

## Good Nutrition and Hydration can make a Difference (COVID- 19)

There is evidence to show that during the critical stages of COVID- 19 there can be significant weight loss, muscle loss, reduced appetite, altered taste, reduced mobility and around 30 % of patients being intubated will incur a dysphagia. Residents with diabetes who have reduced dietary intake may need a review of their medication. The information provided in this brief is a reminder of the steps you could take to support your residents on their way to recovery.

**Timely intervention of food and fluid can:**

- |                             |                                     |
|-----------------------------|-------------------------------------|
| √ prevent further infection | √ minimise further body weight loss |
| √ prevent skin breakdown    | √ improve depleted muscle mass      |
| √ Improve quality of life   |                                     |

It is important that you know what your residents are eating, their routine and their favourite foods. Review the residents' food and fluid/ likes and dislikes. Monitor their food and fluid intake carefully. Review the residents' intake and ensure maximum energy and protein options are available from your catering team to support resident choice. Food Fortification should be implemented.

**Key Actions: Complete your MUST Step 5 Nutritional Management Plan for your resident**

- Monitor food and fluid intake of your resident
- Check the hospital discharge weight, or if in your unit, monitor weight weekly, if unable to weigh undertake monthly the residents Mid Upper Arm Circumference <https://www.bapen.org.uk/screening-and-must/must/must-toolkit>
- Assist with diet and fluid as required
- Ensure Food and fluid is of the correct consistency if there is a dysphagia: <https://iddsi.org/consumer-handouts/>
- Meals should not be missed always offer an alternative if over ½ the meal is left uneaten
- Encourage higher protein snacks and protein rich nourishing drinks between meals
- Guidance for residents with diabetes may require to be relaxed when dietary intake is poor e.g. sip fruit juices/full sugar drinks
- If food first strategies do not meet your residents nutritional goals, liaise with your CHLN for further advice, a referral to the Dietitian may be appropriate

**Please remember to follow NHS GG&C MUST Step 5 guidance and attach a copy of your residents MUST Step 5 to any Dietetic Referral**

**Other Factors to consider:**

**Taste Changes:** Some residents report taste changes after COVID- 19 which can last a few weeks, you need to stimulate the resident's taste buds. Using foods with stronger flavours e.g. sweet and sour, chilli, spicy foods may help. Fruit flavours like cranberry, lemon or lime may be more appealing. It may be helpful to offer condiments e.g. ketchup/pickle with meals, a gargle of lemon juice in water may help or using plastic cutlery if food tastes metallic.

**Dysphagia:** This occurs in 30 % of residents post intubation, check whether a Speech and Language Therapist has assessed your resident's swallow. Ensure that the correct level of diet and fluids are being offered. If your resident is prescribed oral nutritional supplements they also require to be the correct consistency- if in doubt seek advice from your dietitian.

**Diabetes:** glycaemic control of diabetics in response to infection requires special consideration. Target blood sugar range between 7 – 12 mmols/litre. For residents who struggle to achieve adequate glycaemic control or where dietary advice is conflicting, please refer to your dietitian or specialist nurse for individualised advice. Refer to: [https://www.diabetes.org.uk/about\\_us/news/coronavirus](https://www.diabetes.org.uk/about_us/news/coronavirus)

**Encourage Mobility:** It is important to encourage your resident to regain and maintain an improved level of activity to support better muscle function and support overall mobility and quality of life.  
[https://www.nhs.uk/Livewell/fitness/Documents/NHS\\_sitting\\_exercise.pdf](https://www.nhs.uk/Livewell/fitness/Documents/NHS_sitting_exercise.pdf)

**Better Outcomes:** Continually review your treatment goals for your resident, monitoring food and fluid intake, regular weight monitoring and adequate nutrition and hydration support will result in better nutritional outcomes for your resident



# COVID-19 APPROVED GUIDANCE

## OFFICIAL SENSITIVE

***Note: This guidance has been fast-tracked for approval for use within NHSGGC***

### **Covid-19 Good Nutrition and Hydration can make a Difference**

This guidance is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guidance, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following guidance, it is good practice to record these and communicate them to others involved in the care of the patient.

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#### **Important Note:**

The version of this document on the Clinical Guideline Directory is the only version that is maintained. Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.