



# Comfort-Guided Nutrition Care

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# Comfort-Guided Nutrition Care

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# Comfort-Guided Nutrition Care

## Instructions

This inservice provides many of the tools you need to educate staff on the role of adequate nutrition in the prevention and treatment of pressure in your facility:

### Slides for the Inservice:

- The slides can be shown on computer or projected on a screen using a data projector.
- You can show the slides directly from the Acrobat file by simply clicking on the icon that looks like a computer screen. Or you can go to the tool bar and click on “View” and “Full Screen” to show the slides on your screen.
- Then click the down arrow button or the page down button on your keyboard.

### Presenter’s Notes for the Inservice:

- Review the presenter’s notes prior to presenting the slides.
- The presenter’s notes offer additional information not included on the slides, suggestions for how to present some of the information, and activities you may want to incorporate.

### Handouts for the Inservice:

- Simply copy the handouts and the pre- post-tests for participants.
- Do not provide the answer key for the pre-post tests.
- You can choose to give the test before and after the training, or just after the training to determine the effectiveness of your inservice and whether or not additional training is needed.



# Slides



# Comfort-Guided Nutrition Care

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# Objectives

1. Participants will understand goals of comfort-guided care
2. Participants will learn how food can contribute to quality of life
3. Participants will determine ways to manage symptoms that might affect nutrition care near the end of life



# What is Comfort-Guided Care?

- An individual has decided not to pursue aggressive medical interventions such as tube feeding
- The goal of care is comfort rather than “cure”
- The person may or may not be enrolled in Hospice
- Caregivers and family should focus on providing the best possible quality of life



# Hospice

- Initiated when a patient has less than 6 months to live
  - Manages the individual's pain and symptoms
  - Assists the individual with the emotional, psychosocial and spiritual aspects of dying
  - Provides needed drugs, medical supplies, and equipment
  - Coaches the family/caregivers on how to care for the patient





# Hospice

- Makes short-term inpatient care available when pain or symptoms become too difficult to manage at home, or the caregiver needs respite time.
- Delivers special services like speech, physical or occupational therapy when needed.
- Provides bereavement care and counseling to surviving family and friends.



# Comfort-Guided Nutrition Care

- Goals of nutrition care should be directed at managing symptoms rather than correcting nutritional problems
- Management of symptoms of illness (such as dry mouth) can improve a patient's quality of life



# Respect an Individual's Rights

- Each person has the right to refuse medical treatment, including tube feeding, therapeutic diets, and texture-modified diets or thickened liquids
  - After counseling on the risks and benefits of an intervention, an individual can refuse medical interventions
  - Medical record documentation should support the provision of patient education and resident's choice to refuse treatment



# Importance of Meals

- Food and meals may be one of an individual's few remaining pleasures as the end of life nears
- Socialization around meals is important to quality of life and sense of well-being
- Family and friends should be encouraged to visit at mealtime and bring in favorite foods and beverages



# Ways to Maintain Quality of Life

- Provide favorite food and fluids
- Provide whatever foods and fluids the individual can tolerate
- Liberalize the diet based on individual preferences; discontinue therapeutic diets
- Provide foods at appropriate textures for easiest consumption and safety
- Provide snacks and oral nutritional supplements as appropriate



# Ways to Maintain Quality of Life

- Encourage self-feeding
- Provide adaptive feeding equipment if appropriate
- Respect the individual's right to refuse treatment, food, beverages, and nutrition supplements
- Encourage eating in the dining room, as desired
- Engage the individual in activities as desired



# Oral Nutritional Supplements

- Available in a wide variety of forms (shakes, juices, puddings, bars, cookies, ice-cream type products)
- At end of life, supplements have no “magic” qualities, but might improve quality of life and help sustain or prolong life by providing calories, protein, fluids, and vitamins and minerals



# Nutrition Concerns Near End of Life

- Patients with advanced, life-limiting illness often lose the ability to eat and drink and/or lose interest in food and fluids
- Declining food and fluid intake that leads to weight loss is a natural part of the dying process





# Poor Appetite/Refusal to Eat or Drink

- Food and fluids should be encouraged but never forced
- Report poor intake or behaviors that affect meal intake (ex. turning the head away) to nursing staff
- Encourage liquid nutrition supplements, especially if the individual drinks better than they eat
- Remember, the goal is to improve quality of life



# Anorexia/Loss of Appetite

- Offer favorite foods, whatever seems appealing
- Offer nutrient-dense foods or supplements
- Try 6 small meals and snacks rather than 3 large meals daily



# Dry Mouth

- Provide good oral care (frequent swabbing of the mouth)
- Offer sips of fluids frequently (at allowed consistencies)
- Offer ice chips (if not on thickened liquids)
- Offer sorbet or sherbet (if not on thickened liquids)



# Nausea and Vomiting

- Avoid eating until vomiting passes
- Offer sips of clear liquids after vomiting episodes if tolerated
- Offer small meals and snacks
- Try “dry meals” with liquids given between meals
- Avoid specific food intolerances or dislikes
- Avoid fried and fatty foods, spicy foods, and foods with strong odors
- Encourage carbonated beverages, if they help



# Nausea and Vomiting

**Provide foods that are more tolerable for the individual**

- Crackers, pretzels, toast, angel food cake, cream of wheat/rice
- Soft, bland fruits or vegetables (ex. green beans, peaches)
- Broth or cream soups
- Ginger ale or lemon-lime soft drinks
- Sherbet, pudding, ice cream, popsicles, gelatin
- Juices (other than citrus or sour juices), fruit drinks
- Dairy products
- Meat salad sandwiches
- Desserts with fruits



# Constipation

- Offer high fiber foods, if tolerated
  - Whole grain breads and cereals, bran cereals
  - Offer more fruits and vegetables
  - Try lentils, split peas, navy, pinto or kidney beans in casseroles or soups
- Offer and encourage plenty of fluids daily
- Encourage physical activity, if tolerated
- Try prunes or prune juice for their laxative effect
- Hot beverages may act as bowel stimulants
- Increase fiber intake gradually to avoid problems with tolerance



# Summary

- Comfort guided nutrition care involves improving quality of life and managing symptoms that might affect quality of life
  - Nutrition approaches should be tailored to the needs of each individual
  - Comfort food and nutrition approaches should be based on individual preferences



# Presenter's Notes



## Comfort-Guided Nutrition Care




**Audience:** Nursing staff, nursing assistants/aides

Welcome to our inservice on Comfort-Guided Nutrition Care.

**Presenter Note (Optional):** Before we get started, let's test your knowledge with a short pre-test.

## Comfort-Guided Nutrition Care




### Objectives

1. Participants will understand goals of comfort-guided care
2. Participants will learn how food can contribute to quality of life
3. Participants will determine ways to manage symptoms that might affect nutrition care near the end of life

Our objectives today are to:

1. Understand goals of comfort-guided care.
2. Learn how food can contribute to quality of life.
3. Determine ways to manage symptoms that might affect nutrition care near the end of life.

## Comfort-Guided Nutrition Care



### What is Comfort-Guided Care?

- An individual has decided not to pursue aggressive medical interventions such as tube feeding
- The goal of care is comfort rather than “cure”
- The person may or may not be enrolled in Hospice
- Caregivers and family should focus on providing the best possible quality of life


Sometimes the terms “comfort-guided care” and “palliative care” are used interchangeably.

Comfort guided care is used when:

- An individual has decided not to pursue aggressive medical interventions such as tube feeding.
- The goal of care is comfort rather than “cure”.

The person may or may not be enrolled in Hospice. Caregivers and family should focus on providing the best possible quality of life.

## Comfort-Guided Nutrition Care




### Hospice

- Initiated when a patient has less than 6 months to live
  - Manages the individual's pain and symptoms
  - Assists the individual with the emotional, psychosocial and spiritual aspects of dying
  - Provides needed drugs, medical supplies, and equipment
  - Coaches the family/caregivers on how to care for the patient

Hospice is initiated when a patient has less than 6 months to live.

Hospice will help to manage the individual's pain and symptoms; assist the individual with the emotional, psychosocial and spiritual aspects of dying; provide needed drugs, medical supplies, and equipment. Hospice can help coach the family/caregivers on how to care for the patient.

## Comfort-Guided Nutrition Care



### Hospice


- Makes short-term inpatient care available when pain or symptoms become too difficult to manage at home, or the caregiver needs respite time.
- Delivers special services like speech, physical or occupational therapy when needed.
- Provides bereavement care and counseling to surviving family and friends.

Hospice makes short-term inpatient care available when pain or symptoms become too difficult to manage at home, or the caregiver needs respite time.

Hospice may deliver special services like speech, physical or occupational therapy when needed.

And they can provide bereavement care and counseling to surviving family and friends.

## Comfort-Guided Nutrition Care



### Comfort-Guided Nutrition Care

- Goals of nutrition care should be directed at managing symptoms rather than correcting nutritional problems
- Management of symptoms of illness (such as dry mouth) can improve a patient's quality of life


At this stage in an individual's life, treatment of medical problems is not the primary concern.

Some medications may be discontinued, but those that can help manage symptoms or improve quality of life are usually continued.

Goals of nutrition care should be directed at managing symptoms rather than correcting nutritional problems.

Management of symptoms of illness (such as dry mouth) can improve a patient's quality of life.

## Comfort-Guided Nutrition Care



### Respect an Individual's Rights

- Each person has the right to refuse medical treatment, including tube feeding, therapeutic diets, and texture-modified diets or thickened liquids
  - After counseling on the risks and benefits of an intervention, an individual can refuse medical interventions
  - Medical record documentation should support the provision of patient education and resident's choice to refuse treatment

It is essential to respect the individual's rights at all times, but especially when it comes to end of life decisions.


Each person has the right to refuse medical treatment, including tube feeding, therapeutic diets, and texture-modified diets or thickened liquid.

After counseling on the risks and benefits of an intervention, an individual can refuse medical interventions.

Medical record documentation should support the provision of patient education and resident's choice to refuse treatment.

Some health care providers will also consider discontinuing treatments and procedures including blood draws for routine labs, finger-stick blood sugars, and routine weights.

Note to presenter: Refer to the Pioneer Network's New Dining Practice Standards (<http://pioneernetwork.net/Data/Documents/NewDiningPracticeStandards.pdf>) is a useful document that discusses resident's rights to make risky decisions.



### Importance of Meals

- Food and meals may be one of an individual's few remaining pleasures as the end of life nears
- Socialization around meals is important to quality of life and sense of well-being
- Family and friends should be encouraged to visit at mealtime and bring in favorite foods and beverages


Food and meals may be one of an individual's few remaining pleasures as the end of life nears.

Socialization around meals is important to quality of life and sense of well-being.

Family and friends should be encouraged to visit at mealtime and bring in favorite foods and beverages.



## Comfort-Guided Nutrition Care



### Ways to Maintain Quality of Life

- Provide favorite food and fluids
- Provide whatever foods and fluids the individual can tolerate
- Liberalize the diet based on individual preferences; discontinue therapeutic diets
- Provide foods at appropriate textures for easiest consumption and safety
- Provide snacks and oral nutritional supplements as appropriate

Therapeutic diets may include dietary restrictions for diabetes, heart disease, etc. (consistent carbohydrate diets, low fat, low cholesterol diets, etc.).

Be sure to obtain MD orders to discontinue restrictive diets, nutritional supplements.

There are many ways to help maintain quality of life during the end of life. When it comes to nutrition, you can:

- Provide favorite food and fluids.
- Provide whatever foods and fluids the individual can tolerate.
- Liberalize the diet based on individual preferences; discontinue therapeutic diets.
- Provide foods at appropriate textures for easiest consumption and safety.
- Provide snacks and oral nutritional supplements as appropriate.

## Comfort-Guided Nutrition Care




### Ways to Maintain Quality of Life

- Encourage self-feeding
- Provide adaptive feeding equipment if appropriate
- Respect the individual's right to refuse treatment, food, beverages, and nutrition supplements
- Encourage eating in the dining room, as desired
- Engage the individual in activities as desired

You can also:

- Encourage self-feeding.
- Provide adaptive feeding equipment if appropriate.
- Respect the individual's right to refuse treatment, food, beverages, and nutrition supplements.
- Encourage eating in the dining room, as desired.
- Engage the individual in activities as desired.




### Oral Nutritional Supplements

- Available in a wide variety of forms (shakes, juices, puddings, bars, cookies, ice-cream type products)
- At end of life, supplements have no “magic” qualities, but might improve quality of life and help sustain or prolong life by providing calories, protein, fluids, and vitamins and minerals

At end of life, drinking a nutritional supplement three times a day will not change the outcome, but might improve quality of life, sustain or prolong life if it is a major source of nutrients (calories, protein, fluids, and vitamins and minerals).

Oral nutritional supplements are available in a wide variety of forms (shakes, juices, puddings, bars, cookies, ice-cream type products).

## Comfort-Guided Nutrition Care



### Nutrition Concerns Near End of Life

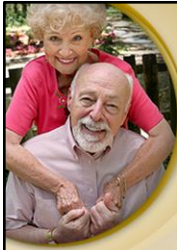
- Patients with advanced, life-limiting illness often lose the ability to eat and drink and/or lose interest in food and fluids
- Declining food and fluid intake that leads to weight loss is a natural part of the dying process

There are some key nutrition concerns at the end of life.

Patients with advanced, life-limiting illness often lose the ability to eat and drink and/or lose interest in food and fluids.

Declining food and fluid intake that leads to weight loss is a natural part of the dying process.

## Comfort-Guided Nutrition Care




### Poor Appetite/Refusal to Eat or Drink

- Food and fluids should be encouraged but never forced
- Report poor intake or behaviors that affect meal intake (ex. turning the head away) to nursing staff
- Encourage liquid nutrition supplements, especially if the individual drinks better than they eat
- Remember, the goal is to improve quality of life

Poor appetite or refusal to eat or drink are a major concerns for most family members.

- Remember, food and fluids should be encouraged but never forced.
- You should report poor intake or behaviors that affect meal intake (ex. turning the head away) to nursing staff.
- Encourage liquid nutrition supplements, especially if the individual drinks better than they eat.
- Remember, the goal is to improve quality of life.

Watching an individual who refuses to eat and/or drink can be difficult, but if it is viewed as a normal part of the dying process it might help caregivers and loved ones to be more accepting of the individual's wishes.




### Anorexia/Loss of Appetite

- Offer favorite foods, whatever seems appealing
- Offer nutrient-dense foods or supplements
- Try 6 small meals and snacks rather than 3 large meals daily

For those with anorexia or loss of appetite (which are common):

- Offer favorite foods, whatever seems appealing.
- Offer nutrient-dense foods or supplements.
- Try 6 small meals and snacks rather than 3 large meals daily.



### Dry Mouth

- Provide good oral care (frequent swabbing of the mouth)
- Offer sips of fluids frequently (at allowed consistencies)
- Offer ice chips (if not on thickened liquids)
- Offer sorbet or sherbet (if not on thickened liquids)

Managing symptoms can also improve quality of life. We will discuss a few symptoms that are common at the end of life.

Dry mouth is a common side effect of pain medications. The following suggestions may help:

- Provide good oral care (including frequent swabbing of the mouth).
- Offer sips of fluids frequently (at allowed fluid consistencies).
- Offer ice chips (if not on thickened liquids).
- Offer sorbet or sherbet (if not on thickened liquids).



### Nausea and Vomiting

- Avoid eating until vomiting passes
- Offer sips of clear liquids after vomiting episodes if tolerated
- Offer small meals and snacks
- Try “dry meals” with liquids given between meals
- Avoid specific food intolerances or dislikes
- Avoid fried and fatty foods, spicy foods, and foods with strong odors
- Encourage carbonated beverages, if they help

Nausea and vomiting are common side effects of chemo therapy and many medications, including pain medications.

The following suggestions may help. Remember they should be individualized to each person’s needs and desires:

- Avoid eating until vomiting passes.
- Offer sips of clear liquids after vomiting episodes if tolerated.
- Offer small meals and snacks.
- Try “dry meals” with liquids given between meals.
- Avoid specific food intolerances or dislikes.
- Avoid fried and fatty foods, spicy foods, and foods with strong odors.
- Encourage carbonated beverages, if they help.






### Nausea and Vomiting

**Provide foods that are more tolerable for the individual**

- Crackers, pretzels, toast, angel food cake, cream of wheat/rice
- Soft, bland fruits or vegetables (ex. green beans, peaches)
- Broth or cream soups
- Ginger ale or lemon-lime soft drinks
- Sherbet, pudding, ice cream, popsicles, gelatin
- Juices (other than citrus or sour juices), fruit drinks
- Dairy products
- Meat salad sandwiches
- Desserts with fruits

Some foods may be more tolerable for individuals with nausea and vomiting. Every person is different so provide the foods that are more tolerable to the individual. Here are some foods you can offer:

- Crackers, pretzels, toast, angel food cake, cream of wheat or rice cereal
- Soft, bland fruits or vegetables (ex. green beans, peaches)
- Broth or cream soups
- Ginger ale or lemon-lime soft drinks
- Sherbet, pudding, ice cream, popsicles, gelatin
- Juices (other than citrus or sour juices), fruit drinks
- Dairy products
- Meat salad sandwiches
- Desserts with fruits



### Constipation


- Offer high fiber foods, if tolerated
  - Whole grain breads and cereals, bran cereals
  - Offer more fruits and vegetables
  - Try lentils, split peas, navy, pinto or kidney beans in casseroles or soups
- Offer and encourage plenty of fluids daily
- Encourage physical activity, if tolerated
- Try prunes or prune juice for their laxative effect
- Hot beverages may act as bowel stimulants
- Increase fiber intake gradually to avoid problems with tolerance

Constipation is another common side effect of pain medications. In addition, for those who are not consuming much food or fluid, it can become a problem.

Try the following suggestions, individualized to each person:

- Offer high fiber foods, if tolerated (whole grain breads and cereals, bran cereals; offer more fruits and vegetables; try lentils, split peas, navy, pinto or kidney beans in casseroles or soups).
- Offer and encourage plenty of fluids daily.
- Encourage physical activity, if tolerated.
- Try prunes or prune juice for their laxative effect.
- Hot beverages may act as bowel stimulants.
- Increase fiber intake gradually to avoid problems with tolerance.

## Comfort-Guided Nutrition Care



### Summary

- Comfort guided nutrition care involves improving quality of life and managing symptoms that might affect quality of life
  - Nutrition approaches should be tailored to the needs of each individual
  - Comfort food and nutrition approaches should be based on individual preferences

In summary, comfort guided nutrition care involves improving quality of life and managing symptoms that might affect quality of life.

Nutrition approaches should be tailored to the needs of each individual. Comfort food and nutrition approaches should be based on individual preferences.

**Presenter Notes:**

Questions and Answers.

Optional: Post-test.




# Handouts

# Comfort-Guided Nutrition Care




## Comfort-Guided Nutrition Care

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## Objectives

1. Participants will understand goals of comfort-guided care
2. Participants will learn how food can contribute to quality of life
3. Participants will determine ways to manage symptoms that might affect nutrition care near the end of life




## What is Comfort-Guided Care?

- An individual has decided not to pursue aggressive medical interventions such as tube feeding
- The goal of care is comfort rather than “cure”
- The person may or may not be enrolled in Hospice
- Caregivers and family should focus on providing the best possible quality of life




## Hospice

- Initiated when a patient has less than 6 months to live
  - Manages the individual's pain and symptoms
  - Assists the individual with the emotional, psychosocial and spiritual aspects of dying
  - Provides needed drugs, medical supplies, and equipment
  - Coaches the family/caregivers on how to care for the patient



## Hospice

- Makes short-term inpatient care available when pain or symptoms become too difficult to manage at home, or the caregiver needs respite time.
- Delivers special services like speech, physical or occupational therapy when needed.
- Provides bereavement care and counseling to surviving family and friends.



## Comfort-Guided Nutrition Care

- Goals of nutrition care should be directed at managing symptoms rather than correcting nutritional problems
- Management of symptoms of illness (such as dry mouth) can improve a patient's quality of life

# Comfort-Guided Nutrition Care



## Respect an Individual's Rights

- Each person has the right to refuse medical treatment, including tube feeding, therapeutic diets, and texture-modified diets or thickened liquids
  - After counseling on the risks and benefits of an intervention, an individual can refuse medical interventions
  - Medical record documentation should support the provision of patient education and resident's choice to refuse treatment



## Importance of Meals

- Food and meals may be one of an individual's few remaining pleasures as the end of life nears
- Socialization around meals is important to quality of life and sense of well-being
- Family and friends should be encouraged to visit at mealtime and bring in favorite foods and beverages



## Ways to Maintain Quality of Life

- Provide favorite food and fluids
- Provide whatever foods and fluids the individual can tolerate
- Liberalize the diet based on individual preferences; discontinue therapeutic diets
- Provide foods at appropriate textures for easiest consumption and safety
- Provide snacks and oral nutritional supplements as appropriate



## Ways to Maintain Quality of Life

- Encourage self-feeding
- Provide adaptive feeding equipment if appropriate
- Respect the individual's right to refuse treatment, food, beverages, and nutrition supplements
- Encourage eating in the dining room, as desired
- Engage the individual in activities as desired



## Oral Nutritional Supplements

- Available in a wide variety of forms (shakes, juices, puddings, bars, cookies, ice-cream type products)
- At end of life, supplements have no "magic" qualities, but might improve quality of life and help sustain or prolong life by providing calories, protein, fluids, and vitamins and minerals



## Nutrition Concerns Near End of Life

- Patients with advanced, life-limiting illness often lose the ability to eat and drink and/or lose interest in food and fluids
- Declining food and fluid intake that leads to weight loss is a natural part of the dying process

# Comfort-Guided Nutrition Care



## Poor Appetite/Refusal to Eat or Drink

- Food and fluids should be encouraged but never forced
- Report poor intake or behaviors that affect meal intake (ex. turning the head away) to nursing staff
- Encourage liquid nutrition supplements, especially if the individual drinks better than they eat
- Remember, the goal is to improve quality of life



## Anorexia/Loss of Appetite

- Offer favorite foods, whatever seems appealing
- Offer nutrient-dense foods or supplements
- Try 6 small meals and snacks rather than 3 large meals daily



## Dry Mouth

- Provide good oral care (frequent swabbing of the mouth)
- Offer sips of fluids frequently (at allowed consistencies)
- Offer ice chips (if not on thickened liquids)
- Offer sorbet or sherbet (if not on thickened liquids)



## Nausea and Vomiting

- Avoid eating until vomiting passes
- Offer sips of clear liquids after vomiting episodes if tolerated
- Offer small meals and snacks
- Try “dry meals” with liquids given between meals
- Avoid specific food intolerances or dislikes
- Avoid fried and fatty foods, spicy foods, and foods with strong odors
- Encourage carbonated beverages, if they help



## Nausea and Vomiting

### Provide foods that are more tolerable for the individual


- |   |   |
|---|---|
| • Crackers, pretzels, toast, angel food cake, cream of wheat/rice | • Sherbet, pudding, ice cream, popsicles, gelatin         |
| • Soft, bland fruits or vegetables (ex. green beans, peaches)     | • Juices (other than citrus or sour juices), fruit drinks |
| • Broth or cream soups  | • Dairy products  |
| • Ginger ale or lemon-lime soft drinks                            | • Meat salad sandwiches                                   |
|   | • Desserts with fruits                                    |



## Constipation

- Offer high fiber foods, if tolerated
  - Whole grain breads and cereals, bran cereals
  - Offer more fruits and vegetables
  - Try lentils, split peas, navy, pinto or kidney beans in casseroles or soups
- Offer and encourage plenty of fluids daily
- Encourage physical activity, if tolerated
- Try prunes or prune juice for their laxative effect
- Hot beverages may act as bowel stimulants
- Increase fiber intake gradually to avoid problems with tolerance

# Comfort-Guided Nutrition Care



## Summary

- Comfort guided nutrition care involves improving quality of life and managing symptoms that might affect quality of life
  - Nutrition approaches should be tailored to the needs of each individual
  - Comfort food and nutrition approaches should be based on individual preferences



# Comfort-Guided Nutrition Care

## Pre/Post Test

### True/False (*Circle your choice*)

1. Comfort care is implemented when a person decides not to pursue aggressive medical interventions.  
**True          False**
2. At the end of life, weight loss, pressure injuries, or dehydration should not occur if we do our jobs right.  
**True          False**
3. If the physician orders “comfort measures only”, honor the individual’s wishes and provide care according to the physician’s orders  
**True          False**
4. Goals of nutrition care should be directed at managing symptoms rather than correcting nutritional problems.  
**True          False**
5. Residents cannot refuse medical treatment, including tube feeding, therapeutic diets, and texture-modified diets or thickened liquids.  
**True          False**
6. For people with anorexia (lack of appetite), offer favorite foods, offer nutrient-dense foods/ supplements, and/or try 6 small meals/snacks daily.  
**True          False**
7. For dry mouth, the only intervention is medication.  
**True          False**
8. For nausea, offer small meals, snacks; offer dry meals with liquids in between, offer foods that the person tolerates.  
**True          False**
9. For constipation, medication is the only intervention possible.  
**True          False**
10. Comfort food and nutrition approaches should be based on individual preferences.  
**a. True          False**

# Comfort-Guided Nutrition Care

## Pre/Post Test Answer Key

1. True
2. False
3. True
4. True
5. False
6. True
7. False
8. True
9. False
10. True