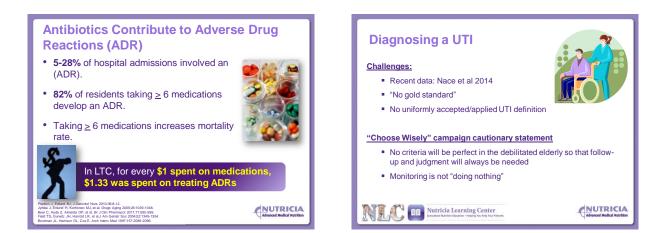
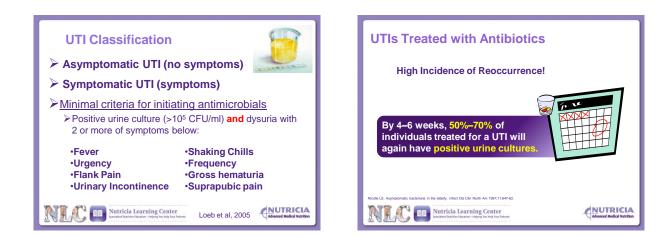
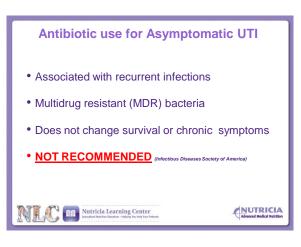


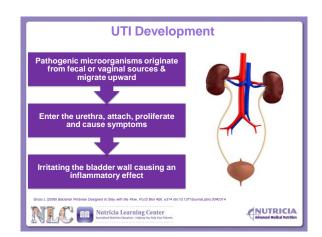


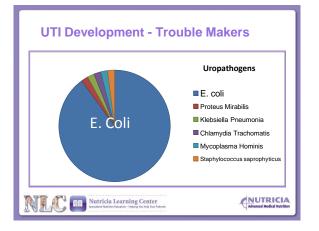
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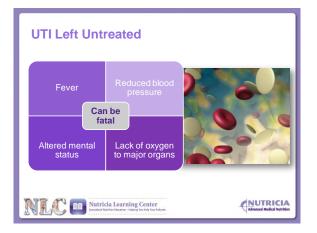


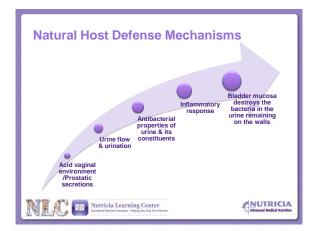


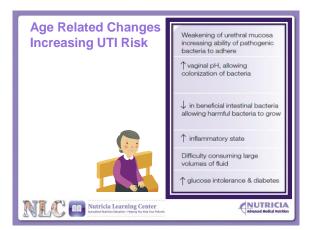


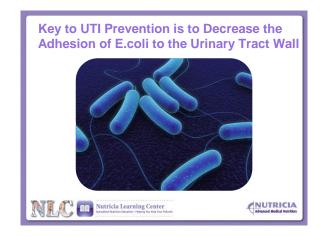






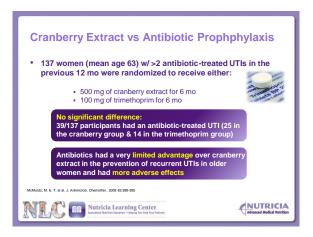












Medical Foods Definition

Foods that are specially formulated & processed for the patient/resident who is seriously ill or who requires the product as a major treatment modality

Criteria:

- Oral or tube feeding
- Labeled for the dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements
- Intended to be used under medical supervision

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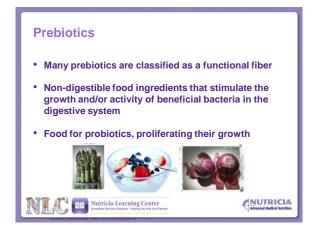
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Advanced Medical Nutrition

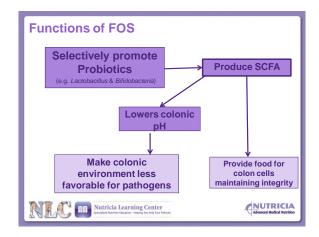
Medical Foods can Improve Quality of Care Indicators related to UTIs

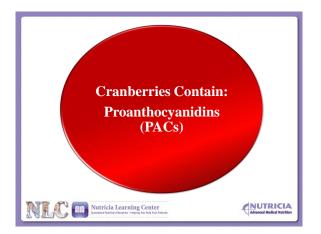
Indicators of Quality	
One or More Falls with Major Injury	1
Self-Report Moderate to Severe Pain	1
High-Risk Residents with Pressure Ulcers	
Urinary Tract Infection	1
Lose Control of their Bowels	
Lose Control of their Bladder	1
Need for Help with Activities of Daily Living Has Increased	1
Lose Too Much Weight	1
Have Depressive Symptoms	1
Unnecessary drugs	1
Infection rate	1
Hospital readmission rate	1
Total	10

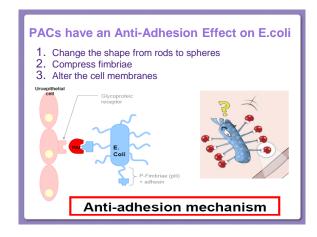


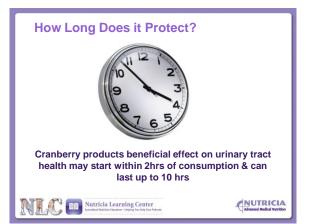


Target	Age (yrs)	Prebiotic	Outcome	Reference
Microbiota composition	69 ± 2	FOS	↑ bifidobacteria	Bouhnik et al., 2007
	77-97	FOS	↑ bifidobacteria	Guigoz et al., 2002
	68-89	Inulin	↑ bifidobacteria	Kleesen et al., 1997
mmune function	84 ± 7	FOS	↓ markers of inflammation	Schiffrin et al., 2007

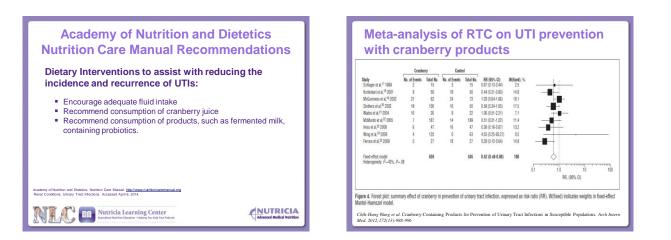


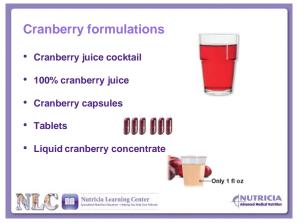




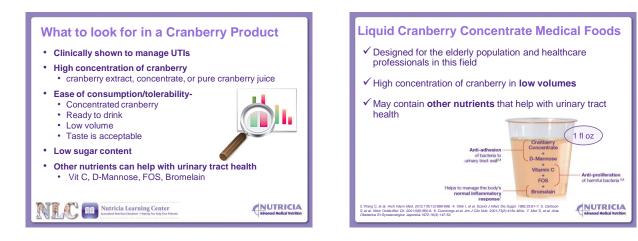


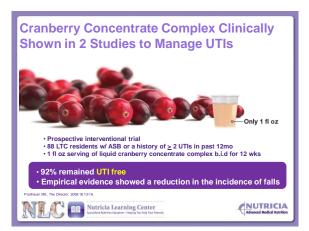












Cranberry Concentrate Complex Clinically Shown to Manage UTIs 23 pre- & postmenopausal female patients with history of UTIs Ave of 2.78 ± 0.73 UTIs at baseline over 6 months Administered 15 mL to a maximum dose of 75 mL daily for 12 wks



ere is <u>no evidence of risk</u> of a clinically relevant interaction betweer warfarin & cranberry products from peer-reviewed interaction studie vhen cranberry juice is consumed in moderation (2x 8 oz glasses/da							
				arfarin Interaction			
Li et al (2006) ¹	7 patients (warfarin for AFI*	Crossover	Viartarin = crasberry lateblacebo	Extended	Not determined	No effect (INR)	
Greenblatt et al (2006) ²	14 healthy volunteers	Crossover	Partopoten (single dose) (preceded by cranberry juice, placebo, grape juice, tes or flucenarcie)	Short-term	No effect	NA	
Lilja et al (2007)*	10 healthy volunteers	Parallel	R-5 wartarin, tizarédine, midazolam (5 days) + cranberry	Extended	No effect	No effect (throeboplastin time	
Abdul et al (2008) ²	12 healthy male volunteers	Open label, randomized crossover	Single dose 25 mg wartaris, alone or after 2 weeks of crasberry juice concentrate capsules or gartic tablets	Estended	No effect	INR AUC Increased by 28% (max 8% difference at any individual time point in warfaris/cranberr INCE IPOND	
Anseli et al (2009) ⁷	30 patients (16 placebo: 16 crawberry jaics) AF (9), DVT (9), PE (9), VHD (3), CVD (9), CHF (1)*	Parallel	Cranberry pice vs. piesebo	Extended	No effect	No significant effect on INR	
Ushipma et al (2009) ⁴	6 male, 2 female heatty volunteers, mean age 30.5 (range 23–44 years)	Open-label, two-period, crossover design with a wash-out period of >2 weeks	Crasterry pice vs. water with or without diciolenac (a medication metabolized by CTP2C9)	Medium duration (5 days), dosing of cranteerry juice 100 ml, bwice a day	No effect in healthy volunteers	No interaction with diciofenac in vivo, athough inhibition o CYP92C9 in microson preparation in vitro	
Melleri, et al (2010) ⁶	10 patients, ages 62–86, on warfaris for AF (3), PE (5), DVT-stroke or DVT and AF (1 each)*	Open-label, prospective	On stable warfarin dose. INR 2-3.	Cranberry pace (100%), 240 ml, twice/ day x 7 days	N/A	No upsticant difference found in th mean PT at baseline vs. anytime during the study ⁴	

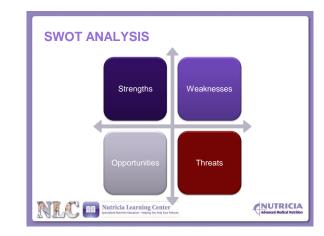


Keys to Implementing Change

- Nursing Home staff are committed, intelligent, hardworking people.
- Changes in knowledge and skills of front-line staff are needed for sustaining changes.
- Organizational structures and processes must be adjusted to support the change for desired outcomes.

Bowers, B. Implementing Change in Long Term Care. 2007. Ink

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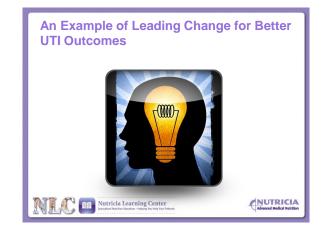


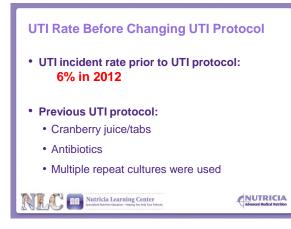
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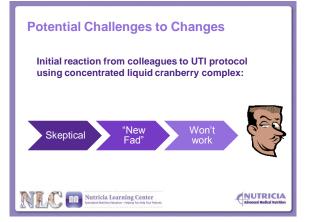
What Leaders Can Do in Times of Change

- 1. Be clear about why change is being implemented.
- 2. Understand what your staff are experiencing by <u>actively</u> <u>participating in the change.</u>
- 3. What you do is more important than what you say.
- 4. Anticipate and address staff responses.
- 5. Determine how you will determine whether you have been successful.
- 6. Look at whether your daily activities are consistent with the changes you are implementing.
- 7. Respond to challenges during the changes by helping staff clarify the problem.

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Effective Implementation of a UTI Protocol Tools used to get "buy-in" from staff/doctors: Education including new employee orientation Printed information to all of the MD's Persistence Open discussions regarding best practices, resident well being, falls, fractures, hospitalizations and deaths

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UTI Protocol Implementation Complete urine dip on all new admissions Administer liquid cranberry complex to all resident with positive urine dips for 30 days Administer liquid cranberry complex to all residents with foley cath indefinitely Administer liquid cranberry complex to all residents who have recent foley cath for 30 days Administer liquid cranberry complex to all resident with diagnosis of UTI for 30 days (even if on an antibiotic) Administer to all residents with neurogenic bladder indefinitely

