WOUNDS
Dietary Management Flowchart

NUTRICIA Pro-Stat

ROUTINE RN ASSESSMENT OF RISK

Existing Pressure Injury (PI) or Wound

YES → **Consult RDN for nutrition assessment**
See appendix 2

NO → **Risk Factors High?**
See appendix 1

YES → **Meeting Protein Requirements?**

NUTRITION THERAPY AT RISK FOR PI AND MALNUTRITION[1]
- Optimize energy intake
- Adjust protein intake

NUTRITION THERAPY FOR PI[1,2]
- Calories: 30-35 kcal/kg body weight
- Protein: 1.25 - 2.0 g/kg body weight*
- Fluid: 1 ml per day per kcal consumed
- Stages 2-4: Include medical food with added arginine, zinc, and antioxidants (i.e. Vitamin C)
- Multivitamin with mineral supplement with 100% of RDA if intake is poor or deficiency confirmed

Adjust per clinical condition
Adjust for individuals who are malnourished or at risk of malnutrition

YES → RDN to re-evaluate nutritional intervention & modify plan as needed until wound healed or no longer at risk
See appendix 5

NO → **CONSIDER PRO-STAT®**[2,3]

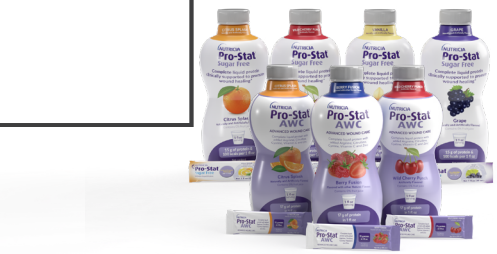
RD determines actual dosage based on condition, estimated need & dietary intake.

Stage	Pro-Stat® Products (serving size = 30 mL)
High risk for Wounds	Pro-Stat
Pressure Injury or Wounds	Pro-Stat
Stages 2-4 Pressure Injury or Wounds	Pro-Stat AWC
Multiple Pressure Injuries, Hard-to-Heal Wounds (Diabetic, Venous, Surgical, Burns)	Pro-Stat AWC

- Recommend physician order Pro-Stat®
- Provide Pro-Stat with medication pass
- Document in MAR
- Provide fortified or high calorie foods
- Provide high vitamin C rich foods daily
- Offer preferred food/beverage at appropriate texture
- Liberalize restrictive diets
- Weigh weekly or per facility policy
- Develop & implement plan of care

See appendix 3

Monitor nutritional & medical status weekly or per facility policy
See appendix 4



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*Unless contraindicated

Pro-Stat® is a medical food designed for the dietary management of wounds, and other conditions requiring increased protein needs in low volume. **Use under medical supervision.**

Pro-Stat contains 0% fruit juice.

WOUNDS
Dietary Management Flowchart

Appendix 1: Risk Factors

1. Braden Scale < 16[4]
2. MNA-SF® ≤ 11[5] (or other validated nutrition screening tool)
3. Unintended weight loss ≥ 5% in 30 days, ≥ 10% in 180 days
4. Body mass index (≤ 18.5 or ≥ 30)
5. Poor oral intake
6. Receiving enteral/parenteral nutrition
7. Immobility, decline in ADLs
8. Infections (UTI)
9. Identified moderate to high risk for malnutrition
10. Decline in ability to eat independently
11. Chewing/swallowing problem/dysphagia
12. Co-morbid conditions: end-stage renal disease, diabetes, CHF
13. Cognitive impairments
14. Skin exposure to urinary or fecal incontinence
15. History of pressure injuries

Appendix 2: Nutritional Assessment

16. Review diagnosis/medical condition
17. Review skin condition per facility's wound assessment
18. Review of skin assessment & validated nutrition screening tools
19. Current dietary intake
20. Amount & quality of protein provided
21. Body mass index
22. Determine deviation from current body weight
23. Determine nutritional needs
24. Interview for food preferences & intolerances
25. Medications/medical treatments (antibiotics, steroids)
26. Average food/ fluid intake, medical foods, oral nutrition supplements (% consumed)
27. Chewing/swallowing status/ability to eat independently
28. Dehydration risk factors
29. Nutrition related laboratory values: HgbA1C, BUN, etc. Note: serum hepatic protein values are affected by infection, inflammation, hydration and renal function
30. Renal and liver function to ensure tolerance of protein levels
31. Hydration status for individuals with elevated temperature, vomiting, profuse sweating, or heavy draining wounds

Appendix 3: Protein Supplementation

32. Nutrition intervention will be communicated as appropriate to: nursing, dietary, physician, resident, & caregiver
33. Administer PO with med pass, pour amount ordered into med cup
34. Based on preference, it can be mixed with beverage or food of choice
35. If administered via tube-feeding: flush with 30-60 mL water, dilute with 30-60 mL water, & flush tube with additional 30-60 mL
36. **Pro-Stat®** provides: 15 g protein, 100 kcal/30 mL
    Pro-Stat® AWC provides: 17 g protein, 100 kcal/30 mL
37. Pro-Stat and Pro-Stat AWC are lactose free, soy free, gluten free, and kosher
38. Monitor 2-4 weeks & modify as needed to meet nutritional goals
39. Store Pro-Stat at room temp
40. Label & date upon opening, discarding after 3 months

Appendix 4: Monitor Nutritional & Medical Status

41. Skin condition and/or wound status weekly or per policy
42. Acceptance & tolerance of supplement
43. Calorie, protein, fluid adequacy compared to estimated requirement
44. Ability to meet nutrient needs orally
45. Oral intake, if inadequate, consider enteral feeding consistent with individual's wishes
46. Weight status
47. Laboratory values, if available
48. Effectiveness of intervention in collaboration with interdisciplinary team & adjust, if condition changes, improves or declines
49. Consider validated tool such as PUSH to monitor progress for pressure injury healing

Appendix 5: Evaluate

50. Intact skin and/or progress toward healing
51. Improved and/or stable nutritional status
52. Intake meets estimated calorie, protein & fluid requirements
53. When goal is healing, monitor with PUSH tool
54. Document & re-assess per policy

References:

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3. Lee S K, Posthauer ME, Dorner B, Redovian V, Maloney M J, Pressure ulcer healing with a concentrated, fortified, collagen protein hydrolysate supplement; a randomized controlled trial. Advances in Skin & Wound Care. 2006;19(2):92-96.
4. Hays et al. Effects of Whey and Fortified Collagen Hydrolysate Protein Supplements on Nitrogen Balance and Body Composition in Older Women. Journal of the American Dietetic Association. 2009;109(6):1082-87.
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6. MNA @ http://www.mna-elderly.com Accessed Jan 7, 2022.

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