

Nutritional management for patients recovering in the community from COVID-19

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Nutritional management for patients recovering in the community from COVID-19

- Community staff
- Pathways of care from hospital to home
- ONS use in the community
- Dietary counselling and food fortification
- Available resources

What should community staff be doing?

- NHS England (2/4/20) advises that priorities for Community Health Services are:
 - Support 'home discharge today' of patients from acute and community beds...and ensure patients cared for at home receive urgent care when they need it
 - By default, use digital technology to provide advice and support to patients wherever possible
 - Prioritise support for high-risk individuals who will be advised to self-isolate for 12 weeks
 - Apply the principle of mutual aid with health and social care partners

What should community staff be doing?

- For Dietetic Services:
 - Focus on admission avoidance and supporting discharge
 - Prioritise services to manage malnutrition and enteral feeding
- For all community healthcare professionals, continuing to follow local area NHS (CCG or Health Board) guidance about identifying and treating malnutrition remains important

What should community staff be doing?

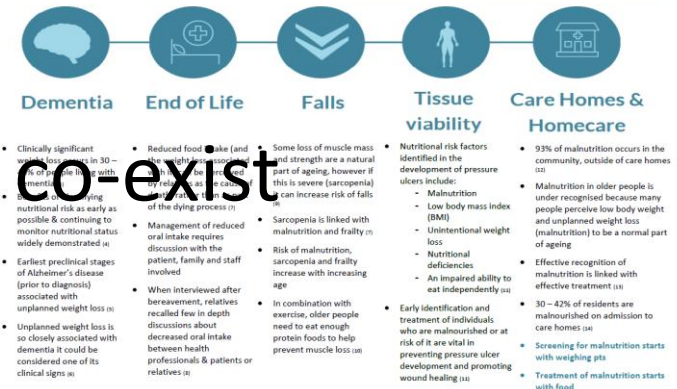
- Even without Covid, malnutrition and frailty are significant issues for many older adults in the community
- Malnutrition:
 - Reduces resistance to infection
 - Increases likelihood of acute admission
 - Increases length of stay
 - Reduces quality of life

- Malnutrition and frailty often co-exist

Frailty and nutrition

- People who are malnourished are almost 4 times more likely to be frail (1)
- 1 out of every 2 people who are frail is also likely to be malnourished (2)

To approach the condition of frailty in a holistic way to ensure early identification to support people at risk of frailty, provide interventions to reverse the effects of frailty and provide person-centred services to support frail people and their care preferences, including supporting people as they approach death.



Pathways of care from hospital to home

- What do you need to know?
 - What information regarding nutrition is usually included on local discharge summaries and how are pts usually referred for ongoing support regarding nutrition?
 - Has that changed in light of COVID-19? If staff have been redeployed into the acute setting do they know how to refer for ongoing support regarding nutrition?
 - What post COVID – 19 rehab options are there in your area? What nutrition support options are available in these locations?

Pathways of care from hospital to home

- Has any written nutrition guidance been provided to pts/ carers on discharge? If not, how soon after discharge can it be provided e.g. by electronic means?
- What third sector support post discharge is available in your area?
- Could local pathways regarding management of frailty be useful at this time?

ONS use in the community



Editorial

ESPEN expert statements and practical guidance for nutritional management of individuals with SARS-CoV-2 infection

- Recognises the role of “dietary counselling and food fortification” in treatment, and advises use of ONS only where this food based approach is “not sufficient to increase dietary intake and reach nutritional goals”
- Advises monthly review of efficacy and expected benefit if ONS are prescribed
- Identifies that 29% of pts may have dysphagia at discharge therefore advises consideration of modified textures

ONS use in the community

- As usual, oral nutritional supplements (ONS) should be considered:
 - where clinically indicated (in line with local NHS guidance) &
 - where patients meet ACBS indications (ACBS indications do not include issues relating to food access)
- What does your local CCG/Health Board ONS prescribing guidance say?
- Are any temporary changes to the local CCG/ Health Board ONS Formulary appropriate (regarding brand or type of products)? How will these be discussed and agreed with the CCG/ Health Board before requests to prescribe are made?
- How and by whom will the pts progress and their continued need for ONS be reviewed? How often will that happen?

ONS use in the community

- What are the specific ACBS indications for the product requested?
 - The Drug Tariff is the only definitive list of ACBS indications <https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/drug-tariff>
- Providing evidence regarding how the pt meets the products ACBS indication/s is important
- In the future ACBS indications for all nutrition products will be changing, so keep checking the Drug Tariff

Dietary counselling and food fortification

- Key role for dietitians in the community
- Dietitians can and do support and train other staff to provide this too
- Supported by evidence:
 - NICE Clinical Guideline 32 (2006; updated 2017)
 - Healthcare professionals should ensure that the overall nutrient intake of oral nutrition support offered contains a balanced mixture of protein, energy, fibre, electrolytes, vitamins and minerals
 - NICE Quality Standard 24 (2012)
 - It is important that nutrition support goes beyond just providing sufficient calories and looks to provide all the relevant nutrients that should be contained in a nutritionally complete diet

Dietary counselling and food fortification

- Tendency in the past has been to mainly focus on increasing energy intake (using high fat and sugar ingredients) rather than on increasing intake of all nutrients
- May be better to focus on using nutrient dense foods (providing a range of nutrients including protein and micronutrients, as well as energy) instead such as:

Skimmed milk powder	Soya protein powder
Cheese	Pea protein powder
Greek yoghurt	Gram flour
Eggs	Ground nuts
Soya yoghurt	Nut butter (peanut, almond, cashew)

- Dietary counselling and food fortification are essential parts of treating malnutrition whether ONS are indicated as well or not

Available resources

Resources for dietitians



25 Mar 2020

Recommendations for community action by dietitians for older and vulnerable people living in their own home

Guidance created by the BDA Older People Specialist Group on discharging medically fit older people into the community.



25 Mar 2020

Recommendations for action by dietitians supporting care agencies working in older people's own homes

Advice for dietitians working with care agencies that are working with older people in their own homes



25 Mar 2020

Recommendations for community action by dietitians supporting care homes

Guidance on residential care provision recommends care homes minimise non-essential visiting during the national COVID-19 outbreak.

Developed by Older People Specialist Group



01 Apr 2020

Carer information: Eating and drinking at end of life

Advice for dietitians to use with families and carers about those that may be approaching the end of their life.

Developed by Herts Valleys CCG



20 Apr 2020

Top tips for prescribing Oral Nutritional Supplements and Enteral Feeds in the community for Adults and Paediatrics


Advice from our Optimising Nutrition Prescribing Group on how to make best use of ONS and Enteral feeds in community settings during the COVID-19 crisis.

Developed by the Optimising Nutrition Prescribing Specialist Group

All available at: <https://www.bda.uk.com/practice-and-education/covid-19-coronavirus-clinical-guidance.html>

Available resources

- Patients Association Nutrition Checklist
<https://www.patients-association.org.uk/patients-association-nutrition-checklist-toolkit>
 - Validated
 - Does not require any measurements
 - Can be performed remotely
 - Section B adapted for Covid
- Activity for older adults
 - Resistance exercise
 - Chair based exercise
 - Walk with Tom...

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nutrition checklist

STAFF: A guide for signs that someone you are supporting may need nutritional help or extra nourishment, and what to do next.

Name of individual _____

Name of person completing this checklist _____

Role _____ Organisation _____

Date of completion _____

Section A: initial assessment

Tick the relevant box to indicate the person's answers, then refer to the actions below

1. Are you or your family concerned that you may be underweight or need nutritional advice?
☐ Yes ☐ No ☐ Don't know
2. Have you lost a lot of weight unintentionally in the past three – six months?
☐ Yes - do you know why? _____
☐ No ☐ Don't know
3. Have you noticed that your clothes or rings have become loose recently?
☐ Yes ☐ No ☐ Don't know
4. Have you recently found that you have lost your appetite and/or interest in eating?
☐ Yes ☐ No ☐ Don't know

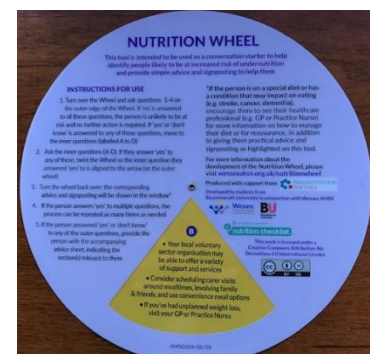
Is the person at increased risk of undernutrition?
(Tick 'YES' if the person answered 'yes' or 'don't know' to one or more questions)

☐ YES ☐ NO

Further assessment & signposting/
advice needed: GO TO SECTION B.
Advise the person to see their GP or
Practice Nurse.

No further action needed

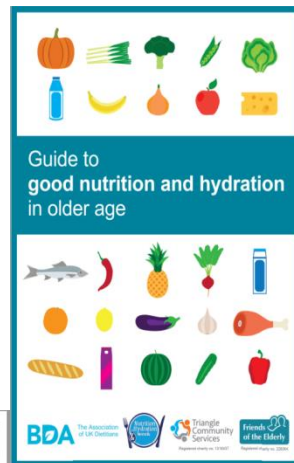
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Available resources

Resources for older adults and their carers (British Geriatric Society and Malnutrition Taskforce also link to many of these resources)

Malnutrition: Food Fact Sheet



Developed by
Friends of the
Elderly and Older
People Specialist
Group



Developed by Royal
Devon and Exeter
NHS Foundation
Trust Dietitians

<https://www.bda.uk.com/resource/covid-19-corona-virus-advice-for-the-general-public.html>

<https://www.bda.uk.com/resource/useful-resources-for-nhs-volunteers.html>



Developed by
NDR-UK and
Older People
Specialist Group



Understandably, people are worried about COVID-19 (the new coronavirus) and want to do anything they can to avoid catching it. This fear has unfortunately allowed misinformation to spread regarding food and immunity.

CAN WE 'BOOST' THE IMMUNE SYSTEM VIA DIET?

This is actually a misunderstanding of how the immune system works. A healthy immune system likes to be in balance and it is more helpful to talk about how foods can support its 'normal' or 'ideal' functioning. An immune system which is overactive, can actually lead to problems such as allergies or autoimmune conditions.

SHOULD WE TAKE FOOD SUPPLEMENTS?

Unfortunately, there is no convincing evidence to suggest taking supplements will give us advanced disease-fighting powers - especially in the midst of a pandemic. Luckily for us, food - by nature - is handily packaged with a mixture of different nutrients to support a healthy immune system. Eating a variety of different foods helps the body get everything it needs from its diet.

Many of us are having to stay indoors more than usual due to the new coronavirus. As we normally get vitamin D from the sun, people with little or no sun exposure should consider taking 10 micrograms supplement each day (even in spring/summer months). Vitamin D can be purchased from supermarkets or pharmacies.

CAN ANY FOODS PROTECT US FROM COVID-19?

It is strongly recommended to avoid taking foods or supplements advertised as 'immune boosting' or 'COVID-19 protective' in an attempt to protect us from this virus. Examples include eating garlic, or taking herbal remedies.

Although enticing, there is no robust evidence that these methods work. They could also distract us from doing the things which really help to stop the infection spreading - such as thorough hand washing and social distancing.

Resources in planning (but currently on hold...)

- Bridging the gap between the EatWell Guide and treating malnutrition (led by BDA; supported by NHS England & Improvement)
- Guidance on nutrition for Care Quality Commission (CQC) inspectors (led by BDA and CQC)

Conclusion

- Community care post discharge is just as important as acute care, and will take a lot longer
- Ask questions and find out the answers before taking action
- Work collaboratively and “pinch with pride” (and acknowledgement)
- Utilise local input from third sector and volunteer providers to help support vulnerable people
- Consider re-purposing work already done on the frailty agenda
- Remember that food remains part of treatment, whatever other treatment is indicated

