Title page



NC Department of Health and Human Services NC Nurse Aide I Curriculum

Module J Nutrition and Fluids

July 1, 2024

1

Objectives

- 1. Describe OBRA requirements for serving food
- 2. Identify basic nutrients
- 3. Explain the use of MyPlate
- 4. Describe special diets, fluid balance and imbalance
- 5. Discuss medical conditions and precautions related to nutrition and fluid intake
- 6. Identify dietary practices of various religions

2

OBRA Dietary Requirements Nursing Homes

OBRA requires the following for each resident:

- Dietary and nutritional needs are met
- Diet is nourishing, well-balanced, and tastes good
- Meals are provided at least 3 times a day, and a snack is offered at bedtime
- Food preferences are offered and substituted if food served is refused
- Assistive devices and utensils are provided as needed

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OBRA Dietary Requirements Nursing Homes

OBRA requirements for meals:

- · Appetizing, smells good and looks good
- · Varied in color and texture
- · Served at the correct temperature
- · Served promptly
- · Prepared to meet individual needs

4

Nutrition

When the body takes uses foods and fluids to:

- · Promote physical and mental health
- Increase resistance to illness
- Produce energy and vitality
- · Aid in healing
- Assist one to feel and sleep better
- Help avoid or manage common diseases



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5

Characteristics of Poor Nutrition

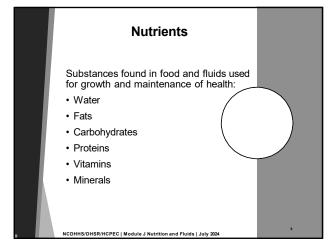
- Changes in weight
- Dull skin color and appearance
- Dull looking hair, eyes and skin
- Irregular elimination
- Poor sleep
- · Abnormal conditions
- Tired

Age-Related Changes Affecting Nutrition

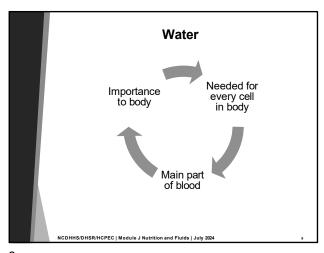
- · Fewer calories needed
- Vitamin and mineral requirements change
- Medications may affect ability to chew
- · Constipation may occur
- Taste and smell diminish
- Teeth/dentures affect ability to chew
- Saliva and gastric juices decrease
- Appetite and thirst decrease
- May require assistance with dining

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7



8



Fats

- · A good source of energy
- · Gives flavor to food
- Important for the absorption of certain vitamins
- Sources of fat include butter, oil, and fatty
 meet
- Plant-based dietary sources of fat include olives, nuts, and seeds
- Certain fats may increase cholesterol levels and lead to heart disease

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10

Carbohydrates

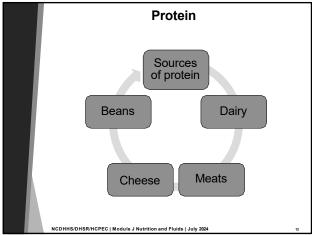
Supplies energy and helps body use fats Sources of carbohydrates:

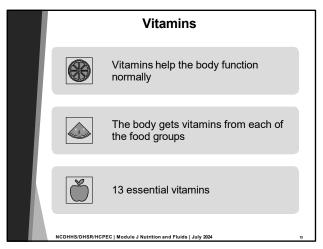
- Breads
- Fruits
- Candy
- Sugary soft drinks

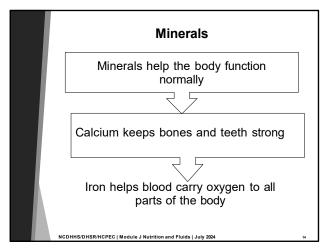


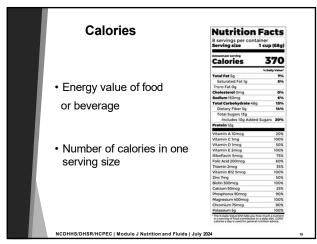
Certain carbohydrates add fiber to the diet that help with elimination

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Serving Size

Serving sizes are given in familiar measurements (cups, slices or pieces):

- Information on the label is based on one serving of the food or beverage
- Label shows the number of servings in the package or container
- · Be aware of consumption

Nutrition Facts
8 servings per container
Serving size 1 cup (68g)
Amount per serving
Calories 370

16

Serving Size Using Common Objects

Deck of Cards

• 3 ounces of meat, poultry, or fish

Baseball

• 1 cup rice, fruit, veggies, cereal, or pasta

Tennis Ball

• 1 medium sized fruit

Postage Stamp

· Stick of butter sliced



Providing Water for Residents

- Residents need fresh drinking water
- Before providing water, check with care plan or nurse
- Follow facility's procedure regarding time schedule and process



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19

The Diet Card

- Prepared by dietary department based on doctor's order
- Each resident's meal has its own diet card
- At a minimum, lists the resident's room number, name, type of diet and food allergies
- The nurse aide who delivers the meal tray must verify that the right resident is receiving the right meal tray, with the right diet on it

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20

Regular Diet

- · Ordered by the doctor
- · A basic, well-balanced diet
- · Without limits or restrictions



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Food is gradually reintroduced to the resident Post surgery or a specific medical condition Resident may start out NPO (nothing by mouth) > ice chips > clear liquids > full liquids > mechanical soft > regular diet NCDHHS/DHSR/HCPEC | Module J Nutrition and Fluids | July 2004

22

Special Diets

- · Therapeutic or modified diet
- Ordered by the doctor and planned by dietician with input from resident
- May restrict or eliminate certain foods or fluids, based on illness, in preparation for procedures, or to meet nutritional needs

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23

Other Forms of Nourishment

Residents may be unable to eat due to illness, surgery, or injury

- Intravenous (IV) fluids feed the resident through a vein
- Parenteral nutrition is the intravenous infusion of nutrients administered directly into the bloodstream, bypassing the digestive system
- Enteral nutrition feeds the resident through a feeding tube into the gastrointestinal track
- Nasogastric tube provides nourishment through the nose and directly into the stomach
- Gastrostomy tube provides nourishment into the stomach through the abdomen

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Alternative and Supplemental Nutrients

- · Ordered by physician and to serve, as between
- Given when a resident needs extra protein, calories,
- · Supplemental nourishment includes: protein supplements, pudding, ice cream, milkshake



Nurse aide's role is to:

- Assist the resident as needed
- Report amount resident ate or drank

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25

Assisting the Resident with Meals

When a resident pockets food in cheeks:

- · Remind resident to chew and swallow
- · Touch cheek
- · Ask the resident to use his tongue to move the food

Holds food in mouth:

- · Ask resident to chew and swallow
- Make sure resident has swallowed before offering more food.

The nurse aide should

- · Use assistive devices as ordered.
- · Use short, clear verbal cues
- · Be aware of signs of aspiration

26

Assisting the Resident with Meals

For visually-impaired residents:

- Read menus as needed
- Use an imaginary clock face to explain position of food on plate

For residents who had stroke (CVA):

- Place food on the unaffected or stronger side of mouth
- Make sure food is swallowed
- Place food in resident's field of vision

The nurse aide should be aware of precautions

Fluid Balance

 Amount of fluid taken in (intake) equals the amount of fluid lost (output)



- Needed to survive and for good health
- · Take in water by drinking fluids and eating foods
- Lose water through urine, feces, vomit, perspiration, breathing out, drainage from wounds and suctioning of liquids from stomach
- Death can occur if the body has too much or too little water in the tissues

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28

Measuring Intake and Output (I&O)

- · Fluid intake reflects nutritional status
- Measurement of fluid intake helps prevent or detect complications
- Nurse aide expected to monitor and document special fluid orders
- Medical treatment is planned and evaluated based on results.
- · Evaluates fluid balance
- · Evaluates kidney function



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29

Special Fluid Orders

- The doctor may order a specific amount and type of fluid a resident must drink a day to maintain fluid balance
- · Order is identified on the resident's diet card
 - Encourage fluids (increase fluids)
 - Restrict fluids (limit fluids)
 - Nothing by mouth (NPO) no fluids or food
 - Thickened liquids (all fluids are thickened)
- Nurse aide must measure and record intake very carefully

Dehydration

- Occurs when fluid intake is less than fluid output
- Body tissues are lacking in water
- May occur from vomiting, diarrhea, fever, or refusing to drink fluids



31

Nurse Aide's Role

- Observe and report signs and symptoms of dehydration
- Determine preferences of fluids and offer
- Assure water pitcher and cup within reach
- Measure and record I&O accurately, if ordered
- Force fluids, if ordered by the doctor

32

Food Preferences and Dietary Restrictions

Culture and religion may influence dietary practices, food choices, and food preparation



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