Nutritional Screening in Palliative Care

Guidance from:

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Introduction

Palliative care can last from a few days to months and even years. Therefore, the nutritional needs of palliative care patients can also vary widely. Effective management of nutrition related problems can improve quality of life. Excessive weight loss, for example, can lead to weakness, lethargy, and inability to tolerate treatment, impaired wound healing and increased susceptibility to pressure sores and infection (1).

Before any nutritional screening is carried out please consider if the patient is in the early, late or last few days of their disease.

Management for Early Palliative Care

For the purpose of these guidelines early palliative care is defined as:

- Patient diagnosed with a disease/disorder that cannot be cured. Death is not likely to be imminent and the patient may have months or even years of life and quality of life may also be good.
- Patient may be undergoing palliative treatment to help improve quality of life.

Nutrition screening and assessment for these patients should be a priority (2). Finding and treating nutrition problems early may help the patient gain or maintain weight, improve the patient's response to treatment and reduce complications (3, 4).

Screening

You should find out the following information:

1. Has patient lost > 5% body weight (unplanned) in the last 3 months? See ‘MUST’ tool for percentage weight loss chart. (1)
2. Has cause for weight loss been investigated?
3. Is the patient anxious about their change in body image/weight loss?

If the answer is YES to all three questions a dietary assessment should be carried out as follows.

Assessment

You should find out the following information:

1. Is the patient's normal food intake reduced? If so why? Is it due to uncontrolled pain, anxiety, oral problems e.g. dry or sore mouth, taste changes etc?
2. Does the patient have difficulty eating? (need help with feeding, swallowing problems, poor dentition, is not able to cook for themselves)
3. Does patient suffer with diarrhoea, constipation, and nausea and / or vomiting, fatigue?
Intervention

If you identify any of the above problems, then review all medication. If the patient has any of the above problems they should be given first line dietary advice (such as Improving your Food Intake leaflet, available from the Dietetic Service \(^{(ii)}\)).

If the patient *consistently* manages less than half of 3 meals per day, then recommend non-prescription supplement drinks – up to three times per day for example Meritene (formerly Build Up) or Complan. If you are concerned that the patient has multiple problems, they are particularly acute or that the difficulties are likely to persist even after giving ‘First Line Dietary Advice’ e.g. fatigue, anxiety, ongoing chemotherapy, or dysphagia, then you should contact the Dietitian to discuss appropriate management. A Dietetic referral may be appropriate.

Monitoring

The patient should be reassessed within **one** month.

1. If you identify no improvement in the patient’s food intake/ appetite/ anxiety, you should do **one** of the following:
   - Contact the Dietitian for advice
   - Refer to the Dietetic Service

2. If the patient shows improvement, this should be monitored for as long as the patient is concerned about their food intake/ appetite/ anxiety (i.e. monthly).

Management for Late Palliative Care

Late palliative care is defined as:

- Patient experiencing a general deterioration in condition. Appetite reduces and the patient becomes increasingly fatigued. Other symptoms may also increase. Carer’s anxieties may increase at this time and they may become increasingly concerned about the patient’s food intake.

**The goal of nutrition therapy should NOT be weight gain or reversal of malnutrition, but it should be about quality of life including comfort, symptom relief and enjoyment of food** \(^{(5)}\). **Aggressive feeding may not be appropriate especially if eating and drinking cause discomfort/ anxiety to the patient.**

Care aims should encompass:

- Optimal management of nutrition related symptoms
- Improved sense of well being by the patient
- Optimising patient’s quality of life

Intervention

- Reassurance and support to patients and carers that this is a normal response to their illness.
• Treat reversible symptoms e.g. constipation, consider appetite stimulants
• Dietary intervention should focus on enjoyment of food and drinks and alleviation of pressure on the patient to maintain a normal diet. For some patients it may be appropriate to discuss a nourishing diet but for others a focus on increasing intake may add to their anxieties and stress.
• Oral nutritional supplements may be beneficial in some patients on psychological grounds. Patients should not be made to feel that they have to take these or be given false hope that these will improve their nutritional status. If oral nutritional supplements are felt to be beneficial and the patient wishes to try them, non-prescribable varieties are recommended from the range of soups and milkshakes (e.g. Meritene or Complan).
• Appropriate written information should be given to the patient to reinforce the advice given.
• Although it may not be appropriate at this stage to refer the patient to the Dietitian, you are encouraged to contact them if you or the patient has any queries.

Monitoring

The patient should be monitored as appropriate, focusing on the enjoyment of food.

Nutrition and the Last Days of Life

The patient is likely to be bed-bound, very weak and drowsy with little interest in food or drinks. Arguments for and against hydration at the end of life remain controversial. In terminally ill patients complaints of thirst and dry mouth were relieved with mouth care and sips of fluid (6, 7). Aims of care should be to provide comfort for the patient and intervene with mouth care, sips of food/fluid as desired (if patient is suitably conscious).

A Dietetic referral is inappropriate. However, the Dietitian is always available for guidance regarding nutritional matters.

Supporting Carers

Loss of appetite is a complex phenomenon involving the whole person, physical, social, emotional and spiritual (8). It affects both patients and their carers.

Health and social care professionals need to be aware of the potential tensions that may arise between patients and carers concerning a patient’s loss of appetite (anorexia). This is likely to become more significant as the patient moves towards late palliative care and close to the end of life. Patients and their carers may require support in adjusting to, and coping with anorexia.

Care aims should encompass:
• Consideration of environment, social setting, food portion, smells and presentation and the impact of these on appetite
• Patients remaining the focus of health professionals care, protecting his/her autonomy
• Promoting trust in the patient, enabling his/her voice to be heard while also supporting the carer(s)

Using Oral Nutritional Supplements (ONS) in Palliative Care

Prescription of oral nutritional supplements is not generally appropriate in the community setting of a patient's home or a nursing home unless a patient is under the care of a dietitian so their use is under regular review.

If ONS are prescribed during an in-patient's stay in hospital or a hospice without the involvement of a dietitian please consider if these need to be continued on discharge. The focus should be on enjoyment of nourishing foods in the first instance. The patient should have tried non-prescription supplements such as Meritene or Complan soups or shakes first in most cases. Some patients may find that a nutritionally complete oral supplement will help where food intake is compromised such as in cases of fatigue, swallowing difficulties or oral problems. Careful attention should be made to the choice of nutritional supplement. Not all are nutritionally complete. Contact the dietetics department for guidance as required. The patient should have regular follow up to ensure they are taking the prescribed amount of the supplement and the appropriateness of their use is reviewed at regular intervals. Please note, If a patient is unlikely to consistently manage at least two cartons of sip feeds per day, then they are unlikely to derive any significant benefit to well-being or nutritional status. In which case prescribed nutritional supplements are often not appropriate.
Palliative Care

Palliative care can last from a few days to months to even years. Therefore the nutritional needs of the patient can vary dependent on the stage of care they are in. The nutritional intervention and aims will differ dependent on what stage of the care they are in.

**Early Palliative care**

- Has there been a change in appetite? How long?
- Are they eating less than 50% meals or skipping meals?
- Is the patient anxious about the change in body image/weight loss?

**Late Palliative**

The aim is to improve the quality of life including comfort, symptom relief and enjoyment of food. Objective parameters such as weights, food records will not impact on the level of care; therefore consider omitting.

Yes

- Refer to MUST

No

- Team to determine most appropriate intervention

Reassurance and support to patients and carers this is normal response.

- Treat reversible symptoms
- Dietary interventions focusing on enjoyment of foods and drinks- alleviate pressure to eat what they “should” eat.
- Nourishing drinks if the patient would like it.

If further direction advice is required refer to the Dietitian
**MUST Action Plan Community/Early Palliative – Independent living patients**

Level of risk identified using MUST:

- **Low risk-**
  - Select high calorie foods- A guide to improving your food intake
  - Snacks – Snack and drink ideas when you have a poor appetite
  - Monitor effectiveness- ask patient to make a diary
  - Weigh weekly
  - Establish aim- deter weight loss/increase

- **Medium risk-**
  - Select high calorie foods- Small Appetite Booklet
  - Snacks – Snack and drink ideas when you have a poor appetite
  - Nourishing drinks- Homemade milkshakes/Complan
  - Snacks
  - Monitor effectiveness- food and fluid record
  - Weigh weekly
  - Establish aim- deter weight loss/increase

- **High risk-**

Review effectiveness of the plan regularly

Has the aim been met?
Are they tolerating the snacks?
Has the % meal completion improved?

If with further weight loss after all options exhausted refer to the Dietitian

Review monthly
**MUST Action Plan For Inpatient beds/Early Palliative care**

**Level of risk identified using MUST**

- Low risk-
  - Select high calorie foods
  - Snacks
  - Monitor effectiveness - food and fluid record
  - Weigh weekly
  - Establish aim - deter weight loss/increase

- Medium risk-
  - Select high calorie foods
  - Snacks
  - Monitor effectiveness - food and fluid record
  - Weigh weekly
  - Establish aim - deter weight loss/increase

- High risk-
  - Select high calorie foods
  - Nourishing drinks - Homemade milkshakes/Complan
  - Snacks
  - Monitor effectiveness - food and fluid record
  - Weigh weekly
  - Establish aim - deter weight loss/increase

**Review effectiveness of the plan - medium weekly**

- **High risk 2-3 times per week**
  - Has the aim been met?
  - Are they tolerating the snacks/drinks?
  - Has the % meal completion improved?
  - If no, can changes be made?

**If with further weight loss after all options exhausted refer to the Dietitian**

CLPg010 (rev Feb 2020)
References
(i) MUST Screening Tool
References
(i) MUST Screening Tool
Small Appetite Diet Sheet

INTRODUCTION

This diet sheet is designed to give you advice if your appetite is poor and you are not eating as well as normal or if you require high energy foods to help stop you losing weight:

Aim to:

- Enjoy your food;
- Eat regular meals and snacks;
- Try nourishing drinks (see following pages);
- Try to have a variety of food so you don’t miss out on any vitamins and minerals;
- Avoid using low fat or sugar products and opt for the high calorie versions.

HOW TO FORTIFY YOUR FOODS

If your appetite is poor and you are not eating as well as normal, the following tips may help you to get more calories without necessarily having to eat more food.

You can fortify foods in the following ways:-

- Milk – Add 3-4 tbsps of milk powder such as ‘Marvel’ or ‘5 pints’ to 1 pint of full cream milk. This can be used in the usual way in drinks, on cereals, in sauces and puddings.

- To savoury foods add cheese, fortified milk, gravy, milk powder, pulses, meat, cream, crème fraiche, or butter/margarine (rather than low fat spread), or lightly fry food e.g.
  - Add cheese to mashed potatoes and mash with extra milk and butter or margarine;
  - Add butter, cheese, or white sauce to vegetables;
  - Add 1 tbsp of milk powder to 1 portion of white sauce;
  - Add grated cheese/cream/milk to soup;
  - Add cream/sour cream or crème fraiche to casseroles;
  - Add mayonnaise or salad cream to sandwiches or have two fillings e.g. mayonnaise and bacon, cheese and ham.
To sweet foods, add fortified milk, sugar, cream, honey, jam, syrup, ice cream or evaporated milk e.g.

- Have cream/custard/ice cream/evaporated milk with pies, sponges or fruit;
- Add extra sugar, honey or syrup to desserts and cereals;
- Add 1 tbsp of milk powder or double cream to 1 portion of porridge, milk puddings and custard;
- Add cream, yoghurt, sugar, honey, evaporated milk, dried fruit to breakfast cereals;
- Add jam and cream to rice puddings.

**MEAL IDEAS**

- **Breakfast:** cereal with fortified milk and sugar, bread, toast or croissant with butter, jam, marmalade or honey Egg, sausage, bacon or beans.

- **Light Meals:** fortified soup with bread and butter, toast with beans, cheese, egg, ravioli or tinned spaghetti Sandwich with meat, cheese, fish or egg, jacket potato with cheese, beans or tuna.

- **Main meal:** Meat, cheese, fish, egg or pulses and potatoes, rice, bread or pasta and vegetables with added butter or white sauce or a salad with mayonnaise or salad cream.

- **Puddings:** Thick n Creamy yoghurts, tinned fruit with evaporated milk or ice cream, mousse, milk puddings e.g. rice pudding with cream or jam, custard, trifle, milky jelly.

**SNACK IDEAS**

**Savoury:** cheese & biscuits, nuts, toasted crumpets, toasted teacakes with butter and cheese, breakfast cereal with fortified milk, soup with added cream or milk, toasted bagel with butter and cheese, crisps.

**Sweet:** Thick n Creamy yoghurts, individual mousses or trifles, ice cream, boiled sweets, toffees, chocolate bars cakes and pastries, biscuits.
NOURISHING DRINKS

- **Milk based drink:**
  Use fortified milk (see page 1) to make up the following drinks:
  - Hot milky drinks – Ovaltine, Horlicks, Bournvita, hot chocolate, milky coffee. You can also add 1 tbsp of double cream to hot milky drinks;
  - Cold milk drinks – milkshakes made with cordials, fruit juice, milk shake syrup or powder. Add a scoop of ice cream for extra nourishment. Try fruit smoothies made from fruit blended with milk, ice cream/yoghurts and honey or malt;
  - Savoury drinks – instant soups, Bovril or Marmite;
  - Yoghurt drinks – can be purchased or make your own with milk and yoghurt.

- **Fruity drinks**
  - Fruit juice and fizzy drinks – fruit juice (fresh or long life), fruit juice mixed with fizzy drinks e.g. lemonade, fizzy drinks e.g. Lucozade, Appletize, Schloer, lemonade, coca cola, tonic water. Avoid ‘low calorie’ or ‘diet’ options. Add ice cream to a fizzy drink to make ice cream soda.

- **Supplement drinks**
  - Nourishing powdered drinks – Complan and Meritene are available from most chemists and supermarkets. They are available in a range of sweet and savoury flavours.

- **Nutritional Supplement drinks & powders**
  - There is a wide range of nutritional supplement drinks and protein and energy powders available on prescription for specific conditions, your dietitian will advise you if appropriate.

- **Alcohol**
  - A small glass of wine, beer, sherry or your favourite drink taken half an hour before a meal may stimulate your appetite. Check with your Doctor first.
RECIPES IDEAS

- **Banana milkshake** – add 1 banana, ½ pint cold fortified milk, 1-2 tsbsp sugar a pinch of cinnamon and 1 tsbsp of double cream to a blender. Blend for 10-15 seconds and serve.

- **Honey & lemon** – Add 1/3 pint of fortified milk and 2 tsbsp of clear honey to a saucepan and warm. Remove from the heat, add a dash of lemon juice and serve.

- **Iced coffee** – Dissolve 2 tsbsp of coffee in a little hot milk. Top up with 1/3 pint of milk, 2 tbsp sugar and 1 scoop of ice cream. Whisk and chill before serving.

HELPFUL HINTS

IF YOUR APPETITE IS POOR

- Make the most of the times when you do feel hungry, keep snacks handy to nibble on, such as crisps, sweets, nuts, biscuits, dried fruit;

- Have small frequent meals and snacks every few hours during the day rather than trying to eat 3 large meals;

- Let someone else do the cooking if you can. The smell may affect your appetite. If you prepare food yourself, use foods that are easy to prepare e.g. frozen foods, convenience foods;

- Avoid filling yourself up on too much fluid before a meal;

- Don’t be afraid to eat at odd times of the day or night;

- Take a short walk outside if you feel like it before a meal. Fresh air can help stimulate your appetite;

- Eat meals slowly, chew the food well and relax for a while after each meal;

- If you are allowed alcohol, try a small glass of wine or sherry before a meal (check with your doctor first).
COPING WITH FEELING SICK

- Do not force yourself to eat when you feel sick. However, aim to keep your fluid intake up to avoid dehydration. Try clear cold fluids which may be better tolerated, try sipping fizzy drinks such as soda water, ginger beer or lemonade. Herbal ginger or peppermint tea may soothe an upset stomach;

- Start with small frequent meals and snacks and build up to your normal diet as the sickness subsides. Try dry foods such as toast, crackers or biscuits, plain sandwiches e.g. with a lean meat filling, ginger foods e.g. ginger cake or biscuits. Try a light meal such as plain meat or fish with plain potatoes, rice or pasta. Eat slowly and relax after a meal. Nausea can become worse when the stomach is empty so try to eat regularly;

- Avoid wearing tight fitting clothes;

- Spicy foods or fatty foods may make sickness worse – if they do avoid them.

- Try to stay out of the kitchen whilst food is being prepared and eat in a well ventilated room. Your doctor can provide anti-sickness tablets if your symptoms persist.

TASTE CHANGES

Your taste may change during an illness or during treatment such as chemotherapy. It can also be affected by some medications. If you experience problems:

- Eat the foods you do like and avoid those you do not like. Retry any ‘problem’ foods after a few weeks as your taste may have returned to normal;

- If sweet foods taste too sweet try savoury foods instead and use strong seasoning or lemon juice;

- If food tastes bland, season with herbs and spices;

- If meat tastes metallic or bitter, try marinating before cooking;
- Some people find cold or warm foods easier to manage and more palatable than piping hot food. Allow it to cool a bit;

- Drink plenty of fluids and keep your mouth and tongue clean. Brush your teeth regularly.

**IF YOUR MOUTH IS SORE**

- Avoid dry, rough or hard foods such as toast, biscuits or crisps;

- Avoid highly spiced foods;

- Drink plenty of nourishing fluids;

- Add extra sauce, gravy or butter to your meals to soften the food;

- Eat little and often;

- Avoid fruit juice/alcohol which may irritate a sore mouth;

- Avoid very hot drinks, try warm or cold drinks instead;

- Ensure you maintain good mouth hygiene and if your mouth is very sore, speak to your doctor who may suggest a mouth wash or painkiller is taken before a meal.

**IF YOUR MOUTH IS DRY**

- Drink frequently to keep your mouth moist;

- Try sucking ice cubes or ice lollies;

- Moisten foods with sauce, gravy or butter;

- Try sucking boiled sweets or pineapple chunks or grapefruit segments to increase saliva flow;

- Speak to your doctor about artificial saliva sprays which can be prescribed if appropriate