

Coronavirus
COVID-19
Public Health
Advice

14th May 2020

Dear Director of Nursing,

This pack provides guidance, advice and resources on nutritional support during the Covid-19 period. It was developed by HSE dietitians who work in residential care facilities (public and private nursing homes) for older people.

Covid-19 in older people may cause loss of appetite, nausea, vomiting, diarrhoea, swallowing difficulties, loss of smell or taste, weight loss, and fatigue. These can all lead to poor oral intake, which in turn increases the person's risk of malnutrition and frailty.

Nutrition and hydration care is essential and should be recorded as part of a resident's care plan. Mealtimes are an important part of a resident's day, not only from the perspective of adequate nutrition for health, but also for socialisation, engagement, connection and assessment.

This pack contains resources designed to prevent or treat malnutrition (see page 2 for contents).

If a resident is consuming less than 50% of their meals, or has lost more than 2kg in the past month, then the following **five key actions are recommended** (sample options are provided in the pack):

- Commence on High Protein High Calorie Diet
- Offer additional High Protein High Calorie snacks
- Offer regular drinks
- Prescribe Oral Nutritional Supplements (ONS) as recommended in the nutrition support pathway
- Consider prescribing Vitamin D

Actions should be taken in consultation with the general practitioner (prescriber) and a dietitian. If your nursing home has access to dietetic support and a nutrition screening pathway please continue to avail of this through the usual route. Residents who use enteral nutrition (tube feeding) and are experiencing difficulties tolerating their usual enteral feeding regimen should be referred to a dietitian. Any new resident who has recently transferred to the nursing home on enteral nutrition, should also be referred.

If you have any further queries on nutrition support at this time, email nutrition.national@hse.ie.

For any queries with ONS reimbursement applications, email PCRS.ONS@hse.ie for assistance.

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† Pathway contains suggestions primarily based on energy and protein content of ONS. Choice of ONS for a resident should consider multiple factors, such as taste preference, compliance, and safe swallow recommendations. This guidance is designed to aid clinical decision making, it is not intended to outweigh clinical judgement exercised in the interests of the patient. This pathway is not suitable for patients with complex nutritional needs. Their nutritional care should be managed by a dietitian.

Covid-19 Nutrition Support Pathway for Residential Care Facilities for Older Persons (HSE, V1, May 2020)

This guidance is designed to aid clinical decision making for all residents during Covid-19 period. If the resident has been recommended a therapeutic diet (renal, gluten free, diabetic) or is already established on an Oral Nutritional Supplement (ONS) or on enteral nutrition (tube feeding), refer to dietitian before making any dietary changes.

Continue to Monitor

Is resident consuming < 50% meals for > 3 days?
and/or
Weight loss of > 2kg noted in the past month?

No

Yes

Has the resident:

- A very low BMI (< 16kg/m²)?
- Experienced rapid weight loss?
- Little or no nutritional intake for 5-10 days?

Yes

No

Useful Tip: Mid Upper Arm circumference (MUAC) can be used to estimate Body Mass Index (BMI). See **Page 4**

- See **Page 4** if Resident at risk of Refeeding Syndrome or
- See **Page 9** if Resident receiving end of life care

Five Key Actions (sample options are provided in pack)

- Commence on High Protein High Calorie Diet
- Offer additional High Protein High Calorie snacks
- Offer regular drinks
- Prescribe Oral Nutritional supplements (ONS) as recommended below
- Consider prescribing Vitamin D*

Does the resident have dysphagia requiring thickened products?

Yes

No

Prescribe 2 thickened or pudding style ONS per day (e.g. 10am & 6pm)

Thickened Drinks

- Fresubin Thickened Level 2[®] 200ml
- Fresubin Thickened Level 3[®] 200ml
- Nutilis Complete Drink Level 3[®] 125ml

Level 3-4 Semi-solid Pudding (These require reimbursement application to PCRS)

- Aymes Crème[®] 125g
- Ensure Plus Crème[®] 125g
- Forticreme Complete[®] 125g
- Fresubin 2Kcal Crème[®] 125g
- Nutilis Fruit Level 4[®] 150g
- Nutricrem[®] 125g

Prescribe 2 bottles of a high protein ONS per day (e.g. 10am and 6pm). Options include:

- Altraplen Protein[®] 200ml
- Ensure Plus Advance[®] 220ml or Ensure Plus HP[®] 200ml
- Fortisip Compact Protein[®] 125ml or Fortisip Extra[®] 200ml
- Fresubin Protein Energy[®] 200ml or Fresubin 3.2 Kcal[®] 125ml

Monitor for 5-7 Days

- Refer to dietitian/GP
- If end of life care indicated see **Page 9**

Is there ongoing weight loss and poor oral intake?

Yes

No

When the resident is established on adequate oral intake from food:

- Consider reducing the quantity of ONS gradually after 1 month
- Continue to monitor for recurrence of risk of malnutrition (monthly weight check)

*It is safe to advise 20µg (800iu) vitamin D as a daily supplement (if no contraindications) to those who are **NOT** already on prescribed combination calcium/vitamin D supplements.** For more information on vitamin D requirements please see McKenna and Flynn, Irish Medical Journal (May 2020). **See **Page 9** for the Vitamin D content of commonly used supplements and ONS.

Refeeding Syndrome (Electrolyte Imbalance)

Symptoms can arise due to shifts in electrolyte and fluid balance in malnourished residents upon recommencement of eating, with potentially serious outcomes. This is uncommon in a nursing home setting under normal circumstances. However, acute illness increases likelihood. Those at highest risk are residents with a very low BMI ($<16\text{kg/m}^2$) who have had very poor or no nutritional intake over a period of 5-10 days.

To help manage Refeeding Syndrome the following is recommended in consultation with the GP:

- Reintroduce food or Oral Nutritional Supplement (ONS) gradually, building up slowly to full meals and ONS dosage over 5 days – refer to dietitian for specific guidance
- Prescribe Thiamine $\geq 250\text{mg}$ IV daily for 3 days OR $200\text{-}300\text{mg}$ PO for 10 days
- Prescribe general multivitamin and mineral supplement
- It is recommended best practice to request blood test electrolytes (U&E, Ca, PO_4 , Mg) daily for 5 days and then alternate days until stable. Electrolytes should be replaced where required, and ECG monitored where possible. This may not be practical in practice at this time.

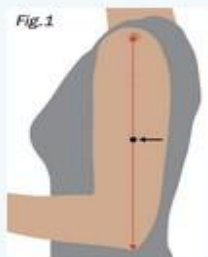
For more information see www.irspen.ie

TIP: Mid upper arm circumference (MUAC) may be used to estimate Body Mass Index (BMI) kg/m^2 in order to support your overall impression of the person's risk of malnutrition.

BMI $< 20\text{kg/m}^2$ indicates high risk of malnutrition → Follow five key actions in pathway

Use a tape measure to complete this measurement. More information: <https://www.bapen.org.uk>

MUAC



The subject's left arm should be bent at the elbow at a 90 degree angle, with the upper arm held parallel to the side of the body. Measure the distance between the bony protrusion on the shoulder (acromion) and the point of the elbow (olecranon process). Mark the mid-point.

Ask the subject to let arm hang loose and measure around the upper arm at the mid-point, making sure that the tape measure is snug but not tight.

If MUAC is < 23.5 cm, BMI is likely to be < 20 kg/m^2 .

If MUAC is > 32.0 cm, BMI is likely to be > 30 kg/m^2 .



Weight change over time

- MUAC can also be used to estimate weight change over a period of time and can be useful in people in long term care.
- MUAC needs to be measured repeatedly over a period of time, preferably taking two measurements on each occasion and using the average of the figures.
- If MUAC changes by at least 10% then it is likely that weight and BMI have changed by approximately 10% or more.

High Protein High Calorie Meal Options

For residents who have a poor appetite and are at risk of malnutrition

Please refer to any specific recommendations from Speech and Language Therapist regarding an individual resident's food and fluid modifications.

Choose these foods	Limit these foods
<p>Use fortified milk in tea, coffee and cereals (see page 7 for instructions)</p> <p>Breakfast Porridge, Weetabix, or Ready Brek with milk, sugar and cream and / or Bread or toast with thickly spread butter + jam and / or Cooked breakfast, e.g. boiled or scrambled egg with butter / Sausage / rasher / beans/ tomato with Glass of fruit juice or glass of fortified milk</p> <p>Main Meal 1-2 slices of lamb, beef, chicken, turkey or fish or 1-2 serving spoons of casserole, pie or stew with 1-2 scoops of mashed potatoes or 1-2 medium boiled potatoes with butter and 1-2 serving spoons of vegetables with butter Add white or cheese sauces where available and Glass of fortified milk</p> <p>Dessert Dessert of the day with custard, ice cream or cream</p> <p>Lunch or Tea Time Baked beans on toast with thickly spread butter or Quiche, Shepherd's pie, fishcakes, omelette, scrambled eggs with full fat butter or Sardines, sausage rolls, fish fingers, chicken goujons with added mayonnaise or Salad with meat or cheddar cheese or salmon salad + mayonnaise or salad cream with potato gratin, waffles or croquettes Glass of fortified milk Rice pudding or semolina with milk and sugar</p>	<p>Avoid low fat milk</p> <p>Avoid low fat butter and spreads</p> <p>Avoid low fat cheese</p> <p>Avoid low fat yoghurts</p> <p>Avoid sugar free jelly</p>

For further menu ideas refer to Making the Most of Every Bite – a 222-page full colour cookbook, developed by dietitians UCC & HSE, available to order from www.healthpromotion.ie or download from www.hse.ie/nutritionsupports

Snack Menu

All snacks on this page are suitable for residents who **do not** have a swallowing difficulty.
Please refer to any specific recommendations from Speech and Language Therapist regarding an individual resident's food and fluid requirements.

					
Toasted cheese	Scone with butter, cream & jam	Tinned sardines	Crackers	Cheddar cheese	Bowl of cereal

Level 7 Easy to chew (snacks from all levels below are also allowed)

			
Crustless sandwiches	Jaffa cake or kimberley	Fairy cakes	Boiled egg

Level 6 Soft and bite sized (snacks from levels below are also allowed)

		
Bite sized soft fruit	Jelly trifle	Egg mayonnaise

Level 5 Minced and moist (snacks from the level below are also allowed)

					
Mashed tinned fruit	Rice pudding	Mashed banana	Whole yoghurts	Mashed fish with mayo	Stewed fruit

Level 4 Pureed, extremely thick

				
Pureed Fruit	Chocolate / Fruit Mousse	Cream cheese	Fromage frais	Custard

Images courtesy of St. Mary's Hospital, Phoenix Park, Dublin 20

Further information on modified diet and fluid levels available at: <http://iddsi.org>

Drinks Menu

							
Whole Milk	Fortified Milk	Hot Chocolate	Tea or Coffee	Cranberry, Orange or Prune Juices		Smoothies / Milkshakes	
<p>Please refer to any specific recommendations from Speech and Language Therapist for individual residents.</p>							

How to make fortified milk

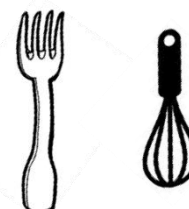
Put 5 heaped dessert spoons of Marvel milk powder into a jug (of more than 1 litre).



Add 1000mls (1 litre) of whole milk very slowly to the jug, while mixing continuously with a fork or small whisk.



Continue to mix well with a fork or small whisk until smooth and all lumps are gone.



Use in tea, coffee and cereal and offer at the drinks trolley round.



200ml glass
Fortified Milk

Calories
181

Protein
10.5g

Guidance for Assisting Residents at Mealtimes

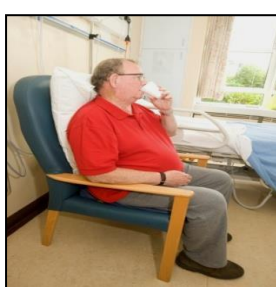
Principles of assisting with mealtimes

To provide a pleasant mealtime experience with adequate and appropriate assistance, which may help residents who have a decreased appetite at this time and may be struggling to complete meals.

To be aware of the specific eating, drinking and swallowing requirements as set out by the speech and language therapist (SLT) if the resident was assessed by an SLT.

Positioning

- **Residents should be upright and alert for all food and drinks, and remain sitting upright for 30 minutes after.**
- It is best to sit with the person at eye level either directly ahead or slightly to the right or left. Do not sit at the side as the person will find it difficult to see you.
- The person should be upright, centred and comfortable.



Assisting with Meals

- Always ask if the person needs assistance rather than assuming they need it. Assistance is helping someone to eat rather than feeding them.
- The person's independence should be maintained where possible.
- Be guided by their wishes and respect their individuality and dignity at all times.
- If there is a choice of cutlery ask which they would like and follow any recommendations from the OT.
- Make sure the person can reach all of their food, and offer to help open any packets.
- Offer assistance with cutting up food, but if the person wants to do it themselves; they should, even if it takes a while.
- If the person does need help feeding, give small mouthfuls at a time. A teaspoon or a latte spoon is often more comfortable over a larger table or dessert spoon.
- Do not have a loaded spoon or fork waiting as this can often make the person feel hurried.
- Food should never be forced into their mouth. If they require encouragement try to gently touch the food against their lips so they can taste it.
- Respect the person's wishes if they choose to take only a few spoonfuls. Even small amounts can make all the difference.

What you say matters

- Positive communication may improve the person's response to you and may result in improved meal intake.
- Use simple language, describe the meal, identify pureed foods, give one type of food at a time, do not mix it up and describe what each food is, e.g. this is pureed carrot.
- Verbal prompts are important and can help guide the person through all the steps of a meal.
- Listen attentively and encourage.

Mealtime Checklist

- ✓ Are local Infection Control and Prevention guidelines adhered to? For further information see <https://www.hpsc.ie>
- ✓ Is the mealtime setting calm and free from any unnecessary distractions?
- ✓ Did the person get the meal they ordered? Is there a system in place that highlights any specific dietary requirements, e.g. a modified consistency diet or a gluten free diet?
- ✓ Is food at the appropriate temperature?
- ✓ Do they have sufficient time to eat their meal?
- ✓ If meals are unfinished, have you checked the reason, e.g. poor appetite, inadequate assistance?
- ✓ Is food intake monitored and documented in the relevant notes, e.g. food record chart or nursing notes?
- ✓ Is there a revised plan of care in place, in partnership with the resident, to take account of poor nutritional intake? See the **Nutrition Support Pathway** in this pack.

Nutrition and end of life care

- Identify and manage symptoms that may be limiting oral intake, e.g. sore mouth, dry mouth, nausea, vomiting, constipation, diarrhoea, pain.
- Advise patient and family that, at this time, care should focus on enjoyment of food rather than quantity of food consumed or reversing weight loss.
- Provide assistance and support at mealtimes as required.
- Offer favourite foods.
- Encourage the resident to eat little and often as tolerated.
- Finger foods may be useful as snacks or small meals.
- Offer sips of drinks regularly throughout the day.
- Oral Nutritional Supplements (ONS) should only be prescribed if they promote comfort and are tolerated.

For more information and resources see www.hse.ie/nutritionsupports

Vitamin D content of commonly used vitamin supplements and ONS listed in pathway

The purpose of this table is to provide information on the Vitamin D content of products so this can be taken into consideration by prescribers. Products are listed in order of increasing vitamin D content.

Vitamin D preparation	Vitamin D	Oral Nutritional Supplements	Vitamin D
Centrum 50+®	5µg (200iu)	High protein drinks	
Centrum Advance®	5µg (200iu)	Ensure Plus HP® 200ml	2.2ug (88iu)
Decavit®	5µg (200iu)	Fortisip Compact Protein® 125ml	2.6µg (104iu)
Calcichew D3 Forte®	10µg (400iu)	Altraplen Protein® 200ml	5µg (200iu)
Ideos®	10µg (400iu)	Fortisip Extra® 200ml	5µg (200iu)
Desunin® 800 iu	20µg (800iu)	Fresubin Protein Energy® 200ml	5µg (200iu)
Osteofos D3®	20µg (800iu)	Fresubin 3.2 Kcal® 125ml	10µg (400iu)
Cadelius®	25µg (1000iu)	Ensure Plus Advance® 220ml	13 µg (520iu)
Sona D1000®	25µg (1000iu)	Dysphagia products	
Thorens® (10,000iu/ml)	250 µg (10,000iu)	All puddings/thickened drinks except those listed below	≤3ug (120iu)
Zymad® Drops (10,000iu/ml)	250 µg (10,000iu)	Fresubin thickened (2&3)® 200ml	5ug (200iu)
		Fresubin 2Kcal Crème® 125g	6ug (240iu)

References available on request.