# The importance of nutrition in pressure ulcer prevention and wound healing

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## Learning outcomes

- To have an understanding of prevention of pressure ulcers using the aSSKINg bundle
- To gain more in depth understanding of how nutrition plays an important part in the viability of our tissue
- To identify high risk individual's due to their medical considerations
- To understand how nutrition helps with healing wounds and how to do this in practice

#### **SSKIN Bundle**

Assessment

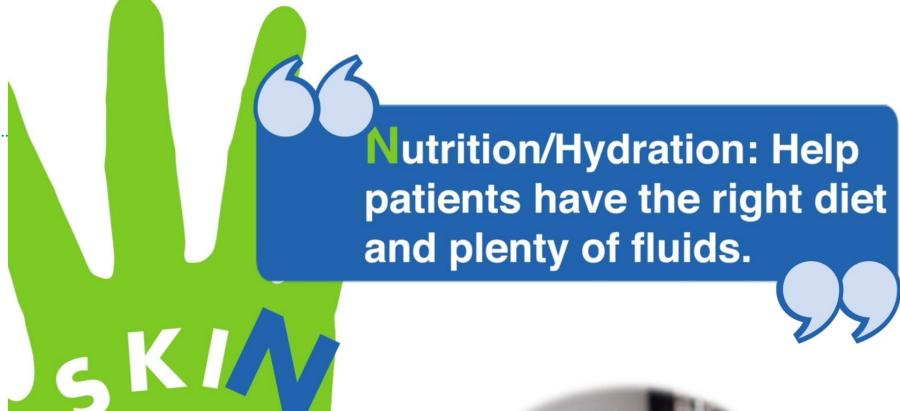
**Surface:** Make sure your patients have the right support.



Give information

Involve the person affected, their carers and family

Nutrition/ **Hydration:** Help patients have the right diet and plenty

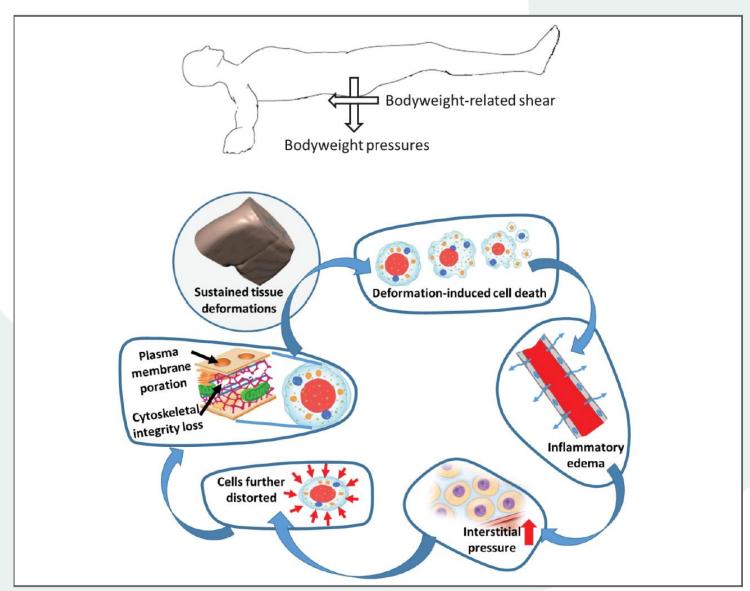




## What is a pressure ulcer?



A pressure ulcer is <mark>localised</mark> damage to the skin and/or underlying tissue, usually over a bony prominence (or related to a medical or other device), resulting from sustained pressure (including pressure associated with shear). The damage can be present as intact skin or an open ulcer and may be painful







## Signs of malnutrition and poor hydration

- Pale anaemia
- Lethargic
- Dry, cracked skin
- Loss of appetite
- Deterioration in the skin
- Headaches
- Elderly
- Respiratory conditions
- Cardiac conditions
- High caffeine intake
- Certain medications Metformin, steroids, acid reflux tablets



Lack of water



Lack of red blood cells



# Factors associated with pressure ulcer development

#### **Extrinsic**

**Pressure** 

Shear

**Friction** 

Restricted mobility

Moisture/ dry skin

Surgery

Poor moving and handling

Medication

Poor hygiene

Inappropriate clothing

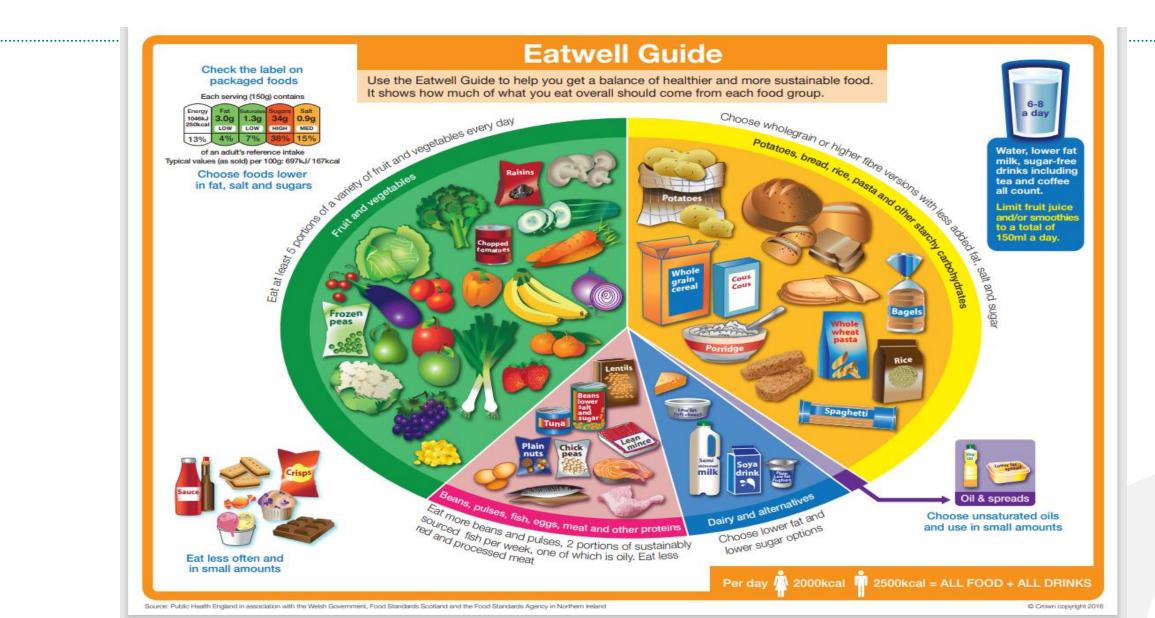
#### **Intrinsic**

- Nutritional Status
- Build
- Age
- Sensory Impairment
- Incontinence
- Infection
- Circulatory Disorders
- Dehydration
- Mental Status
- Neurological Disorders

## Overview of Nutrition

- Made up of
  - Carbohydrates
  - Proteins
  - Fats (lipids)
  - Vitamins and minerals
  - Fibre
  - Water

## **Eatwell Guide**



## Role of Nutrients in the Body

- Carbohydrates provides main source of energy
- Protein –major source of energy and it is broken down in amino acids
- Lipids –another source of energy and via for some of the fat soluble vitamins
- Vitamins & minerals required for normal cellular function and how the whole body functions
- Fibre keeps our digestive system healthy and prevents constipation
- Water essential for survival and multiple functions

## What affects our nutritional intake?

- Health
- Independence and function
- Bowels
- Co-morbidities

## Nutrition Screening

- First step in identifying those as risk
- Screen regularly to detect changes
- Different tools available
- People can self screen

## **MUST**

- Validated screening tool
- Both hospital and community use
- Not specifically designed for those with learning or physical disabilities

#### Step 1



#### Step 2 Weight loss score





**BMI** score

BMI kg/m<sup>2</sup> Score >20 (>30 Obese) = 018.5-20 = 1 <18.5 = 2

Unplanned weight loss in past 3-6 months

Score <5 = 05-10 = 1>10 = 2

If patient is acutely ill and there has been or is likely to be no nutritional intake for >5 days

Score 2

If unable to obtain height and weight, see reverse for alternative measurements and use of subjective criteria

#### Step 4

Acute disease effect is unlikely to apply outside hospital. See 'MUST' Explanatory Booklet for further information

Overall risk of malnutrition

Add Scores together to calculate overall risk of malnutrition Score 0 Low Risk Score 1 Medium Risk Score 2 or more High Risk







#### 0 Low Risk Routine clinical care

· Repeat screening Hospital - weekly Care Homes - monthly Community - annually for special groups e.g. those >75 yrs

#### **Medium Risk** Observe

- Document dietary intake for
- If adequate little concern and repeat screening
  - Hospital weekly
  - Care Home at least monthly Community – at least every 2-3 months
- If inadequate clinical concern
- follow local policy, set goals, improve and increase overall nutritional intake, monitor and review care plan regularly

#### 2 or more **High Risk**

#### Treat\*

- · Refer to dietitian, Nutritional Support Team or implement local policy
- Set goals, improve and increase overall nutritional intake
- Monitor and review care plan Hospital - weekly Care Home - monthly Community - monthly
- \* Unless detrimental or no benefit is expected from nutritional support

#### All risk categories:

- · Treat underlying condition and provide help and advice on food choices, eating and drinking when
- Record malnutrition risk category.
- Record need for special diets and follow local policy.

#### Obesity:

· Record presence of obesity. For those with underlying conditions, these are generally controlled before the treatment of obesity.

Re-assess subjects identified at risk as they move through care settings

See The "MUST" Explanatory Booklet for further details and The "MUST" Report for supporting evidence.

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## Who's at risk of malnutrition?

- · Chronic disease e.g. COPD and cancer
- Progressive neurological diseases e.g. dementia or MND
- Acute illness e.g. fractured hip
- Frailty e.g. immobility and old age
- Neuro-disability e.g. learning disability and cerebral palsy
- Impaired swallowing

## Dysphagia

Difficulty in swallowing certain foods and/or drinks or not being able to swallow at all.

- Cerebral palsy, stroke, dementia, multiple sclerosis,
   Parkinson's disease, motor neuron disease
- Oral and oesophageal cancers

## Ways to help

## Early satiety reduced appetite

- High energy foods
- Eating little and often

#### Loss of taste or smell

- Add herbs and spices
- Marinating
- Sauces
- Offer new foods

## Dry/sore mouth, fatigue

- Soft and easy to chew foods
- Moist foods
- Additional sauces or gravy
- Check dentition or for oral thrush

#### Swallowing issues

- Seek advice of Speech and Language therapist
- Modifying consistency of fluids and drinks
- Modified texture diets
- Correct posture or position of individual



## How nutrition helps healing

- Protein –the basic component of all cells and a vital part of cellular structure, formation of collagen and keratin (muscles and bones)
- Lipids important role in cellular structure as well as another source of energy
- Vitamins C plays role in collagen structure formation
- Zinc essential mineral involved in cellular metabolism

## Ways to help for wound healing

- Increase protein intake
  - 25-30g of protein each meal
- Increase overall calorie intake
- Nourishing milky drinks
  - Hot chocolate, smoothies, milk shakes

## Fortifying diets

- Skimmed milk powder
  - Can be added to milk shakes or smoothies
- Full fat milk
  - Can be added to soups
- Egg white powder
  - Can be added to fruit juice to increase calories and protein content
- Double cream
  - Can be added to milk shakes, smoothies, mashed potatoes, sauces to increase both calories and protein

#### **SSKIN Bundle**

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# Thank you

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