



Medical Supplies for Care at Home Since 1957

Winter 2014/2015

In This Issue...

Page 2 **Featured Products:**
Oral Nutrition Supplements

Healthy At Home:
Tube Feeding & Hydration

Page 3 **Seasonal Tip**
Preventing Dry Skin

Pediatric Corner
Classifying Pediatric Malnutrition

Caregiver Tips
Malnutrition Risk in Older Caregivers

Page 4 **Meet Your SHC RDs**
Reduce Readmissions



Feature Article

Malnutrition: Is Your Patient At Risk?

Defining Malnutrition

There is currently no clear definition of malnutrition, but a set of diagnostic characteristics has been jointly proposed by the American Society for Parenteral and Enteral Nutrition (A.S.P.E.N.) and the Academy of Nutrition and Dietetics (AND):

Malnutrition Syndrome	Level of inflammation	Associated Conditions
Starvation-related	None	Anorexia nervosa
Chronic disease-related	Mild to moderate	Organ failure, cancer, rheumatoid arthritis
Acute disease-related	Severe	Major infection, burns, trauma or closed head injury

Complications of Malnutrition

Malnourished patients are:

- 2 to 3 times more likely to have post-op complications
- Twice as likely to require homecare
- Subject to more readmissions and longer hospital stays

20% to 50%
of inpatients are either malnourished or at risk for malnutrition

Ensuring proper nutrition will help you meet these Joint Commission 2014 National Patient Safety Goals:

- ✓ Prevent bedsores
- ✓ Prevent infection
- ✓ Prevent falls

Recognizing Malnutrition

Are your patients experiencing any of the following?

- Unplanned weight loss
- Loss of appetite
- Not eating or only eating small amounts
- Weakness/fatigue
- Swelling or fluid accumulation

Continued on page 2

Malnutrition: Is Your Patient At Risk?

Preventing and Treating Malnutrition

Take these measures to maintain or improve the nutritional status of your patients:

- Screen for malnutrition upon admission
- Refer patients to a registered dietitian for cost-effective preventive care and treatment
- Suggest oral nutrition supplements (ONS) in the setting of poor oral intake
 - o ONS have been shown to reduce length of stay, total cost and 30-day readmission
- Have a post-discharge nutrition plan
 - o ONS prescription post-discharge if needed
 - o Collaborate with a Shield HealthCare RD

What's New At Shield?

February 8-14 is Feeding Tube Awareness Week!

This annual event was created by Feeding Tube Awareness Foundation, a non-profit organization that provides support to parents of children who are tube-fed and helps to raise positive awareness of tube feeding as a life-saving medical intervention.



Tube feeding is often associated with missing an essential aspect of life: eating. Thanks to increased awareness, tube feeding is now recognized as a lifesaving medical intervention that provides essential nutrition.

Ask your local Shield RD how you can join us in celebrating and promoting Feeding Tube Awareness Week!

Featured Product: Oral Nutrition Supplements

Consuming oral nutrition supplements during and after hospitalization has been shown to reduce six-month hospital readmission. Shield HealthCare has a comprehensive offering of oral nutrition supplements, including:



Healthy At Home

Tips for Keeping Your Tube-fed Patients in the Home

Tube-fed patients may go home without instructions to flush their tubes with adequate water to prevent dehydration. Make sure your patients have a hydration plan based on their fluid needs. Most patients require between 30 to 40 milliliters of fluid per kilogram body weight per day or 1 milliliter per calorie consumed daily.

Tube feeding formula contains some fluid but usually not enough to meet the requirement. Your local Shield HealthCare Dietitian can help determine the optimal amount.



Test Your Knowledge

1. The prevalence of malnutrition among elderly patients presenting for emergency care is estimated to be:
 - a. < 20%
 - b. 30-50%
 - c. > 60%
2. In studies performed in the U.S. and England, the cost of implementing nutrition screening, assessment and supplementation increased the net cost to the healthcare system.
 - a. True
 - b. False

Answers on page 4

PEDIATRIC CORNER

Classifying Pediatric Malnutrition

An interdisciplinary A.S.P.E.N. working group of physicians, nurses, dietitians and pharmacists have proposed parameters to classify malnutrition among pediatric patients by duration of symptoms.

Duration	Degree of Malnutrition	Anthropometry	Etiology	Inflammation	Outcomes Affected
Acute (< 3 months)	Mild or at risk	z score < -1	Illness-related	Present	Muscle weakness/loss
Chronic (3 months or longer)	Moderate	z score between -2 and -3	Behavioral, socioeconomic	Absent	Cognitive or developmental delay, growth



SEASONAL TIP



Healthy Winter Skin

Colder fall and winter weather can dry out your skin.

Follow these tips from the American Academy of Dermatology to prevent or relieve dry skin:

- Use warm water instead of hot water, which removes your skin's natural oils more quickly
- Opt for a gentle cleanser that does not contain soap or alcohol
- Apply moisturizer immediately after bathing to lock in moisture

Shield Enteral Nutrition Support Program Advantage

- Pump setup within 4 hours of discharge in most cases
- Direct dietitian-physician communication
- Wellness checks and quarterly nutrition screenings
- Clinical and nutrition in-services for your staff
- Fewer hospital visits for your patients
- On-staff RDs available for questions and troubleshooting

Caregiver Tips



Elderly caregivers are at particular risk for malnutrition. In a study of 76 family caregivers (mean age 70 years) who spent an average of 100 hours per week on caregiving activities:

- 13% reported not eating
- 21% were at risk for malnutrition

A decrease in overall food intake makes nutrient-dense foods even more important for older adult caregivers.

It's important to have healthy foods on hand, such as:

- Low-fat yogurt and milk
- Whole grain bread/crackers/tortillas
- Beans, eggs, cheese
- Nuts, seeds, nut butters
- Brightly-colored fruits and vegetables
- Water, milk and other fluids



Meet Your Local RDs...



Trina Boland
 MS, RD, LD



Amy Long Carrera
 MS, RD, CNSC, CWCMS



Mary Kuehl
 MS, RD, CNSC



Lisa Zaccaro
 RD, CWCMS



Annie Muto
 MS, RD



Lisa Plinario
 RD, CSP, LD



Aimee Jarenowicz
 RD, LDN

Let Shield HealthCare RDs help you reduce hospital readmissions of your tube-fed patients!

Research shows that specialized monitoring of tube-fed patients helps keep them at home.

“Specialized Home Enteral Tube Feeding program significantly reduced the number of hospital admissions and duration of hospital stays.”

- The need for hospitalization and ICU admission was significantly reduced. Decreases were seen in the prevalence of pneumonia, respiratory failure, UTI, and anemia.

Klek S et al. Commercial enteral formulas and nutrition support teams improve the outcome of home enteral tube feeding. JPEN 2011 May 35(3):380-5.

“Dietitians trained in gastrostomy aftercare may optimize the management of gastrostomy complications and reduce unnecessary hospital readmissions.”

- 227 hospital admissions from a total of 313 gastrostomy patients were avoided because of direct actions by home enteral feeding team

Kurien M et al. Managing patients with gastrostomy tubes in the community: Can a dedicated enteral feed dietetic service reduce hospital readmissions? Eur J Clin Nutr. June 2012(66):757-760.

“228 hospital readmissions from a total of 280 patients were avoided due to direct action taken by home enteral feed (HEF) dietitians.”

- Services provided by HEF dietitians: home visits, nursing and residential home reviews, telephone advice to patients/caregivers/healthcare providers, and hospital assessments

White S. et al. Supporting patient with percutaneous endoscopic gastrostomy (PEG) in the community: developing a home enteral feed programme to avoid hospital readmissions. Gut 2011;60:A96.760.

Test Your Knowledge ANSWERS: 1.) C 2.) B

References:

- Making Optimal Nutrition a National Standard (A.S.P.E.N. Clinical Nutrition Webinar Series)
- Malnutrition Awareness: Bringing it to the Masses (A.S.P.E.N. Clinical Nutrition Webinar Series)
- <https://www.aad.org/dermatology-a-to-z/diseases-and-treatments/a---d/dry-skin/tips>
- Mehta NM, et al. Defining pediatric malnutrition: a paradigm shift toward etiology-related definitions. JPEN. 2013;37(4):460-81
- Torres SJ, et al. Depression, nutritional risk and eating behavior in older caregivers. J Nutr Health Aging. 2010;14(6):442-8
- <http://www.eatright.org/HealthProfessionals/content>

Connect With Us & See What's New At...



Call us today, we're here to help!

California

Fresno 800.675.8842
 Inland Empire 800.557.8797
 Los Angeles 800.372.6205
 Sacramento 800.675.8842
 San Diego 800.557.8797
 San Francisco 800.675.8840

Texas

Dallas 800.407.8982
 East Texas 800.407.8982
 Fort Worth 800.407.8982
 Houston 800.493.7863
 San Antonio 800.495.0999
 West Texas 800.495.0999

Colorado

Denver 800.525.8049

Washington

Seattle 800.720.7440

Illinois

Chicago 800.675.8847