERY patient you have should have a nutrition assessment.



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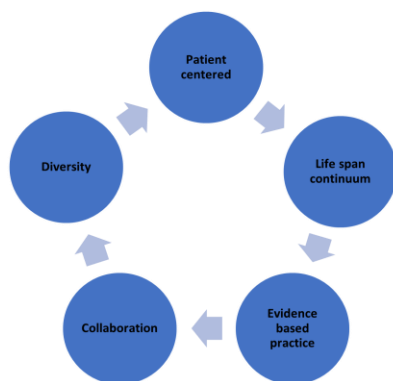
Nurses are not only in the role of caring and helping patients reach their optimal level of health, but nurses are educators and detectives as well.

Assessment is the detective part of nursing. Follow the clues. Look for them.

By doing a thorough assessment you can save the patient a lot of time and money and perhaps even save their life.

Assess for BMI. Know your BMIs. Is the patient below, at or above their recommended BMI?

That gives you a starting point. A point to work from.



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Is the person active?

How can we best encourage them to increase their activity?

Involving the patient, how do we invest the patient in making positive changes?

Are cultural foods important to the patient? How can we help assimilate cultural preferences and healthy eating?

Inability or difficulty swallowing

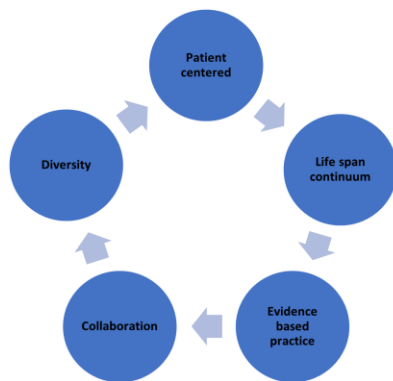
Please remember all patients with dysphagia and with a diagnosis of a CVA, must have a swallow exam done before they can be cleared for eating.

The patient at risk for aspiration may have thickened liquids ordered as that may be less of an aspiration risk than water.

Remember safety of the patient is one of the primary levels of Maslow's hierarchy. Watch the patient closely for any signs of aspiration or choking.

Nursing assessment can be continued while the patient is eating and should be a part of the nutritional assessment.

Remember you are a detective, look for those clues, to put the



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pieces together and develop a high quality, effective nursing care plan.

Stress

All patients in the hospital setting are understandably under stress. This can and often does alter their eating habits.

Often hospital food may seem different than their usual homecooked meal and may not contain items that they ordinarily eat.

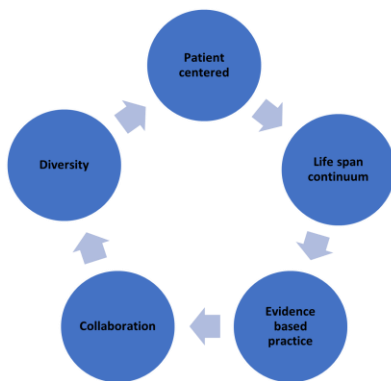
We must think of the individual patient, their dietary needs that we obtained from the assessment, the medical history and what we can do to help the patient obtain foods that are appealing and they are willing to eat, that fit into their individualized needs.

Depression

Depression can have a profound effect on eating habits especially in the hospital setting where the patient does not feel at home in usual surroundings

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Undetected eating disorders

Cultural dietary restrictions

Food allergies/food intolerances

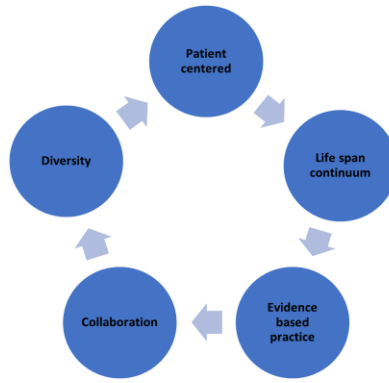
Lack of knowledge

Decreased mobility

Is the patient limited with mobility? Do they need assistance with reaching the food?

Lack of communication

We must be able to communicate with our patients effectively to assess what foods they like and dislike, investing them in the process of healthy eating.



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Aging process

Are there visual problems?

Is the patient hard of hearing?

Is there limited mobility due to arthritis?

As the patient ages, their appetite often decreases and smell and taste senses also decrease.

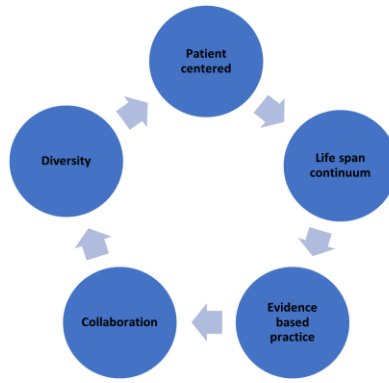
The effects of disease processes on appetite

Many disease processes diminish appetite and create particular challenges for our patients.

Infections of the mouth and esophagus

Pain

Food likes and dislikes



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This link will take you to a large collection of handouts and information you can share with your patients.

www.nutrition.gov/topics/basic-nutrition/printable-materials-and-handouts