CHEAT SHEET

NUTRITION AND WOUND MANAGEMENT

All patient's nutritional status should be assessed within 6 hours of admission and weekly thereafter to devise an appropriate care plan.

KEY POINTS:

A high number of patients are admitted to the hospital setting, with pre-existing **malnourishment**, which **increases the risk** of pressure damage development, infections, and delayed wound healing, and may result in chronic non-healing wounds.
There is an **intrinsic link between nutrition and wound healing**, and the need to ensure that macro-, micro-nutrient and fluid requirements are met to promote good skin condition, and maintain and repair tissues, (Wounds UK, 2013).

ACTION PLAN:

- Nutritional status should be **assessed within 6 hours of admission** and weekly thereafter. The **MUST Tool** should be used for adults, and the **STRONGKids tool** should be used for children.

- An appropriate **plan of care** should be made, in agreement with the patient, and regularly evaluated to ensure a nutritionally adequate diet. Generally, patients with pressure damage should receive a **high protein/high calorie diet**. The diet should be supplemented as prescribed, and fluid/food intake charts maintained accurately.

- Care should be taken to ensure the patient does not become dehydrated, especially on low air loss or air fluidised beds.

- The patient should be **weighed weekly** (more frequently for infants and children) and the weight documented. It is important that the weight of the patient is within manufacturer's specified guidelines for their products.

- **Consider referring patients** with Category 3, 4 and SDTI pressure ulcers and complex wounds to a Dietician due to increase nutritional requirements for wound healing. As per Nutrition and Dietetics Department Referral Guidelines for Adult Inpatients, if your patient is for active nutritional management and has: Category 2 (with other risk factors e.g. weight loss and poor nutritional intake), 3 or 4 pressure ulcers and suspected deep-tissue injury. Undergone major surgery, or has large wounds e.g. burns injury, especially if poor wound healing.

FOR FURTHER INFORMATION, CLICK ON LINKS:

Nutrition and Dietetics Department Referral Guidelines

(OUH Nutrition and Hydration Strategy, 2016)

Optimising Nutrition and Hydration Care for All Patients, Trust Policy