Nutrition and Wound Healing

Content Creators:
Members of the South West Regional Wound Care Program’s Clinical Practice and Knowledge Translation Learning Collaborative

Last updated: May 25, 2015
Learning Objectives

1. Describe the various aspects of nutritional screening and assessment

2. Describe the role of nutrients in wound healing

3. Identify nutritional requirements based on the etiology of the wound

4. Describe available nutritional supports for those unable to meet their nutritional needs orally
Photographs and Illustrations

Images/illustrations obtained via Google Images, unless otherwise stated
NUTRITIONAL SCREENING AND ASSESSMENT
Nutritional Screening

• “The process of identifying characteristics known to be associated with nutritional problems”

• Purpose - to pinpoint individuals who are malnourished or at nutritional risk:
  • Malnutrition is associated with increased length of stay, costs, and morbidity/mortality
  • Nutritional supports can help:
    • Increase physical strength;
    • Speed recovery and wound closure, and;
    • Decrease the risk of infection.
Persons at Risk\textsuperscript{1}

- Inadequate intake:
  - Cerebral vascular accident (CVA)
  - Elderly
  - Reduced access to food
  - Poor dentition or mouth sores
  - Dysphagia
  - Esophagitis

- Inadequate absorption:
  - Irritable Bowel Syndrome, Crohn’s, Colitis
  - Diarrhea or vomiting

- Increased losses:
  - Colostomy, ileostomy
  - Fistula
  - Wounds

- Increased requirements:
  - Congestive Heart Failure, Chronic Obstructive Pulmonary Disease, pneumonia, asthma
  - Wound healing
Additional Risk Factors

• Functional limitations
  • Difficulty chewing, swallowing
  • Inability to physically prepare meals or travel to dining room
  • Poor hearing, vision
• Altered mental status
  • Difficulty self feeding
  • Inability to understand importance of eating
  • Advanced dementia → weight loss, dysphagia, malnutrition
• Drug therapy:
  • Nausea/vomiting side effects
  • Corticosteroids inhibit protein synthesis and cause depletion of vitamin A from liver
• Impaired localized blood flow
• Poor appetite/intake
• Decreased thirst response
• Decreased ability to concentrate urine
• Intentional fluid restriction
• Advanced age
NESTLE NUTRITION INSTITUTE MINI NUTRITIONAL ASSESSMENT (MNA©)

• MNA© is a screening and assessment tool that identifies individuals age 65 and above who are malnourished or at risk of malnutrition

• Allows for earlier intervention to provide adequate nutritional support

• Six questions

• The screening score (max 14 points):
  • 12- 14 points = normal nutritional status
  • 8-11 points = at risk of malnutrition
  • 0 -7 points = malnourished
**Mini Nutritional Assessment (MNA)**

<table>
<thead>
<tr>
<th>Last name:</th>
<th>First name:</th>
</tr>
</thead>
</table>

**Sex:**
- [ ] Male
- [ ] Female

**Age:**
- [ ] 0-18
- [ ] 19-39
- [ ] 40-59
- [ ] 60-69
- [ ] 70-79
- [ ] 80 or over

**Weight, kg:**

**Height, cm:**

**Date:**

**Screening**

**A.** Has food intake declined over the past 3 months due to loss of appetite, digestive problems, chewing or swallowing difficulties?
- [ ] 0 = severe decrease in food intake
- [ ] 1 = moderate decrease in food intake
- [ ] 2 = no decrease in food intake

**B.** Weight loss during the last 3 months?
- [ ] 0 = weight loss greater than 3 kg (6.5 lbs)
- [ ] 1 = weight loss between 1 and 3 kg (2.2 and 6.6 lbs)
- [ ] 2 = no weight loss

**C.** Mobility
- [ ] 0 = bed or chair bound
- [ ] 1 = able to get out of bed / chair but does not go out
- [ ] 2 = goes out

**D.** Has suffered psychological stress or acute disease in the past 3 months?
- [ ] 0 = yes
- [ ] 2 = no

**E.** Neuropsychological problems
- [ ] 0 = severe dementia or depression
- [ ] 1 = mild dementia
- [ ] 2 = no psychological problems

**F.** Body Mass Index (BMI) (weight in kg) / (height in m²)
- [ ] 0 = BMI less than 19
- [ ] 1 = BMI 19 to less than 21
- [ ] 2 = BMI 21 to less than 23
- [ ] 3 = BMI 23 or greater

*IF BMI IS NOT AVAILABLE, REPLACE QUESTION F1 WITH QUESTION F2. DO NOT ANSWER QUESTION F3 IF QUESTION F1 IS READY COMPLETED.*

**F3.** Caliper circumference (CC) in cm
- [ ] 0 = CC less than 31
- [ ] 3 = CC 31 or greater

**Screening score**

(max. 14 points)

- [ ] 12-14 points: Normal nutritional status
- [ ] 8-11 points: At risk of malnutrition
- [ ] 0-7 points: Malnourished

**References:**
Are These People Malnourished?

TIP: Use the MNA© Tool

<table>
<thead>
<tr>
<th>Person</th>
<th>Food Intake</th>
<th>Wt. Loss (lbs)</th>
<th>Mobility</th>
<th>Stress/Acute Disease</th>
<th>Neuropsych Problems</th>
<th>BMI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jordan</td>
<td>No change</td>
<td>0</td>
<td>Chair bound</td>
<td>No</td>
<td>Severe dementia</td>
<td>25</td>
</tr>
<tr>
<td>Jonathan</td>
<td>25% reduction</td>
<td>3</td>
<td>Goes out</td>
<td>No</td>
<td>Mild dementia</td>
<td>22</td>
</tr>
<tr>
<td>Donny</td>
<td>75% reduction</td>
<td>7</td>
<td>Bed bound</td>
<td>Yes</td>
<td>Severe dementia</td>
<td>18</td>
</tr>
<tr>
<td>Danny</td>
<td>Eating more than usual</td>
<td>+10</td>
<td>Goes out</td>
<td>No</td>
<td>None</td>
<td>33</td>
</tr>
<tr>
<td>Joey</td>
<td>No change</td>
<td>5</td>
<td>Doesn't go out but not chair/bed bound</td>
<td>Yes</td>
<td>Mild dementia</td>
<td>21</td>
</tr>
</tbody>
</table>

Are These People Malnourished?

TIP: Use the MNA© Tool
## Are These People Malnourished?

<table>
<thead>
<tr>
<th>Person</th>
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<td>25</td>
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<tr>
<td>Risk 4</td>
<td>Malnutrition (10)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jonathan</td>
<td>25% reduction</td>
<td>3</td>
<td>Goes out</td>
<td>No</td>
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<td>Risk 4</td>
<td>Malnutrition (10)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Donny</td>
<td>75% reduction</td>
<td>7</td>
<td>Bed bound</td>
<td>Yes</td>
<td>Severe dementia</td>
<td>18</td>
</tr>
<tr>
<td>Malnourished</td>
<td>(0)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Danny</td>
<td>Eating more than usual</td>
<td>+10</td>
<td>Goes out</td>
<td>No</td>
<td>None</td>
<td>33</td>
</tr>
<tr>
<td>Risk 4</td>
<td>Malnutrition (11)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Joey</td>
<td>No change</td>
<td>5</td>
<td>Doesn’t go out but not bed bound</td>
<td>Yes</td>
<td>Mild dementia</td>
<td>21</td>
</tr>
<tr>
<td>Risk 4</td>
<td>Malnutrition (8)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Nutritional Assessment

• The “interpretation of data from the (nutritional) screening process”

• Includes a review of data from all disciplines

• Purpose is to allow for the development of a nutritional care plan
Physical Conditions $^{1-2}$

- Skin condition:
  - Signs of dehydration
    - Dry, flaky skin
    - Skin that tents
  - Edema
  - Ascites
  - Signs of weight loss
    - Loose skin
  - Non-healing wounds
  - Purpura/bruises
Anthropometry\(^1\)

- Measurement of body size, weight, and proportions
- Used to evaluate person’s nutritional status
**BMI**

- Body mass index (BMI)
- Weight to height ratio
- Indicator of obesity (highly correlated with body fat)

- A BMI of 21 with unintentional weight loss puts a person at risk for pressure ulcer development
# BMI (Health Canada)

<table>
<thead>
<tr>
<th>Classification</th>
<th>BMI Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Underweight</td>
<td>&lt;18.5</td>
</tr>
<tr>
<td>Normal Weight</td>
<td>18.5-24.9</td>
</tr>
<tr>
<td>Overweight</td>
<td>25.0-29.9</td>
</tr>
<tr>
<td>Obese Class I</td>
<td>30.0-34.9</td>
</tr>
<tr>
<td>Obese Class II</td>
<td>35.0-39.9</td>
</tr>
<tr>
<td>Obese Class III</td>
<td>&gt;=40.0</td>
</tr>
</tbody>
</table>
Height and Weight\textsuperscript{1}

- Weight and body composition change with age:
  - Weight peaks in 60’s and decreases beyond 70’s
  - Proportion of body fat increases as age

- Regular and frequent weight monitoring is the most non-invasive, time-efficient, inexpensive and most reliable indicator of nutritional adequacy
Tips for Measuring Weight/Height

- Use same weigh scale each time
- Ensure the scale is calibrated
- Have the person remove heavy shoes/clothing prior to being weighed
- Measure height without shoes on and heels flat on the floor
- Have person stand tall with head upright, looking straight ahead for height measurement
- If the person cannot stand, measure height by measuring:
  - Demi-span
  - Arm span
  - Knee height
Unintentional Weight Loss

• **Warning Signs:**
  • Needs help eating or drinking
  • Eats less than half meal/snack
  • Has mouth pain
  • Has dentures that don’t fit
  • Has a hard time chewing or swallowing
  • Coughs or chokes while eating
  • Has sadness, crying spells, or withdrawal from others
  • Is confused, wanders, or paces
  • Has diabetes, COPD, cancer, HIV, or other chronic diseases
Significant Unintentional Weight Loss

- Significant nutrition/health risk =
  
  - > 5% loss of usual weight over one month
  
  - > 7.5% loss of usual weight over three months
  
  - > 10% loss of usual weight over six months
Have These People Experienced Unintentional Weight Loss?

<table>
<thead>
<tr>
<th>Person</th>
<th>Weight January 1</th>
<th>Weight February 1</th>
<th>Weight April 1</th>
<th>Weight July 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liam</td>
<td>155</td>
<td>146</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zayne</td>
<td>223</td>
<td></td>
<td>219</td>
<td></td>
</tr>
<tr>
<td>Niall</td>
<td>180</td>
<td></td>
<td></td>
<td>159</td>
</tr>
<tr>
<td>Harry</td>
<td>310</td>
<td></td>
<td></td>
<td>280</td>
</tr>
<tr>
<td>Louis</td>
<td>123</td>
<td>118</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: all weights are in pounds

Hint: divide the # lbs. lost by the starting weight and multiply by 100
## Unintentional Weight Loss?

<table>
<thead>
<tr>
<th>Person</th>
<th>% Loss/Gain</th>
<th>Period of Weight Loss</th>
<th>Significant?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liam</td>
<td>5.8%</td>
<td>1 month</td>
<td>Yes</td>
</tr>
<tr>
<td>Zayne</td>
<td>1.8%</td>
<td>3 months</td>
<td>No</td>
</tr>
<tr>
<td>Niall</td>
<td>11.7%</td>
<td>6 months</td>
<td>Yes</td>
</tr>
<tr>
<td>Harry</td>
<td>9.7%</td>
<td>6 months</td>
<td>No</td>
</tr>
<tr>
<td>Louis</td>
<td>4.1%</td>
<td>1 month</td>
<td>No</td>
</tr>
</tbody>
</table>
Weight Loss is Catabolism!

- Report and Take Action:
  - Prevent weight loss
  - Provide optimal calories to spare dietary protein for wound healing and for immunocompetence
  - Encourage the person to eat
  - Honor food likes and dislikes
  - Offer many kinds of foods/beverages
  - Help people who have trouble feeding themselves
  - Allow enough time to finish eating
  - Record meal and snack intake
  - Increase meals/snacks
  - Provide oral care before meals
  - Position the person correctly for feeding
  - Start/increase supplements
  - Consider supplemental tube feeding if indicated (as a supplement to oral intake)
Therapeutic Diets\textsuperscript{1}

• Restrictive diets can:
  • Contribute to reduced food intake
  • Diminish person’s quality of life

• Such medical conditions may necessitate a restrictive diet:
  • Diabetes
  • Renal disease
  • Cardiac disease

• Consider liberalizing restrictions to improve\textsuperscript{3, 7}:
  • Meal enjoyment
  • Palatability
  • Selection
Treatments and Medications

• Contributing to pressure ulcer development:
  • Antidepressants
  • Sleeping pills
  • Immunosuppressants
  • Steroids

• Radiation therapy, chemotherapy, and renal dialysis can result in increased nausea and vomiting

• Constipation and diarrhea
  • Laxative abuse
  • Chronic diarrhea – dehydration and weight loss, risk for pressure ulcer development
## Lab Values

<table>
<thead>
<tr>
<th>Lab Test</th>
<th>Normal Range</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Serum Albumin</strong></td>
<td>35-50g/L</td>
</tr>
<tr>
<td><strong>Pre-Albumin</strong></td>
<td>16-36 mg/dL</td>
</tr>
<tr>
<td><strong>Serum Creatinine</strong></td>
<td></td>
</tr>
<tr>
<td>Males</td>
<td>53-106umol/L</td>
</tr>
<tr>
<td>Females</td>
<td>44-97 mmol/L</td>
</tr>
<tr>
<td><strong>Serum Ferritin</strong></td>
<td>20-200 ug/L</td>
</tr>
<tr>
<td><strong>Hemoglobin</strong></td>
<td></td>
</tr>
<tr>
<td>Newborns</td>
<td>165-195 g/L</td>
</tr>
<tr>
<td>Children</td>
<td>112-165 g/L</td>
</tr>
<tr>
<td>Males</td>
<td>140-180 g/L</td>
</tr>
<tr>
<td>Females</td>
<td>120-160 g/L</td>
</tr>
<tr>
<td><strong>Serum Iron</strong></td>
<td></td>
</tr>
<tr>
<td>Males</td>
<td>13-31 umol/L</td>
</tr>
<tr>
<td>Females</td>
<td>5-29 umol/L</td>
</tr>
<tr>
<td><strong>Serum Iron Binding Capacity</strong></td>
<td>45-73 umol/L</td>
</tr>
<tr>
<td><strong>Serum Potassium</strong></td>
<td></td>
</tr>
<tr>
<td>Newborns</td>
<td>3.7-5.9 mmol/L</td>
</tr>
<tr>
<td>Infant</td>
<td>4.1-5.3 mmol/L</td>
</tr>
<tr>
<td>Child</td>
<td>3.4-4.7 mmol/L</td>
</tr>
<tr>
<td>Adult</td>
<td>3.5-5.1 mmol/L</td>
</tr>
<tr>
<td><strong>BUN</strong></td>
<td>3.6-7.1 mmol/L</td>
</tr>
<tr>
<td>Lab Test</td>
<td>Normal Range</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>-------------------------------------</td>
</tr>
<tr>
<td>Glycosylated Hemoglobin</td>
<td>4-6%</td>
</tr>
<tr>
<td>Fasting Glucose</td>
<td>3.9-6.1 mmol/L</td>
</tr>
<tr>
<td>Serum Thyroid Stimulating Hormone</td>
<td></td>
</tr>
<tr>
<td>Newborn (1-4 days)</td>
<td>1-17 mIU/L</td>
</tr>
<tr>
<td>Infant (2-20 weeks)</td>
<td>1.7-9.1 mIU/L</td>
</tr>
<tr>
<td>Children (21 weeks – 20 years)</td>
<td>0.7-6.4 mIU/L</td>
</tr>
<tr>
<td>Adult</td>
<td>0.4-4.8 mIU/L</td>
</tr>
<tr>
<td>Serum Transferrin</td>
<td>1.88 – 3.41 g/L</td>
</tr>
<tr>
<td>Serum Cholesterol</td>
<td>&lt; 5.2 mmol/L</td>
</tr>
<tr>
<td>Hematocrit</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>37– 46%</td>
</tr>
<tr>
<td>Male</td>
<td>42 –52%</td>
</tr>
<tr>
<td>Total Lymphocyte Count</td>
<td>4.0 – 10.0 X 10⁹/L</td>
</tr>
<tr>
<td>Serum Osmolality</td>
<td>280 – 300 mmol/kg</td>
</tr>
</tbody>
</table>
ROLE OF NUTRIENTS IN WOUND HEALING
Key Nutrients in Wound Healing

- Carbohydrates
- Protein
- Fats
- Vitamins
- Water
- Minerals
Nutrients involved in wound healing function in **cellular**, **structural**, and **immune processes** and in all phases of wound healing.

A wound healed without optimal nutrition will be weak and is more likely to break down again.
Carbohydrates
Functions in Wound Healing\(^1\)

- Most readily available source of energy
- Spare protein for building and maintaining tissues
- Regulate metabolism
- Provide flavor, color, variety to the diet
- Provide 4 kcal/g energy
Food Sources of Carbs

- Grains
- Cereals
- Legumes (peas and beans)
- Pasta
- Bread
- Natural sugars in fruits, veggies, and milk
- Added sugars
Protein
Functions of Protein\textsuperscript{1}

- Synthesis of enzymes and hormones involved in wound healing
- Cell multiplication
- Synthesis of collagen, epidermal cell proliferation, skin integrity, and resistance to infection and immune response
- Supplies structural and binding material of muscle, cartilage, ligaments, skin, hair, and fingernails
- A component of antibodies and immune system function
- Helps to maintain the fluid and mineral composition of various body fluids
- Helps transport needed substances, such as lipids, mineral and oxygen, around the body
- Serves as building material for growth and repair of body tissues
- 4 kcal/g
Food Sources of Protein

- Meat, fish, poultry
- Eggs
- Dairy products (milk, cheese, yogurt)
- Legumes
- Seeds
- Grains

*Protein from animal sources are better as they have the amino acids essential to human nutrition in adequate amounts*
Fats
Functions of Fats$^1$

- Maintain normal cell membrane function
- Permit fat-soluble substances to move in and out of the cell
- Provide insulation under the skin
- Cushion the kidneys and other organs from injury
- Provide flavor and aroma in foot
- Carry fat soluble vitamins
- Serve as the most concentrated source of heat and energy: 9 kcal/g
- Provide energy during periods of food deprivation
Food Sources of Fat

- Meat
- Dairy products
- Fish and vegetable oils
- Nuts
- Some fruits, i.e. avocados and olives
Vitamins
Functions of Water\textsuperscript{1}

- Facilitate various chemical reactions in the body
- Key role in normal cell functioning and cell’s ability to use energy
- Participate in protein synthesis and cell replication
- Various therapeutic properties:

<table>
<thead>
<tr>
<th>Vitamin</th>
<th>Properties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vitamin A</td>
<td>Required for inflammatory process</td>
</tr>
<tr>
<td>Vitamin B</td>
<td>Required for cross-linking of collagen fibers</td>
</tr>
<tr>
<td>Vitamin C</td>
<td>Can increase activation of leukocytes and macrophages</td>
</tr>
</tbody>
</table>
Fat Soluble Vitamins¹

- A, D, E, K
- Derived from fatty and oily parts of certain foods
- Stored in fatty tissue and liver until needed
- Lack of vitamin A can retard epithelialization and decrease collagen synthesis
Water Soluble Vitamins

- B, C, D, E
- Derived from the water components of foods
- Distributed throughout water compartments of the body
- Not stored – excreted with concentration becomes too high
- Vitamin B needed to produce energy from glucose, amino acids, and fat
- Vitamin B6 helps maintain cellular integrity and helps form blood cells
- Thiamine and riboflavin needed for cross-linking and collagenation
Vitamin C

- Required for production of strong collagen
- Facilitates leukocyte migration to the wound, increasing resistance to infection
- Needed for neutrophil superoxide formation and bacterial killing
- Increases the activation of macrophages to the wound site
Water
Functions of Water

- Aids in hydration of wound site and oxygen perfusion
- Acts as a solvent for minerals, vitamins, amino acids, glucose, and other small molecules, and enables them to diffuse in and out of cells
- Transports vital materials to cells and carries waste away from cells
- Serves as a lubricant
- Maintains body temperature
Dehydration in the Older Adult\textsuperscript{4}

- One of the most common reasons for hospitalization
- As people age:
  - Total body water decreases
  - Kidneys can’t concentrate urine as well
  - Decreased thirst sensation
  - Changes in hormone levels that affect the kidney
  - Effects of medications, i.e. diuretics
  - Changes in mobility, cognition and independence
  - Self-imposed fluid restrictions – fear of incontinence
Monitoring Fluid Status

• Hydration status = intake – output
• Recommended fluid intake for average person = 27-30mL/Kg
• Minimal fluid intake for older adults = 1500mL/day
• Younger people need 35mL/Kg/day
• Consider all routes of fluid losses:
  • Gastrointestinal tract
  • Urinary tract
  • Fever/sweating
  • Wound exudate
  • Negative pressure wound therapy
  • Air-fluidized beds
  • Respiratory tract
Signs of Deficiency$^1,4$

- Decreased urine output
- Dark, concentrated and/or strong smelling urine
- Frequent urinary tract infections
- Dry lips/mouth and thick, stringy saliva
- Constipation
- Orthostatic hypotension
- Confusion or change in mental status
- Weight loss of 3.5Lbs in less than a week
- Fever
- Decreased skin elasticity
- Sunken eyeballs
Consequences of Dehydration

- Decreased physical and cognitive functional abilities, lethargy, confusion
- Impaired balance and increased risk of falls
- Increased risk or urinary tract infections and other infections
- Decreased skin turgor and elasticity resulting in skin tears, shear injuries and pressure ulcers
- Constipation and fecal impaction/obstruction
- Ischemia and myocardial infarction
- Renal failure
- Death
Tips to Increase Fluids\textsuperscript{1, 4}

<table>
<thead>
<tr>
<th>Approximate Fluid Provision from Common Foods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jell-O</td>
</tr>
<tr>
<td>½ cup</td>
</tr>
<tr>
<td>120mL</td>
</tr>
<tr>
<td>Pudding</td>
</tr>
<tr>
<td>½ cup</td>
</tr>
<tr>
<td>100mL</td>
</tr>
<tr>
<td>Ice Cream/Sherbet</td>
</tr>
<tr>
<td>½ cup</td>
</tr>
<tr>
<td>60mL</td>
</tr>
<tr>
<td>Popsicle</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>90mL</td>
</tr>
<tr>
<td>Yogurt</td>
</tr>
<tr>
<td>½ cup</td>
</tr>
<tr>
<td>90mL</td>
</tr>
<tr>
<td>Canned fruit</td>
</tr>
<tr>
<td>½ cup</td>
</tr>
<tr>
<td>100mL</td>
</tr>
<tr>
<td>Soup</td>
</tr>
<tr>
<td>1 ½ cups</td>
</tr>
<tr>
<td>165mL</td>
</tr>
</tbody>
</table>

- Ice chips, ice cubes
Minerals
Functions in Wound Healing\(^1\)

- Build body structures
- Maintain fluid balance
- Activate enzyme systems
- Skeletal system depends on calcium, magnesium, and phosphorus for its structural integrity
Microelements\textsuperscript{1}

- Needed in small amounts:
  - Zinc
  - Iodine
  - Iron
  - Copper
  - Manganese
  - Magnesium
Functions of Zinc in Wound Healing

- Needed for protein synthesis, collagen synthesis
- Re-epithelialization
- DNA synthesis, cell division, and proliferation
- Disposal of damaging compounds produced by leukocytes during wound debridement
- Trace mineral and component of 200 enzymes
Food Sources of Zinc

- Meat, poultry, fish/seafood (especially oysters)
- Liver
- Eggs
- Milk
- Legumes
- Whole wheat products
- Wheat germ
NUTRITION BASED ON WOUND ETIOLOGY
Burns

• Energy requirements can increase 100% depending on extent/depth of burn

• Hypermetabolism accompanied by exaggerated protein catabolism for energy and increased urinary nitrogen excretion forcing use of protein for energy

• Protein loss through wound exudate
Skin Tears$^1$

• If limited improvement of wound after seven days, consider addition of:
  • Protein
  • Calories
  • Fluids
Leg Ulcers

- Diagnose the cause
- Improve tissue perfusion if possible
- Provide compression
- Manage concurrent diseases
- Support alterations in lifestyle:
  - Weight loss
  - Proper diet
  - Smoking cessation
Dermatitis\textsuperscript{1}

- Candida albicans
- Typically found in mouth, vaginal tract, gut
- Candidiasis results from:
  - Pregnancy
  - Oral contraceptives
  - Antibiotic therapy
  - Diabetes
  - Skin maceration
  - Steroid therapy
  - Endocrinopathies
Pressure Ulcers

- Depending on severity of the ulcer:
  - Multivitamin supplementation if intake inadequate
  - Vitamin C 500mg PO BID
  - Elemental zinc 25mg PO BID
    - Zinc should be reassessed at 10 days and discontinued if normal
  - Protein: 1-2g/Kg
  - Calories: 25-40Kcal/Kg
  - Fluids: 20-45cc/Kg
Diabetic Foot Ulcers\textsuperscript{6}

- Hyperglycemia may be induced by:
  - Wound occurrence
  - Presence of infection

- People with diabetes are at greater risk of infection due to their host resistance:
  - When blood glucose is high, chemotaxis and phagocytosis are compromised
  - This prolongs the inflammatory phase and impedes resolution of infection

- “The achievement of optimal glucose control is the most important factor affecting wound healing in patients with diabetes”
NUTRITIONAL SUPPORTS
Nutritional Supports

- When people can’t meet their nutritional needs by normal ingestion of food:
  - Liquid nutritional supplements
  - Tube feeds
  - TPN
Enteral and Parenteral Feeding

- Places the person into positive nitrogen balance

- Can be initiated when the person is:
  - Unable to chew
  - Unable to swallow
  - Unable to absorb nutrients through the gastrointestinal tract

- Parenteral nutrition necessary when enteral tube feeding is contraindicated, insufficient, or has led to complications
The Med Pass Program

- The provision of a liquid nutritional supplement in lieu of water with each medication pass
- Take medications with 60mL a 2-calorie per mL formula
- 1 can/day = 500 calories, 20 grams protein, + vitamins and minerals
- Can use pudding supplements, thickened liquid supplements
- Obtain physician order; enter on medication record
- Limits taste fatigue, decreases product wastage; small portions multiple times/day; improves tolerance, improves nutritional status
- Specialized formulae for wound healing available
Other Practical Considerations

• Address impairments in dentition

• Liberalization of diet restrictions if intake poor

• Address impairments in swallowing

• Supplement dysphagia diets

• Conduct supplement/snack audits
Practical Considerations

- Address physical and cognitive impairments

- Incorporate foods/fluids into therapy and/or recreation sessions

- Encourage friends and family to bring in appropriate favorite/familiar/cultural foods and beverages
Consider Other Ideas

- Switch to Homo milk from skim
- Add dry milk powder to milk, cereal, pudding, casseroles, cream soups, etc.
- Switch to a higher calorie content nutritional supplement
- Add nutrient dense supplements to hot cereals, cream soups and mashed potatoes
Review

1. Various aspects of nutritional screening and assessment

2. Role of nutrients in wound healing

3. Nutritional requirements based on the etiology of the wound

4. Nutritional supports for those unable to meet their nutritional needs orally
SWRWCP Nutrition Resources

• Nestle Mini Nutritional Assessment (MNA©) Tool
• A Guide to Completing the MNA© Short Form
• Procedure: Mini Nutritional Assessment (MNA©) Tool
• Patient Pamphlet: The Importance of Nutrition in Wound Healing
For more information visit: swrwcprogram.ca
References


