Coronavirus
COVID-19
Public Health
Advice

1st November 2020

Dear Director of Nursing,

This pack is **an update of information previously circulated in May 2020**. It contains resources designed to prevent or treat malnutrition during the Covid-19 period (see page 2 for contents). It does not replace the need for a comprehensive nutrition and hydration policy and service for residential care.

Covid-19 in older people may cause loss of appetite, nausea, vomiting, diarrhoea, swallowing difficulties (dysphagia), 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.

The following five key actions are recommended if a resident is:

- at risk of malnutrition as per validated nutrition screening tool (see page 4) and/or
- consuming less than 50% of their meals and/or has lost more than 2kg in the past month

- 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 in this pack
- Consider prescribing Vitamin D

Actions should be taken in consultation with the GP (prescriber), Dietitian and/or Speech and Language Therapist. 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. Consider that dysphagia may be present and refer to Speech and Language Therapy as required.

Email nutrition.national@hse.ie if you have any further queries on nutrition support. For any queries with ONS reimbursement applications, email PCRS.ONS@hse.ie

Dr Siobhan Kennelly,
National Clinical Advisory Group Lead, Older Persons, HSE

Ms Margaret O'Neill
National Dietetic Lead, HSE

Contents

HSE Dietitians developed this pack in conjunction with Speech and Language Therapists , who work in residential care facilities (public and private nursing homes) for older people.

*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 their swallow function. This guidance is designed to aid clinical decision making, it is not intended to outweigh clinical judgement exercised in the interests of the resident. **This pathway is not suitable for persons with complex nutritional needs. Their nutritional care should be managed by a dietitian, and dysphagia should be managed by a Speech and Language Therapist.**

Covid-19 Nutrition Support Pathway for Residential Care Facilities for Older Persons (HSE, V2, November 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 tube fed, refer to dietitian before making any dietary changes.

Is resident **at risk of malnutrition** as per a validated screening tool (see Page 4)

And/or

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

No → Continue to Monitor

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

Yes

Has the resident:

- A very low BMI (< 16kg/m^2)?
- Experienced rapid weight loss?
- Little or no nutritional intake for 5-10 days?
- New symptoms of dysphagia?

Yes →

- **See Page 10** if Resident at risk of Refeeding Syndrome OR
- See **Page 10** if Resident receiving end of life care
- **For new symptoms of dysphagia refer to Speech and Language Therapist**

No

Five Key Actions (sample options are provided in this 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 modified textures of drinks and/or foods?

Yes →

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 2Kal Crème 125g
- Nutilis Fruit Level 4 150g
- Nutricrem 125g

No

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

- Altraplen Protein 200ml
- Ensure Plus Advance 220ml or Ensure Plus High Protein 200ml
- Fortisip Compact Protein 125ml or Fortisip Extra 200ml
- Fresubin Protein Energy 200ml or Fresubin 3.2 Kcal 125ml

Monitor for 5-7 days

Is there ongoing weight loss and poor oral intake and/or swallowing difficulties?

Yes →

- **Refer to GP/ Dietitian/ Speech and Language Therapist**
- If palliative care indicated see Page 10

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.

Malnutrition Risk Screening during COVID-19 in Nursing Homes

Risk screening is a rapid process preformed to identify people at nutritional risk. It should be performed using a validated tool suitable for the nursing home setting e.g. MNA-SF (Mini-Nutritional Assessment Short Form) or 'MUST' (Malnutrition Universal Screening Tool).
In normal times nutrition risk screening should be performed within 24-48 hours of admission/re-admission of a resident and afterwards at regular intervals usually every 1-3 months in the nursing home setting.

During COVID-19 it is suggested that the frequency of nutrition risk screening is increased to monthly if possible. In addition we suggest that weekly weight checks should be carried out where it is possible and practical. This is to identify any unintentional weight loss at an early stage due to the known side effects of COVID-19 itself e.g. loss of appetite, changes in taste and smell, and also the effects of cocooning, and isolation e.g. low mood, eating alone, reduced visiting and social contact etc.

All persons identified as at risk of malnutrition as a result of screening should be referred for a full nutritional assessment by a registered dietitian. While awaiting this assessment the 5 first line actions as recommended in this guideline can be followed or act as per local policy.

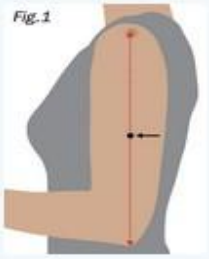
TIP: Mid upper arm circumference (MUAC) may be used to estimate Body Mass Index (BMI) kg/m² in order to support your overall impression of the person's risk of malnutrition. It is useful when it is not possible or practical to measure weight directly.

BMI < 20kg/m² 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

Fig.1



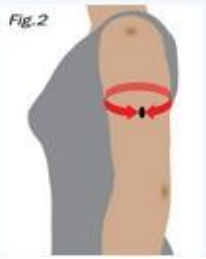
The subject's left arm should be bent at the elbow at a 90 degree angle, with the upper arm held parallel to the side of the body. Measure the distance between the bony protrusion on the shoulder (acromion) and the point of the elbow (olecranon process). Mark the mid-point.

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/m².

If MUAC is >32.0 cm, BMI is likely to be >30 kg/m².

Fig.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 Speech and Language Therapy guidelines regarding a resident's drinks and food textures as per IDDSI Framework. Many of the suggestions below may require modifications to be safely provided.

Choose these foods	Limit these foods
Use fortified milk in tea, coffee and cereals (see page 7 for instructions) **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 (see page 7) **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 **Dessert** Dessert of the day with custard, ice cream* or cream **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 (See also Information on readymade high protein foods on page 9	**Avoid low fat milk** **Avoid low fat butter and spreads** **Avoid low fat cheese** **Avoid low fat yoghurts** **Avoid sugar free jelly***

***NB: Jelly and ice-cream not recommended for residents having any level of thickened drinks**

For further menu ideas refer to **Making the Most of Every Bite**, available to order from www.healthpromotion.ie or download from www.hse.ie/nutritionsupports

Snack menu / Light meals

Level 7 Regular (all other snacks below also allowed)


Toasted Cheese


Scone with butter, cream & jam

Tinned Sardines


Crackers


Cheddar cheese


Bowl of Cereal

Level 7 Easy to Chew (all other snacks below also allowed)


Plain Pancakes


Plain Omelette


Fairy Cakes


Boiled Egg

Level 6 Soft and Bite-Sized (all other snacks below also allowed)


Soft & Bite-Sized Fruit


Spaghetti hoops


Egg Mayonnaise

Level 5 Minced and Moist (all other snacks below also allowed)

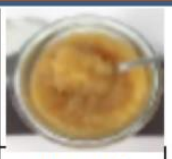
Mashed tinned fruit

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

Please refer to any Speech and Language Therapy guidelines regarding a resident's recommended food textures when offering suitable snacks. All foods to be produced as per IDDSI framework - http://iddsi.org

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

Drinks Menu

Whole Milk

Super Milk

High protein milk

Fortified Milk

Tea or Coffee

Fruit Juices

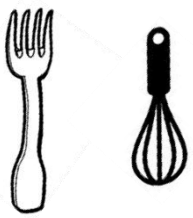
Milky drinks / hot chocolate

Please ensure that all drinks are thickened to the correct IDDSI level for residents with Speech and Language Therapy recommendations in place.

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. Keep refrigerated and discard at end of the day

200ml glass	Calories	Protein
Fortified Milk	181	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 person's eating, drinking and swallowing recommendations if specified by the Speech and Language Therapist.

To be guided by the wishes of the resident and respect their individuality and dignity at all times.

Positioning

- Residents should be upright and alert for all food and drinks, and remain sitting upright for 30 minutes after eating and drinking.

Assisting with Meals

- Always ask if the person needs assistance rather than assuming they do.
- Encourage self-feeding, maintaining independence where possible.
- Provide correct meal set up required, such as ensuring food is in reach, cutting food up, opening packets and providing correct utensils.
- If assisting, ensure that both the resident and staff member are seated comfortably, typically facing each other at eye level.
- Give small mouthfuls at the person's pace, ensuring each mouthful has been swallowed before giving the next one.
- Offer one food at a time, avoid mixing everything up on the plate.
- A 'little and often' approach to meals may work best for residents who fatigue easily or have a poor appetite.

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, taking particular care to name pureed food items as they may not be easily identifiable.
- 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 correct meal?
- ✓ Is there a system in place that highlights any specific dietary requirements?
- ✓ Is food at the appropriate temperature?
- ✓ Does the person 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.

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
Centrum 50+®	5µg (200iu)
Centrum Advance®	5µg (200iu)
Decavit®	5µg (200iu)
Calcichew D3 Forte®	10µg (400iu)
Ideos®	10µg (400iu)
Desunin® 800 iu	20µg (800iu)
Osteofos D3®	20µg (800iu)
Cadelius®	25µg (1000iu)
Sona D1000®	25µg (1000iu)
Thorens® (10,000iu/ml)	250 µg (10,000iu)
Zymad® Drops (10,000iu/ml)	250 µg (10,000iu)

Oral Nutritional Supplements	Vitamin D
High protein drinks	
Ensure Plus HP® 200ml	2.2ug (88iu)
Fortisip Compact Protein® 125ml	2.6µg (104iu)
Altraplen Protein® 200ml	5µg (200iu)
Fortisip Extra® 200ml	5µg (200iu)
Fresubin Protein Energy® 200ml	5µg (200iu)
Fresubin 3.2 Kcal® 125ml	10µg (400iu)
Ensure Plus Advance® 220ml	13 µg (520iu)
Dysphagia products	
All puddings/thickened drinks except those listed below	≤3ug (120iu)
Fresubin thickened (Level 2 & 3)® 200ml	5ug (200iu)
Fresubin 2Kcal Crème® 125g	6ug (240iu)

NB: Ensure that any vitamin supplements and/or ONS are provided in a safe form for any resident having modified textures of drinks and food as per Speech and Language Therapy recommendations.

Information on high protein foods

Readymade and enriched high protein foods can be a useful addition to the diet of healthy older people and those who have been identified as at risk of malnutrition and/or with sarcopenia (loss of muscle mass and strength), to increase protein intake. A registered dietitan can advise on what might be most suitable.

Note: If a product has 'High in protein' on the label, then 20% or more of the energy value of the product must come from protein.

Examples of useful high protein foods include:

- High protein milk (choose unflavoured)
- High protein yoghurts e.g. Greek style, Skyr style, Quark
- High protein cereals, e.g. high protein porridge oats, wheat biscuit style, granolas, muesli.
- High protein desserts, e.g. rice puddings, custard style desserts, and ice-cream (some can be high in added sugar so discuss with the dietitan)

Over the counter or 'non-prescribed' high protein bars, powders and 'shakes' are generally not recommended for use in the nursing home setting. Only prescribed oral nutritional supplements that have been approved for specialist medical purposes are recommended.

Please refer to any Speech and Language Therapy guidelines regarding a resident's drinks and food textures as per IDDSI Framework.

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 (<16kg/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 ≥250mg IV daily for 3 days OR 200-300mg 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

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 resident 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**

References available on request.