Algorithm for Treatment of Pressure Ulcers: Nutrition Guidelines ≠

Trigger Condition:
Medical records confirm presence of *Pressure Ulcer/s*

Assess: [1]
- Caloric needs ..... 30-35 kcal/kg body wt (BW)
- Protein needs..... 1.25 g -1.5 g/kg BW
- Fluid needs..... 1 mL/kcal or minimum of 1500 mL/day (*unless medically contraindicated)*
- Evaluate current dietary intake
- Evaluate amount and quality of protein provided

Document: RD follows the Nutrition Care Process (NCP)

Dietitian Assessesment: [1]
- Current weight/height
- Determine deviation from Usual Body Weight
- Body Mass Index (BMI)
- Interview for Food Preferences/Intolerances
- Determine nutritional needs
- Laboratory values
  1. Serum protein levels may be affected by inflammation, renal function, hydration and other factors and do not reflect nutritional status
  2. Consider lab values as one aspect of the assessment process. Refer to facility policy for specific labs
- Risk factors for pressure ulcer development
  1. Medical history
  2. Validated risk assessment (i.e. Braden Scale)
  3. Malnutrition (screening tool i.e., Mini Nutritional Assessment (MNA® for ≥65 years located at www.mna-elderly.com)
  4. Medical treatments
  5. Medications (type of medications)
  6. Ability to meet nutritional needs orally (if inadequate, consider alternative method of feeding) consistent with individual's wishes
  7. Oral Problems (i.e. chewing, swallowing) EAT-10: A Swallowing Assessment Tool, available at Nestlé Nutrition Institute

Is Weight stable?

No — Yes

Document Plan for Fluid/Protein Intake
- Consider hydration pass between meals
- Provide preferred fluids with meds
- Protein supplements

Poor intake; not a tube feeding candidate

Consult Prevention Plan plus
- ↑ Calories, Protein & fluid
- MVI* to meet Dietary Recommended Intakes
- Fortified Foods
- Weekly weights

Consider Oral Supplements

Document Plan: RD follows NCP
* vitamin/mineral supplement

See Considerations

Reassess as needed & document

Outcome
If goal of therapy is complete healing, monitor with PUSH Tool.

Document as needed

Considerations:
- Incorporate fortified foods at meals for weight gain
- Provide supplements between meals as needed
- Vary the type of supplements offered to prevent taste fatigue
- Provide preferred food/food substitutions
- At admission weigh weekly x 30 days and then per policy
- Monitor acceptance of food and/or supplements offered
- Monitor tolerance of supplements, e.g. diarrhea
- Evaluate lab values when available
- Provide assistance at meal time if needed
- Encourage family involvement
- Offer food/fluid at appropriate texture for condition
- Liberalize restrictive diets
- Consult with pharmacist and provide food and drugs at appropriate times and amounts
- Consider alternative method of feeding and if consistent with individual's wishes and goals of therapy:
  - Provide parenteral nutrition for non-functioning GI tract

Poor intake; candidate for tube feeding
Consistent with goals of therapy and individual's wishes

Requires additional protein — Yes → Consider: High protein formula
↓ NO
Poorly controlled diabetes — Yes → Consider: Lower carbohydrate formula
↓ NO
Malabsorption — Yes → Consider: Peptide-based , high MCT formula
↓ NO
Renal failure — Yes → Consider: Lower electrolyte formula

Reassess weekly. Document: Formula tolerance; meeting 100% of estimated nutritional needs from TF formula and modular/s as needed

© 2010 Nestlé. All rights reserved. [1] National Pressure Ulcer Advisory Panel and European Pressure Ulcer Advisory Panel. Prevention and treatment of pressure ulcers: clinical practice guideline. Washington DC: National Pressure Ulcer Advisory Panel; 2009. ≠These are general guidelines based on various clinical references and are not intended as a substitute for medical advice or existing facility guidelines. An individual assessment is recommended.