

MALNUTRITION

MODULE: CORE MEDICINE: CARE OF THE ELDERLY

TARGET: FY1/2 CT1/2

BACKGROUND:

Malnutrition is a state in which a deficiency of nutrients (e.g. Protein, vitamins, minerals) causes measurable adverse effects on body composition, function or clinical outcome. Malnutrition is both a cause and a consequence of ill health. It is common and increases a patient's vulnerability to disease. Methods to improve or maintain nutritional include: oral supplements, enteral tube feeding and parenteral feeding.

These methods can improve outcomes, but decisions on the most effective and safe methods are complex. Currently, knowledge of the causes, effects and treatment of malnutrition among healthcare professionals in the UK is poor. This guideline aims to help healthcare professionals correctly identify people in hospital and the community who need nutrition support, and enable them to choose and deliver the most appropriate nutrition support at the most appropriate time.

RELEVANT AREAS OF THE CMT CURRICULUM

Core Medicine	
D.14.2 Malnutrition, L.4.3 Depression	
Knowledge	Recall the common causes for weight loss (in terms of psychosocial, neoplasia, gastroenterological etc.)
	Recall the indications and complications for nutritional supplements, and enteral feeding including PEG/NG feeding
Skills	Take a valid history highlighting any risk factors for specific disorders presenting with weight loss, and a thorough social history
	Examine fully to elucidate signs of disorders presenting with weight loss and assess degree of malnutrition
	Order, interpret and act on initial screening investigations
	Initiate nutritional measures including enteral preparations when appropriate
	Pass a fine bore NG feeding tube and ensure correct positioning
	Be able to perform a mental state examination
	Recognise when a patient's psychiatric presentation heralds organic illness and manage appropriately
Behaviour	Recognise multi-factorial aspects of weight loss, especially in the elderly
	Liaise with nutritional services appropriately
Geriatric Competencies	
	Elucidate in older patients co-morbidities, activities of daily living, social support, drug history and living environment
	Assess mental state and tests of cognitive function

INFORMATION FOR FACULTY

LEARNING OBJECTIVES

The indications and complications for nutritional supplements and enteral feeding including PEG/NG feeding

Assessment of capacity

Assessment of nutritional status

SCENE SETTING

Location: Elderly Care Ward
 Expected duration of scenario: 20 mins Expected duration of debriefing: 40 mins

EQUIPMENT AND CONSUMABLES

NG tube
 MUST screening tool questionnaire
 Patient actor/simulated patient
 Weighing scale
 Patient gown
 ID Wrist band
 Drug Chart
 Observation chart
 Patient notes including clerking booklet

PERSONNEL-IN-SCENARIO

FY1
 CT1/2
 Simulated Patient actor

PARTICIPANT BRIEFING

You are the FY1/SHO on the elderly care ward, and have been called by the nursing staff to see John Smith, 70, who is refusing to eat his meals.

FACULTY BRIEFING**'JOHN SMITH (SIMULATED PATIENT)' BRIEFING**

You are John Smith, 70 years old, and have been admitted to hospital following a fall at home. Your wife died 8 months ago, and you have been trying to maintain independence. You've been feeling low and have become isolated at home. You have stopped visiting the British Legion club that you used to be a regular member of. Your family are concerned about your welfare. You have no interest in food. You can't see the point in eating. You wouldn't be upset if you didn't wake up tomorrow. You were drinking half a bottle of whisky a day up until admission. You've stopped taking your tablets to control your high blood pressure. You realise that you might die if you do not eat, but you do not think that you are depressed.

If specifically asked – you are sleepy and tired all the time, but wake up early each morning without wanting to. You have no appetite or interest in food. You drink because it helps you to forget about your wife's death. You can't concentrate on things like the TV or radio. You feel that your memory is poor. But you are aware of the correct date, time, & place (Elderly Care Ward).

You don't want to be fed as you can't see the point in eating. If the participant mentions "NG" or nasogastric feeding – you ask what it involves, and say that you don't like the sound of it. If the participants are unconvincing or unsure of themselves, then you ask to speak to their senior.

Difficulty Level:**Low difficulty**

You are willing to be talked round to having psychological help and nutritional support

Medium difficulty

You are very reluctant to have help of any kind – you feel that you would rather just go to sleep and not wake up. You can be talked round after persistence.

High difficulty

You wish to be left alone, and cannot see the point in talking to the participant. If pressed, then you become agitated and aggressive.

IN-SCENARIO PERSONNEL BRIEFING**Nurse –**

You want the FY1 to convince John Smith to eat his meals, because he is being awkward, and you're busy with another patient in a side room, so cannot help, you also have just taken over his care, so cannot give any useful information about his history.

Dietician – (on phone)

You require a weight, BMI and MUST score, and a brief dietary history, you can advise to start a feeding regime and Pabrinex 1&2 if asked for advice.

Medical Registrar –

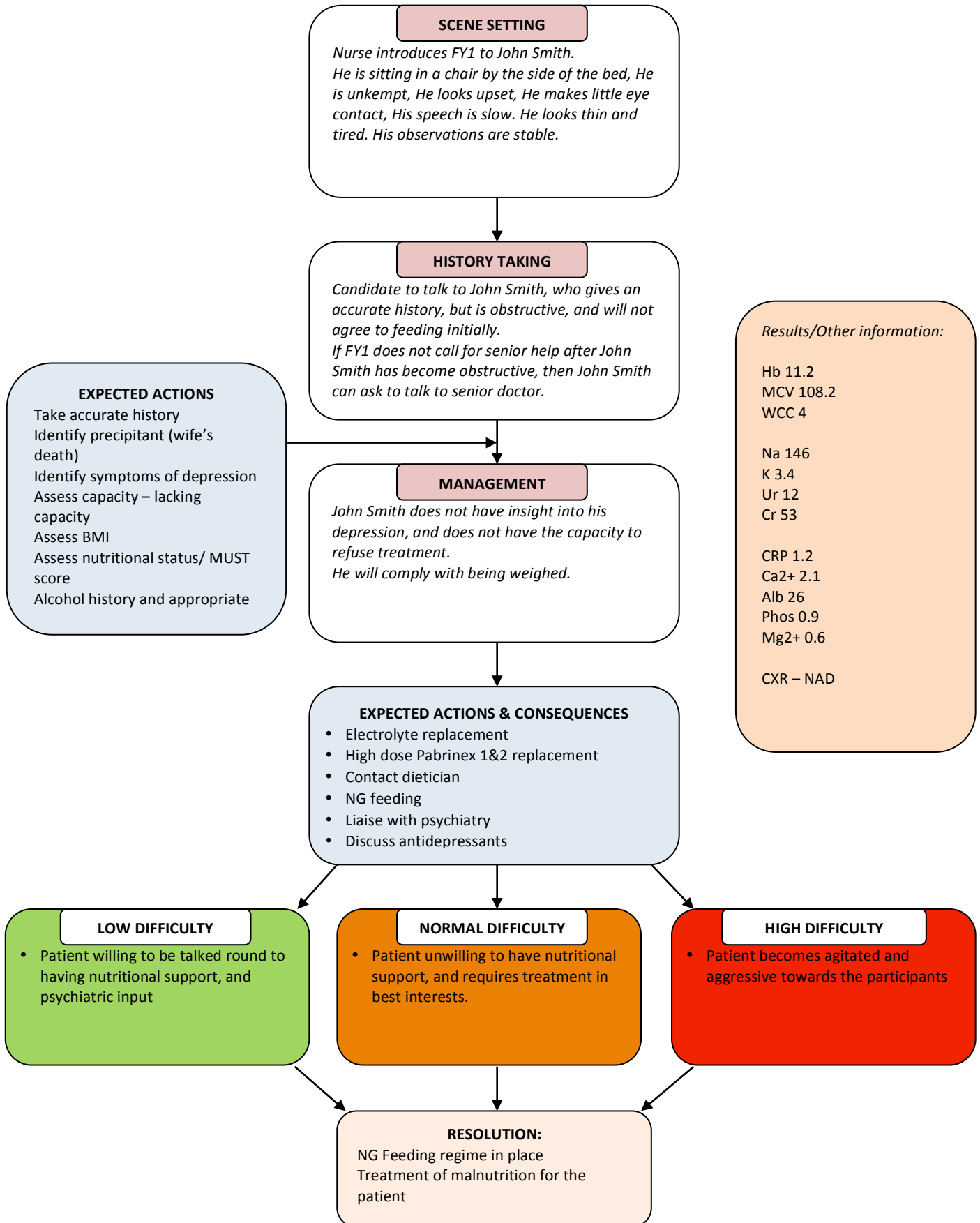
Ask if the participant has assessed for capacity, and what they think is going on. Say you are busy with another patient and cannot come and help.

ADDITIONAL INFORMATION**Drug chart –**

NKDA

Amlodipine 5mg

CONDUCT OF SCENARIO



DEBRIEFING

POINTS FOR FURTHER DISCUSSION

The indications and complications for nutritional supplements and enteral feeding including PEG/NG feeding
Assessment of capacity
Assessment of nutritional status

FURTHER RESOURCES

<http://publications.nice.org.uk/nutrition-support-in-adults-cg32>

<http://www.patient.co.uk/doctor/mental-capacity-act>

[http://www.patient.co.uk/doctor/Geriatric-Depression-Scale-\(GDS\).htm](http://www.patient.co.uk/doctor/Geriatric-Depression-Scale-(GDS).htm)

GERIATRIC MEDICINE > SCENARIO 9
INFORMATION FOR PARTICIPANTS
KEY POINTS

The indications and complications for nutritional supplements and enteral feeding including PEG/NG feeding

Assessment of capacity

Assessment of nutritional status

RELEVANCE TO THE CURRICULUM

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PARTICIPANT REFLECTION

What have you learned from this experience? (Please try and list 3 things)

How will your practice now change?

What other actions will you now take to meet any identified learning needs?

PARTICIPANT FEEDBACK

Date of training session:.....

Profession and grade:.....

What role(s) did you play in the scenario? (Please tick)

Primary/Initial Participant	<input type="checkbox"/>
Secondary Participant (e.g. 'Call for Help' responder)	<input type="checkbox"/>
Other health care professional (e.g. nurse/ODP)	<input type="checkbox"/>
Other role (please specify):	<input type="checkbox"/>
Observer	<input type="checkbox"/>

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
I found this scenario useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand more about the scenario subject	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have more confidence to deal with this scenario	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The material covered was relevant to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please write down one thing you have learned today, and that you will use in your clinical practice.

How could this scenario be improved for future participants? This is especially important if you have ticked anything in the disagree/strongly disagree box.

FACULTY DEBRIEF – TO BE COMPLETED BY FACULTY TEAM

What went particularly well during this scenario?

What did not go well, or as well as planned?

Why didn't it go well?

How could the scenario be improved for future participants?