Nursing can encourage patients to eat and drink in several ways, including providing a variety of practical support and working with other professionals.

Feeding hospital patients: a multiprofessional approach

In this article...
- The importance of helping patients to eat
- Why patients may not eat in hospital
- Points to consider before, during and after mealtimes

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Nurses have a key role in ensuring that inpatients receive adequate nutrition and hydration. This article gives practical advice on helping patients during mealtimes.

All health professionals who are providing direct care should receive theoretical and practical training on nutrition. This should cover the implications of malnutrition, the role of nutrition screening and practical techniques for providing adequate nutritional care (Bjerrum and Tewes, 2011). Education should aim to ensure patients who can safely eat and drink receive adequate nutrition and hydration. This article gives practical advice on helping patients during mealtimes.

Assessment
Patients should have a full nursing assessment of needs on admission, which should be undertaken within a framework such as the Roper, Logan and Tierney model of nursing (Holland et al, 2008).

The assessment should help nurses to undertake a “head to toe” patient review and include nutrition screening, which helps to highlight the risk of malnutrition. A validated screening tool such as the Malnutrition Universal Screening Tool (MUST) should be used (National Institute for Health and Clinical Excellence, 2006).

Ensuring adequate nutrition
In many cases, patients’ nutritional risk in hospital is exacerbated by their dependence on the healthcare team, for example,

The level of assistance will vary and some patients may tire as the meal progresses...
from simple things such as making choices over food to the provision of intensive support with feeding at mealtimes.

The provision of food and fluid for patients in hospital has generated much debate over recent years, with reports highlighting inadequacies contributing to patients’ poor nutritional status (Care Quality Commission, 2011; Age UK, 2010).

With initiatives such as protected mealtimes, nutritional screening, better hospital food projects and red trays, one would assume patients were now being fed. However, these initiatives are only effective if food reaches patients’ mouths.

There are a number of methods, which, if considered and adapted to the local setting, may help to increase the amount of food patients can consume. This may only be possible with the support of nurses or other staff to help patients. Practitioners should consider the following when supporting patients in eating meals:

» Where possible, support patients to eat as close to mealtimes as possible.

Dietetic departments may have a dietetic assistant or mealtime volunteers to help with this:

» Encourage choice, preferably from a menu;

» Document where the following patient information can be accessed:

» Preferences, dietary requirements and food and fluid consistency;

» The level of help that may be needed;

» Provide, where appropriate, access to fresh drinking water regularly throughout the day.

Nursing staff should know how best to help patients with meals without taking over or undermining their ability or confidence. Where patients need help to eat and drink, nurses should provide support in a manner that encourages but promotes or maintains independence (Reimer and Keller, 2009). The level of assistance may vary; some patients may need help to prepare to eat, while others may initially manage independently but tire as the meal progresses. Often, if patients are prepared before their meal is delivered, less support will be needed during mealtimes (Box 2).

Dietitians, speech and language therapists, occupational therapists and physiotherapists play a valuable role in supporting patients and staff over issues relating to dietary requirements, textures, positioning and adaptations to support eating and drinking. These practitioners may not be directly involved in feeding patients but they can assist with preparing patients and provide guidance. This collaborative approach could minimise the need for complex initiatives and promote greater interdisciplinary working.

Final considerations to improve patient nutrition at mealtimes may include some or all of the points in Box 3.

**Box 1. Reasons why inpatients may not eat**

- Inflexible mealtimes
- Not being in charge of food choices
- Catering issues in relation to food ordering
- Food not meeting patients’ expectations
- Type or consistency of diet is incorrect
- Menu choices are limited (especially in relation to cultural differences)
- Lack of individualised utensils specific to patients’ needs
- Food being placed out of reach
- Staff not available to help patients eat
- Mealtimes are disrupted by clinical care or investigations
- Insufficient time given to eat meals
- Being placed nil by mouth, awaiting swallowing assessment or procedure


**Box 2. Patient mealtimes preparation checklist**

- Patients should be alert and responsive; where possible, they should be in an upright position or their head supported to reduce aspiration risk
- Oral care should be provided and dentures properly fitted
- Hands must be washed
- All utensils must be within reach
- Patients should have a drink where appropriate

**Box 3. Points to consider at mealtimes**

- Check that the patient is not nil by mouth (NBM)
- Position yourself at the same height as your patients (do not stand over them) to maintain communication and eye contact
- Ensure food is not too hot or too cold
- Give only small amounts each time
- Wait for patients to finish chewing before introducing the next mouthful, pausing between mouthfuls if necessary
- Use a spoon not a fork to deliver food
- Offer meals in the usual order but be aware that some patients find the smell of hot food nauseating and prefer the drink and dessert
- Check the patient is receiving the correct diet in the correct format: for example do they need a high-protein, soft or puree or low-potassium diet?
- If patients have a puree or soft meal explain what it is, particularly if it has been ordered for them by someone else
- Pour thickened fluids into cups – do not use a straw
- Monitor for fatigue
- Minimise interruptions and distractions

Source: Best (2008)


Bjorn M, Tewes M (2011) Nurses’ self-reported knowledge about and attitude to nutrition – before and after a training programme. Scandinavian Journal of Health Sciences; 26: 1, 81-89.


References


For a Nursing Times Learning unit on nutrition screening, go to nursingtimes.net/nutritionscreening

**Preparation checklist**

- Patients should have a drink where possible
- All utensils must be within reach
- Patients should have a drink where appropriate

**Points to consider at mealtimes**

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