

PERFORMING THE BEDRIDDEN PATIENT'S NUTRITION

Ensuring an adequate intake of nutrients and fluids necessary to the organism of the bedridden patient. The nutritive intake aims to support the optimal functioning of the patient's body, and a better quality of life, in particular Every patient's nutrition has a therapeutic potential comparable to medication administration. This has to be individualized to meet intellectual abilities, motivation, lifestyle, culture, economic status.
The patient's family and the people close to him/her have to be integrated into this process.

		Concept:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P
1.	Rapid evaluation of the presence of vital signs (<i>state of consciousness, movements, speech, breathing</i>) vital functions maintained <input type="checkbox"/> ; cardiorespiratory arrest <input type="checkbox"/> Good afternoon. My name is I am the doctor/nurse who will examine you today.	- initiating the discussion -				0 3 5
2.	Could you please confirm your name..... And your date of birth, please..... (or, check patient's ID bracelet, if available). Thank you. (<i>it avoids mistaking one patient for another and performing the procedure on a patient who does not have this indication. Avoid expressions such as "Are you Mr. Smith?" as this could generate false confirmation through an automatic "yes" from patients less focused on the discussion with the medical staff.</i>)	Conformity with the observation sheet for Name: <input type="checkbox"/> Date of birth: <input type="checkbox"/> RIGHT PATIENT- C1	ESSENTIAL			
3.	Use a pad dipped in alcoholic solution to decontaminate the pieces of furniture that we interact with during the procedure. Medical washing hands ± Put on clean, medical gloves (<i>only if there are any skin lesions on the examiner's hands or a high risk of developing infections</i>), as part of the standard precautions.	- standard precautions -				0 1 3
4.	Ensure a private and a quiet space for alimentation (<i>single-bed ward, curtains, screen etc.</i>) Measurement of arterial pressure, pulse oximetry, thermometry - if there hasn't been a recent evaluation	Arterial pressure:/..... mmHg; SaO2 %; T °C				0 3 6
5.	Evaluate any possible inappropriateness to oral alimentation: <ul style="list-style-type: none"> • medical procedures scheduled to be completed within an immediately following period and which require a condition of "hungry" for the patient • the existence of an NPO recommendation (<i>nihil per os</i> – nothing by mouth) • comatose patient • the presence of nausea / vomiting • the existence of a gastric aspiration device • possibly, an objective examination of the abdomen: diminished / absent bowel sounds 	YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	ESSENTIAL			
6.	Place the patient in a sitting position, preferably in high Fowler's position (sitting with back up). Evaluation of the oral cavity of the patient in terms of teeth, gums aspect, presence of injuries that could interfere with feeding.	<i>If, for medical reasons, Fowler positioning is not possible, the patient can be placed in the lateral decubitus position (lying sideways), which</i>				0 5 9

			<i>facilitates swallowing compared to supine position (lying on back)</i>			
7.	Do you feel the need to urinate? Or defecate, eliminate stool?					0 3 5
8.	<p>Evaluate the patient's observation sheet for disturbance mentions of smell or taste: Do you see well? For example, the food on your plate.</p> <p>Has the food taste? Or are there problems? (<i>the elderly, due to atrophy of taste buds, experience a decrease in the perception of sweet and salty; to feel the taste, extra spices should be added in their food</i>)</p> <p>What about the smell?</p>		<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>			0 3 5
9.	<p>Evaluate the patient's observation sheet for age (over 65), diagnosis of dementia; any warning of dysphagia; frequent oropharyngeal aspiration manoeuvres in the history of case-related interventions.</p> <p>Do you happen to cough when you eat, or choke on the food or suffocate? Any difficulties in swallowing? Any pain? Sudden hoarseness of voice?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>		<p><i>Evaluation necessary for the prevention of aspiration pneumonia which can occur in patients with dysphagia. If such a situation occurs, there should be a common effort of the nutritionist, dietician, physician, specialist in deglutition, speech therapist, family doctor ...</i></p>			0 5 9
10.	YES <input checked="" type="checkbox"/>	<ul style="list-style-type: none"> • Ensuring a relaxing environment, quiet, without elements that can distract the patient from the feeding activity. • Use of background music – a possibility to be taken into consideration for patients with dementia (reduction of behavioural symptoms during feeding - Liao et al. 2004). • Positioning the patient as upright as possible in bed or on a chair. • Insert in your mouth only small pieces of food that can be easily chewed. • Chew thoroughly before you swallow. • Introduce another piece of food only after the previous one has been swallowed. • After you finish eating, check if there are any pieces of unswallow food left in your mouth. • Maintain the high position of the body at least 20-30 minutes after the meal • If clinical signs of laryngo-tracheo-bronchial aspiration appear (cough, dyspnea – suffocation, dysphonia - hoarseness etc.) remove immediately and completely any remaining pieces of food from the mouth. 				0 5 9
11.	Would you like to try to eat?		<i>Explain the ACTIONS TO BE PERFORMED</i>			0 1 3

12.	You will need to chew and swallow bits of food. Can you cut the food yourself or do you need my help? Drink the liquids prepared for you, please.	<i>Explain to the patient WHAT THE PROCEDURE CONSISTS OF</i>		0 1 3
13.	It is advisable for you to be seated in an upright or lateral position so as to prevent the food from going the wrong way and causing you to choke if you inhale it into the lungs. If you have difficulty cutting the food, I can help you. Or pouring liquids into your glass. You just tell me and I will help you right away. Or I can serve you with all the dishes, as you wish. I will sit on the chair next to you and we will take all the time we need to eat, shall we? We can start with the dish of your choice.	<i>Tell the patient how he/she can CONTRIBUTE to performing the administration</i>		0 1 3
14.	Feeding provides your body with enough energy and resources to function well.	<i>Tell the patient how he/she can CONTRIBUTE to performing the administration</i>		0 1 3
15.	Have I succeeded in explaining the procedure? Would you perhaps like to ask me something else?		ESSENTIAL	
16.	In general, do you have a healthy appetite? YES <input type="checkbox"/> NO <input type="checkbox"/>			0 1 3
17.	NO <input checked="" type="checkbox"/>	<ul style="list-style-type: none"> Is this a good time for you to eat? Or do you have pain or any discomfort we could treat? (<i>analgesics for pain, antipyretics in case of fever etc.</i>) Is there anything you're particularly concerned about? Something that you might like to discuss? (<i>psychological stress associated with anorexia - lack of appetite for the patient</i>) What do you like usually to eat? Small portions of food are preferable. This will not discourage a patient with appetite loss. For the elderly, avoid dry foods, crunchy, tough or sticky foods (e.g. bananas) due to the decreased secretion of salivary glands associated with getting older. Immediately before or after the patient's nutrition, avoid medical procedures which can be tolerated with difficulty. Create a pleasant environment for the feeding process (fresh, nicely arranged, savoury). Before eating, a better care of your mouth will increase your appetite and make the food you eat taste better. Brushing teeth, mouthwash? Want to 	<i>It is recommended to involve the patient's carers, who can provide information on the patient's food preferences and even provide those dishes, cooked properly.</i>	0 1 9

		wash your face before you eat? I can help you with this if you want.			
18.	<p>Refer to the observation sheet and select, from the rack, the appropriate type of food to be administered – Check I</p> <ul style="list-style-type: none"> validate the prescribed timetable for administration (± 30 minutes) validate the prescribed administration route (for example only semisolid or liquid form - mashed meat; heated properly -in eating pathologies it is contraindicated exposing the oesophageal pharyngeal mucosa to extreme temperatures - hot / cold; or simply served at a temperature desired by patient and previously evaluated) 	<p>Validate the conformity of the selected medicine with the prescription from the medication sheet</p> <p>RIGHT MOMENT – C2</p> <p>RIGHT ADMINISTRATION ROUTE – C3</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>	<p>ESSENTIAL</p>		
19.					
20.					
21.					
22.	Position table at bed level to allow the patient to easily see the food offered.				0 1 3
23.	Refer to the observation sheet, take the foods out of the wrapping and place them on the table – Check II	<p>Validate conformity of selected alimentation with the prescription from the medication sheet <input type="checkbox"/></p>			0 5 9
24.	<p>Presentation of food from the menu.</p> <p>You have as food the following (e.g. tomato cream soup, mashed potatoes with chicken schnitzel, orange juice, still water, raspberry pudding)</p> <p>Which dish would you like to serve first?</p>	<p>RIGHT FOOD – C5</p>			0 2 5
25.	<ul style="list-style-type: none"> preparation of solid and liquid food according to prescribed quantities 	<p>RIGHT DOSE – C4</p>	<p>ESSENTIAL</p>		
26.	<p>Can you manage to eat using ordinary cutlery? Evaluate the clinical record of the patient about any diagnoses involving hands shaking, extreme asthenia, upper limb functional impotence (limitations in range of motion of the hand, wrist, elbows, shoulder, neck):</p> <p>Are your hands shaking when holding the spoon or fork so as to be difficult to eat because of it?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Or it is difficult to tilt your head backwards when drinking from regular glasses?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>I ask this because we can help, if necessary, with modified cutlery or crockery that would diminish the effort to handle food.</p> <p>Is it difficult perhaps to take a spoon or fork to your mouth? Bend fist and elbow to succeed?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>	<p>Use specialised cutlery and crockery</p> 			0 5 9
27.	Refer to the medication sheet, put the containers that were used for extracting the medication back into the medicine cabinet – Check III	<p>Validate conformity of selected alimentation with the prescription from the observation sheet <input type="checkbox"/></p>			0 5 9
28.	Evaluate possible intolerance to the administered medicine: Are you allergic to the following food	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>	<p>ESSENTIAL</p>		

	nutrients?			
29.	Is there any incompatibility of administration between the prescribed food and the previously determined vital parameters? (<i>e.g. arterial pressure, cardiac frequency, respiratory rate</i>)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
30.	Evaluate the patient's current medical condition concerning the symptomatology and the condition which generated the feeding prescription (<i>presence of edema, pain level, blood sugar level etc.</i>)	PRE-FEEDING EVALUATION		0 5 9
31.	I am now going to ask you to swallow this piece of Would you like to drink a bit of water? Or juice? (<i>offer liquid as often as required by the patient or for each 3-4 mouthful bites swallowed</i>)	<i>If necessary, help the patient by lifting the medication cup to his/her mouth</i>		0 5 9
32.	Select a conversation topic comfortable for the patient (<i>in the case of patients with a predisposition for dialogue, so as to create a pleasant atmosphere, favourable to the feeding process</i>) Patient nutrition			0 3 6
33.	Write in the patient's medical sheet:			0 3 6
34.	<ul style="list-style-type: none"> the name of the administered foods the quantity administered, according to prescription 			0 3 6
35.	<ul style="list-style-type: none"> the method of administration (<i>e.g. mashed</i>) 			0 3 6
36.	<ul style="list-style-type: none"> the date, hour and minute when the food was administered (<i>if there is a delay of more than half an hour following the prescribed time for administration – mention the reason for the delay</i>) 			0 3 6
37.	<ul style="list-style-type: none"> relevant clinical and biological parameters, evaluated before the treatment (<i>e.g. arterial pressure, cardiac frequency, pain intensity, glucose value, a.s.o.</i>) Sign the observations on food administration that you have entered in the patient's medical sheet.	<i>If the patient refuses the food or if the person responsible omits to administer food – make a note of the situation in the patient's medical sheet, explaining the reason, too. Inform the attending physician/the chief nursing officer of the situation.</i>		0 3 6
38.	Remove the table with any uneaten food from the bed.			0 1 3
39.	Do you need help to brush your teeth after eating? To wash your hands? maybe your face, mouth?			0 1 3
40.	After a realistic timespan, evaluate the relevant clinical and biological parameters and/or the expected effect (<i>arterial pressure, cardiac frequency, pain intensity, falling asleep etc.</i>)	POST-FEEDING EVALUATION		0 1 3
41.	Write in the patient's medical sheet:			0 1 3
42.	<ul style="list-style-type: none"> the occurrence or non-occurrence of incidents, accidents or side effects (<i>nausea, vomiting, possible difficulty in chewing food or swallowing – leading to adjustments in future menus - for example, their preparation in</i> 			0 1 3

	<i>semisolid forms etc., use of special cutlery)</i>				
43.	<ul style="list-style-type: none"> any mentions that the patient makes which might be relevant for therapy administration (<i>acceptance of proposed menu, how it was tolerated</i>) Sign the observations on food administration that you have entered in the patient's medical sheet.				0 1 3
44.	Reposition the patient comfortably by lowering bed at minimum height . Place the glass of water, the remote controls for the ward utilities (<i>e.g. the alarm system for alerting the medical staff, the TV remote control etc.</i>), the objects for personal use (<i>e.g. glasses, mobile phone, book etc.</i>) on the patient's bedside table.				0 5 9
45.	Medical washing hands ± use clean medical gloves. Use a pad dipped in alcoholic solution to decontaminate the pieces of furniture that we have interacted with during the procedure. Remove the previously used gloves by throwing them into the infectious, non-sharp waste container. Medical washing hands. I will leave you now to rest a bit. I will come back in..... (<i>for example, 2 hours</i>) and we will (<i>for example, do the treatment</i>). Remove any uneaten food and leave the ward.				0 5 9
		Total score: 200	<input type="radio"/>		%
			<input type="radio"/>		%
			<input checked="" type="radio"/>		%

Legend: - unfulfilled criterion; – partially fulfilled criterion; – completely fulfilled criterion
(score according to column P)