

Food & Nutrition for Dementia Patients

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Background

- Poor appetite, cognitive impairment, physical disabilities and sensory disabilities (hearing and sight loss) can cause the person with dementia to have problems eating and drinking.
- As dementia progresses, the person is likely to need more support to meet their needs.

Aim

50% of patients will have a person centred nutritional plan for their care journey by May 2015 and 100% by December 2015



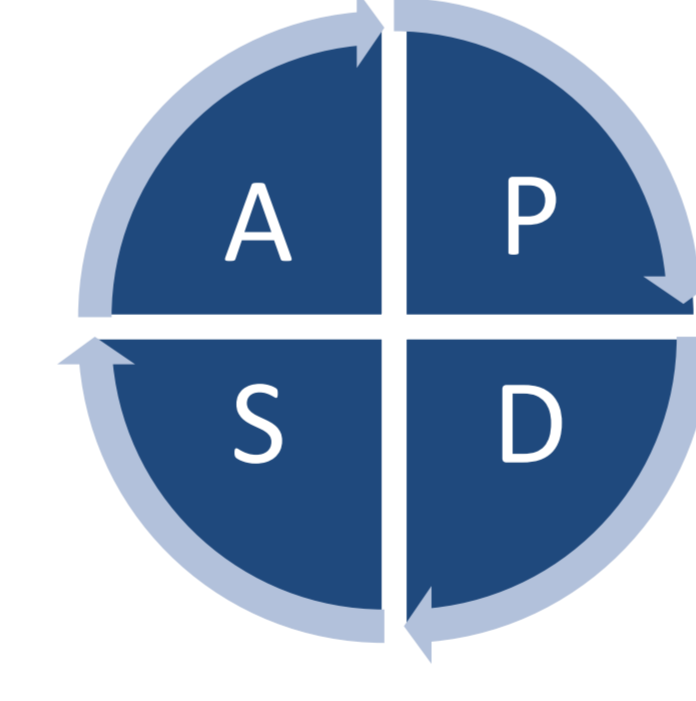
Method



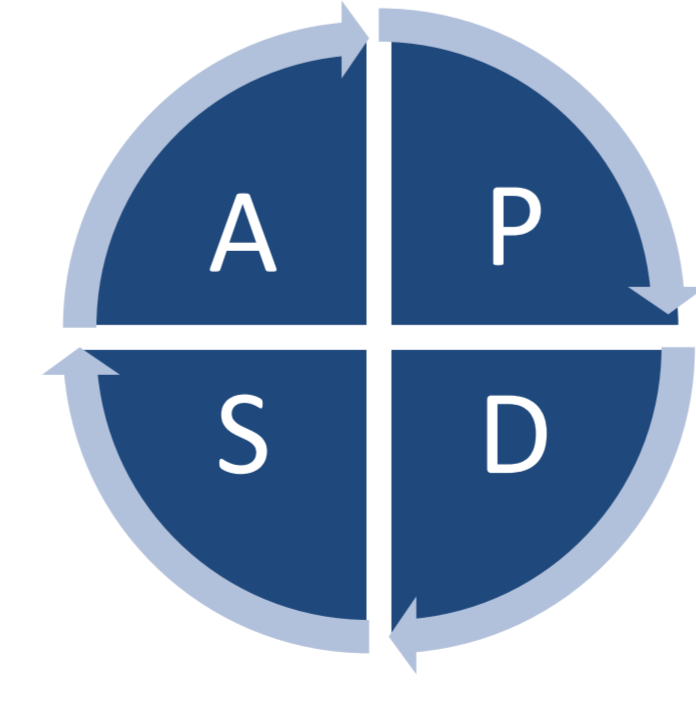
Staff and patient opinion on meals provided



Observations at meal times



Pilot of new documents



What we did

What we Observed at Meal Times



- The Good**
- Variety of food
 - Tastes nice
 - Choice of where to eat and time
- The Bad**
- Noisy
 - If menu choices were chosen before patients got to the dining room, less noise
 - Patients request on food adhered to
 - No finger foods at meal times

What we did

- Breakfast time – person centred approach
- Clothing protectors offered
- Choice of meal offered to patients
- Patients assisted with eating
- SALT recommendation adhered to with patients given soft meals
- Patients given as long as they want to eat their meals
- Patients given option to eat meals in their room if they would prefer

Outcome

We found that meals times were more relaxing and therapeutic for patients - as staff more informed of patients nutritional needs.

With the development of the Nutritional Information Tool (PDSA Cycle 3) this tool has been piloted on all new admissions to both units and be to audited after 6 weeks to review the effectiveness of same.

Feed back to be collected from patients, staff and families on meal time experience.

Nutritional Information

If a patient requires assistance or is unable to complete this questionnaire by themselves please indicate who assisted or provided the information for the questions below.

Patient Family member Next of Kin Friend
 Other: Please state:

Question	Response
Q1. What portion size of meals do you like to eat?	
Q2. Where do you like to eat your meals? E.g. dining table, in front of the TV.	
Q3. Do you like to eat your meals on your own or with the company of others?	
Q4. What beverages do you like to drink? (Please include cold and hot beverages and if sugar and/or milk is taken)	
Q5. What foods do you like to eat at breakfast time? (Including your favourite foods)	
Q6. What foods do you like to eat at lunch time? (Including your favourite lunch time foods)	
Q7. What foods do you like to eat at dinner time? (Including your favourite dinner foods)	
Q8. What snacks do you enjoy between your meals?	

NUTRITIONAL MONITORING RECORD & WEIGHT CHART

HSC South Eastern Health and Social Care Trust

Affix addressograph:
Name:
Ward:
Hosp No:

Weight Chart

Referred to Dietician: MUST Score: Date:

Reason for referral:

Review by Dietician: MUST Score: Date:

Reason for review:

Other dates of Dietician Reviews:
Please enter dates below.

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Special diet or eating habits:

NUTRITIONAL MONITORING RECORD & WEIGHT CHART