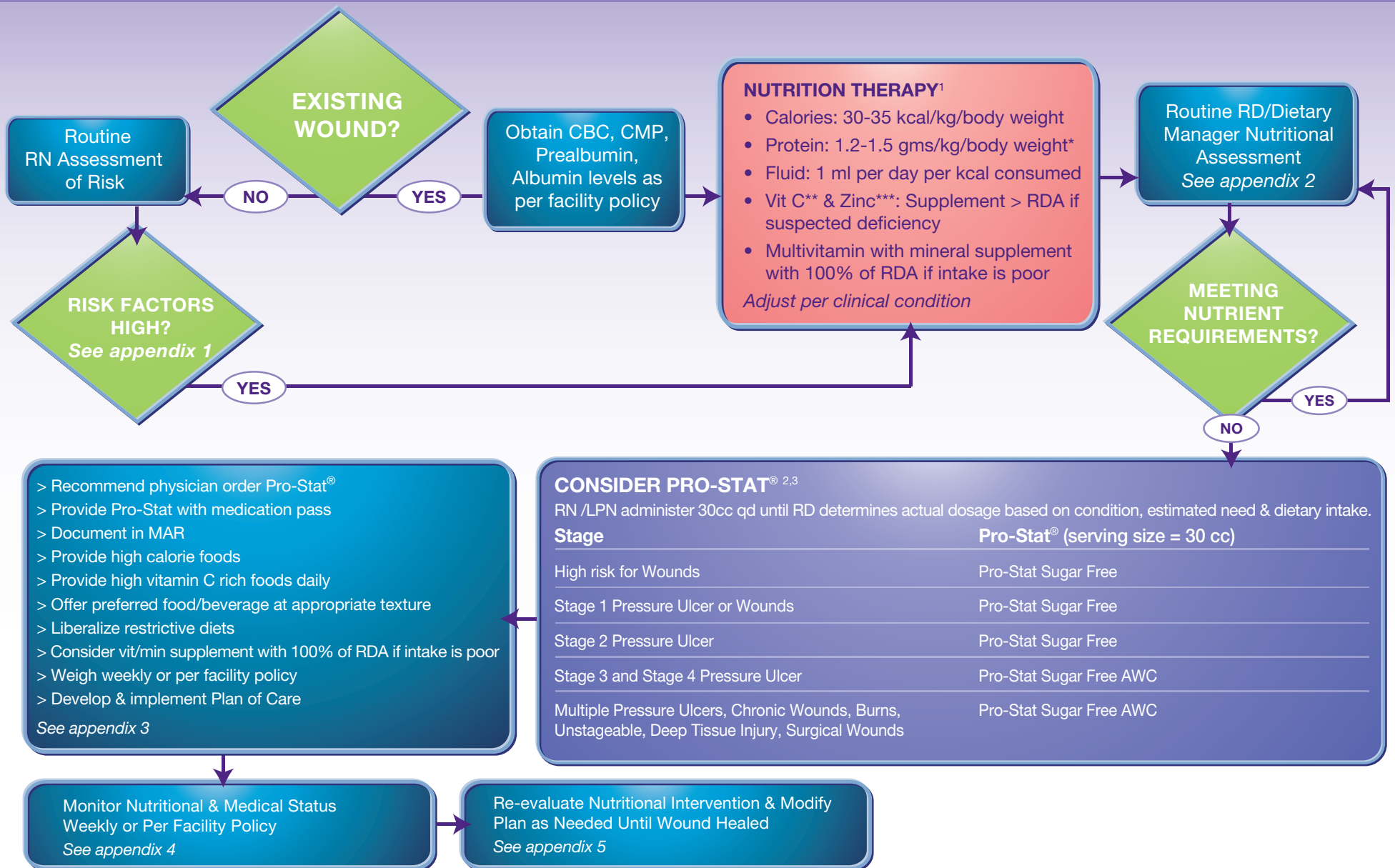


Wounds



Wounds

Appendix 1: Risk Factors

- Braden Scale < 16⁴
- MNA-SF® ≤ 11⁵
- Unintended weight loss ≥ 5% in 30 days, ≥ 10% in 180 days
- BMI (≤ 18.5 or ≥ 30)
- Poor oral intake
- Receiving enteral/parenteral nutrition
- Immobility, decline in ADLs
- Infections (UTI)
- Diagnosis of under-nutrition/malnutrition/hydration deficits
- Decline in ability to eat independently
- Chewing/swallowing problem/dysphagia
- Co-morbid conditions: end-stage renal disease, diabetes
- Cognitive impairments
- Skin exposure to urinary or fecal incontinence
- History of PrUs
- Albumin level is ≤2.8

Appendix 2: Nutritional Assessment

- Review diagnosis/medical condition
- Review skin condition per facility's wound assessment
- Review of skin assessment screening tools
- Current dietary intake
- Amount & quality of protein provided
- Body Mass Index
- Determine deviation from current body weight
- Determine nutritional needs

References:

1. European Pressure Ulcer Advisory Panel and National Pressure Ulcer Advisory Panel. Prevention and treatment of pressure ulcers: quick reference guide. Washington DC: National Pressure Ulcer Advisory Panel; 2009.
2. 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 03;19(2): 92-96.
3. 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, 109:1082-1087. June 2009.
4. Braden B, The Braden Scale for pressure Ulcer prediction. Available at <http://www.bradenscale.com/braden.PDF>. Accessed August 24, 2011.
5. MNA @ <http://www.mna-elderly.com> Accessed August 24, 2011.

- Interview for food preferences & intolerances
- Medications/medical treatments (antibiotics, steroids)
- Average food/ fluid intake, medical food supplements (% consumed)
- Chewing/swallowing status/ability to eat independently
- Dehydration risk factors
- Nutrition related laboratory values: ie HgbA1C, BUN, albumin, etc. Note:serum hepatic protein values are affected by infection, inflammation, hydration and renal function

Appendix 3: Protein Supplementation

- Nutrition intervention will be communicated as appropriate to: Nursing, Dietary, Physician also involving resident & caregiver
- Administer PO with med pass, pour amount ordered into med cup
- Based on preference, it can be mixed with beverage or food of choice
- If administered via tube-feeding: flush with 30-60cc water, dilute with 30-60cc water, & flush tube with additional 30-60cc
- **Pro-Stat®** provides:
 - > **Sugar Free:** 15 g protein, 100 kcal/30 cc
 - > **Sugar Free AWC:** 17 g protein, 100 kcal/30 cc
- Viscosity: Pro-Stat Sugar Free is nectar-like, Pro-Stat Sugar Free AWC is honey-like
- Pro-Stat is Lactose-free, Soy-free, Gluten-free, and is Kosher
- Monitor 2-4 weeks & modify as needed to meet nutritional goals

- Store Pro-Stat at room temp
- Label & date upon opening, discarding after 3 months

Appendix 4: Monitor Nutritional & Medical Status

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

Appendix 5: Evaluate

- Intact skin and/or progress toward healing
- Improved and/or stable nutritional status
- Intake meets estimated calorie, protein & fluid requirements
- Document & re-assess per policy