

Current Nutrition Approaches for Pressure Injury Management: 2019 International Guideline Nutrition Recommendations Webinar

Thursday, December 5, 2019 (2:00-3:30 pm EDT)

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Course Description:

The comorbidities associated with pressure injuries require more healthcare resources and contribute to increased length of stay and hospital readmission. Are you currently screening for malnutrition and pressure injury risk and quickly implementing a patient-centered nutrition plan? Does your QAPI plan include the nutrition management of pressure injuries? Do you provide nutrition counseling for patients with pressure injuries receiving treatment at a wound clinic or home health care agency?

It is critical for practitioners to understand the importance of implementing rigorously developed evidence based nutrition guidelines to improve outcomes for individuals with pressure injuries. The goal of the 2019 collaborative alliance between, the European Pressure Ulcer Advisory Panel (EPUAP), the National Pressure Injury Advisory Panel (NPIAP) and the Pan Pacific Pressure Injury Alliance (PPPIA) was to provide an updated review of the research, and develop nutrition recommendations that reflect the most recent evidence.

Course Objectives:

After completing this continuing education course, the learner should be able to:

1. Identify key changes in the evidence and recommendations in 2019 international nutrition pressure injury guidelines.
2. Use a validated tool to screen and assess clients for malnutrition and pressure injury risk.
3. Implement the 2019 EPUAP/NPIAP/PPIA nutrition guidelines into clinical practice.
4. Apply practical and cost effective nutrition solutions for healing pressure injuries and achieving positive outcomes.

Speakers: Nancy Munoz, DCN, RDN, LDN, FAND and Mary Ellen Posthauer, RDN, LD, FAND

Disclosures: No conflict of interest exists for this webinar for either speaker.

Professional Approvals:

Becky Dorner & Associates, Inc. has been a Continuing Professional Education (CPE) Accredited Provider (NU004) with the Commission on Dietetic Registration since 2002.

This course is intended for: RDN, NDTRs, CDEs, CDMs	CDR Activity Type and Number: Activity Type: 171 Live webinar Activity number 152270
Course CPE Hours: 1.5	CDR Level: 2
Suggested CDR Learning Needs Codes: 5000, 5090, 5380, 5410	Suggested CDR Performance Indicators: 8.1.5, 8.3.6, 8.3.7, 10.2.9

Note: Numerous Other Learning Needs Codes and Performance Indicators May Apply.



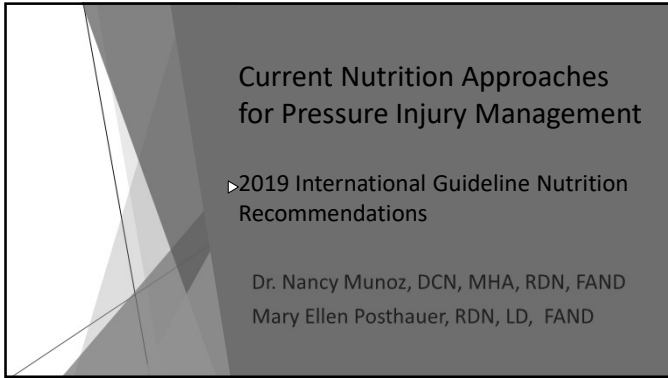
How to Complete a CPE Course: <https://www.beckydonner.com/continuing-education/how-to-complete-cpe/>

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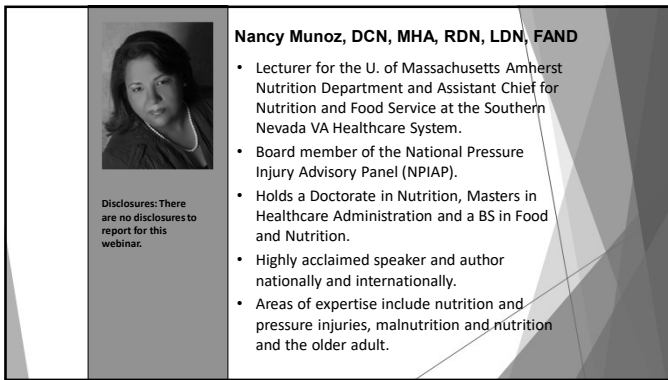


Current Nutrition Approaches
for Pressure Injury Management

► 2019 International Guideline Nutrition
Recommendations

Dr. Nancy Munoz, DCN, MHA, RDN, FAND
Mary Ellen Posthauer, RDN, LD, FAND

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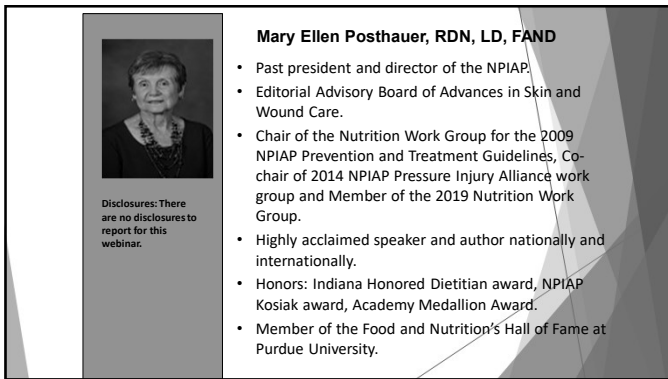


Nancy Munoz, DCN, MHA, RDN, LDN, FAND

- Lecturer for the U. of Massachusetts Amherst Nutrition Department and Assistant Chief for Nutrition and Food Service at the Southern Nevada VA Healthcare System.
- Board member of the National Pressure Injury Advisory Panel (NPIAP).
- Holds a Doctorate in Nutrition, Masters in Healthcare Administration and a BS in Food and Nutrition.
- Highly acclaimed speaker and author nationally and internationally.
- Areas of expertise include nutrition and pressure injuries, malnutrition and nutrition and the older adult.

Disclosures: There are no disclosures to report for this webinar.

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Mary Ellen Posthauer, RDN, LD, FAND

- Past president and director of the NPIAP.
- Editorial Advisory Board of Advances in Skin and Wound Care.
- Chair of the Nutrition Work Group for the 2009 NPIAP Prevention and Treatment Guidelines, Co-chair of 2014 NPIAP Pressure Injury Alliance work group and Member of the 2019 Nutrition Work Group.
- Highly acclaimed speaker and author nationally and internationally.
- Honors: Indiana Honored Dietitian award, NPIAP Kosiak award, Academy Medallion Award.
- Member of the Food and Nutrition's Hall of Fame at Purdue University.

Disclosures: There are no disclosures to report for this webinar.

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Current Nutrition Approaches for Pressure Injury Management: 2019 International Guideline Nutrition Recommendations Webinar


Learning Objectives

- Identify **key changes** in the evidence in the 2019 Prevention and Treatment of Pressure Ulcers/Injuries Clinical Practice Guideline nutrition recommendations
- Use a validated tool to screen and assess clients for malnutrition and pressure injury risk
- Implement the 2019 EPUAP/NPIAP/PIA nutrition guidelines into clinical practice
- Apply practical and cost effective nutrition solutions for healing pressure injuries and achieving positive outcomes

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New Name and New Logo

► The National Pressure Ulcer Advisory Panel (NPUAP) is now the **National Pressure Injury Advisory Panel (NPIAP)**




► The patient is the center (green core)
► The sunrays emanating from the core represent NPIAP's work in reaching out to improve outcomes for patients with education, research and public policy

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Pressure Injury

- A pressure injury is localized damage to the skin and/or underlying soft tissue usually over a bony prominence or related to a medical or other device
- The injury can present as intact skin or an open ulcer and may be painful
- The injury occurs as a result of intense and/or prolonged pressure or pressure in combination with shear
- The tolerance of soft tissue for pressure and shear may also be affected by microclimate, nutrition, perfusion, co-morbidities and condition of the soft tissue




NPIAP Pressure Injury definition and stages. Updated 2016
<http://www.npiap.org/resources/educational-and-clinical-resources/npiap-pressure-injury-stages/>

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What's the Big Deal?


- ▶ Healthcare institutions must
 - ▶ Identify and quantify the risk for PI



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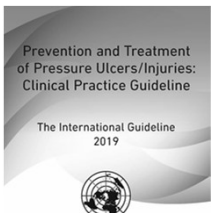
Prevalence of PI

- ▶ International Prevalence Survey: Long term acute care 25.2%, acute care 9.7%, LTC-nursing home 11.8%, rehab centers 12%
- ▶ 10 year prevalence study in the US
 - ▶ PI declined from 13.5% in 2006 to 9.3% in 2015
- ▶ 60,000 people die yearly
- ▶ annual cost of PI is estimated at \$26.8 Billion per year
 - ▶ Up from 13.1 billion in 2012



VanGilder C, Lachenbruch C, Algrin Boyle C, Meyer S. The International Pressure Ulcer Prevalence Survey: 2006-2015: a 10-year prevalence study prevalence and demographic trends among long-term care settings. J Wound Ostomy Continence Nurs. 2017;34(1):25-38. <http://www.jogn.com/doi/10.1016/j.jogn.2016.08.002>

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EPUAP/NPIAP/PPPIA
Clinical Practice Guideline

<https://guidelinesales.com/page/Guidelines>

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Strength of the Evidence and Recommendations

Strength of Evidence	
A	<ul style="list-style-type: none"> More than one high quality Level I study providing direct evidence Consistent body of evidence
B1	<ul style="list-style-type: none"> Level 1 studies of moderate or low quality providing direct evidence Level 2 studies of high or moderate quality providing direct evidence Most studies have consistent outcomes and inconsistencies can be explained
B2	<ul style="list-style-type: none"> Level 2 studies of low quality providing direct evidence Level 3 or 4 studies (regardless of quality) providing direct evidence Most studies have consistent outcomes and inconsistencies can be explained
C	<ul style="list-style-type: none"> Level 5 studies (Indirect evidence) e.g., studies in normal human subjects, humans with other types of chronic wounds, animal models A body of evidence with inconsistencies that cannot be explained, reflecting genuine uncertainty surrounding the topic
GPS	<p>Good Practice Statement</p> <ul style="list-style-type: none"> Statements that are not supported by a body of evidence as listed above but considered by the GGG to be significant for clinical practice

Reference: EXTRACT FROM INTERNATIONAL GUIDELINE 2019 EDITION
European Pressure Ulcer Advisory Panel, National Pressure Injury Advisory Panel and Pan Pacific Pressure Injury Alliance. Prevention and Treatment of Pressure Ulcers: Clinical Practice Guideline. The International Guideline. Emily Heister (Ed.). EPUAP/NPIAP/PPPIA, 2019.

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Strength of the Evidence and Recommendations

Strength of Recommendations	
↑↑	Strong positive recommendation: Definitely do it
↑	Weak positive recommendation: Probably do it
↔	No specific recommendation
↓	Weak negative recommendation: Probably don't do it
↓↓	Strong negative recommendation: Definitely don't do it

Reference: EXTRACT FROM INTERNATIONAL GUIDELINE 2019 EDITION
European Pressure Ulcer Advisory Panel, National Pressure Injury Advisory Panel and Pan Pacific Pressure Injury Alliance. Prevention and Treatment of Pressure Ulcers: Clinical Practice Guideline. The International Guideline. Emily Heister (Ed.). EPUAP/NPIAP/PPPIA, 2019.

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**EPUAP/NPIAP/PPPIA Clinical Practice Guideline
Nutrition Recommendations**

Nutrition Small Work Group

Mary Ellen Posthauer, USA
Nancy Munoz, USA-Work Group Co-chair

Emanuele Cereda, Italy, Work Group Co-chair
Jo Schols, Netherlands

Hajer Alsabaa, Saudi Arabia

Siriluck Siripanyawat, Thailand

Angela (Yi Jia) Liew, Singapore

Merrilyn Banks, Australia
Emily Haesler, Australia

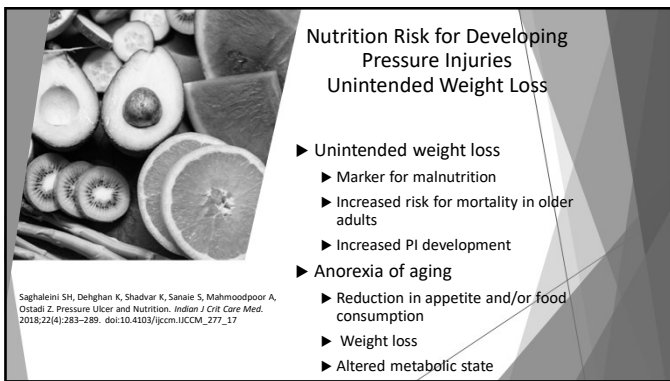
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Nutrition Risk for Developing Pressure Injuries Increased Nutrient Needs

Factors that may increase needs

- Underweight
- History of significant weight loss
- Prevention of further weight loss or regain of lost weight
- Presence of multiple wounds
- Pre-existing malnutrition
- COPD
- Cancer
- Acute spinal cord injury
- Traumatic brain injury
- Hemodialysis
- Suspected hyper-metabolism and other comorbidities


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Nutrition Risk for Developing Pressure Injuries Malnutrition

	ASPEN/ Academy of Nutrition and Dietetics	GLIM
Unintended weight loss	X	X
Low BMI		X
Loss of muscle mass	X	X
Loss of subcutaneous fat	X	
Localized or generalized fluid accumulation	X	
Decreased functional status	X	
Reduced Food Intake or Assimilation	X	X
Disease burden/Inflammation		X
	Two of the six characteristics must be present	One phenotype and one etiologic characteristics must be present

White, J et al. J Acad Nutr Diet 2012, 112, 5, 730-738

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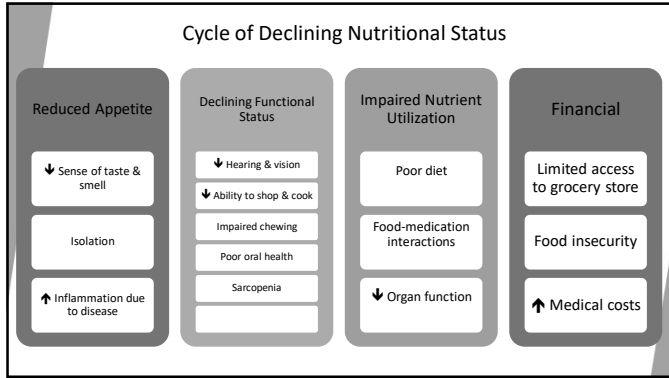


Nutrition Risk for Developing Pressure Injuries Malnutrition

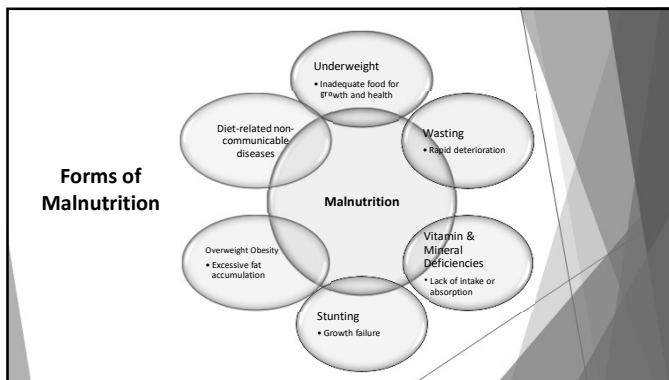
"Insufficient calories, protein, or other nutrients needed for tissue maintenance and repair"

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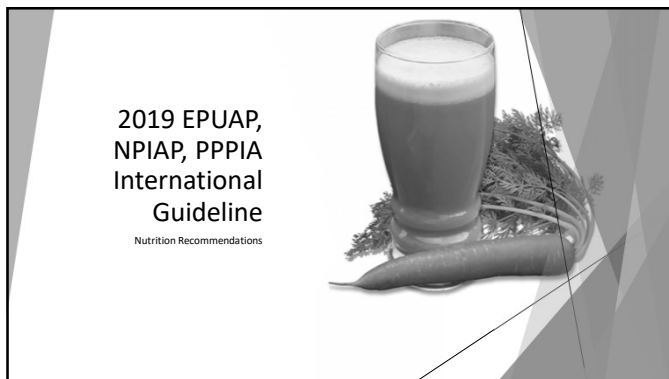
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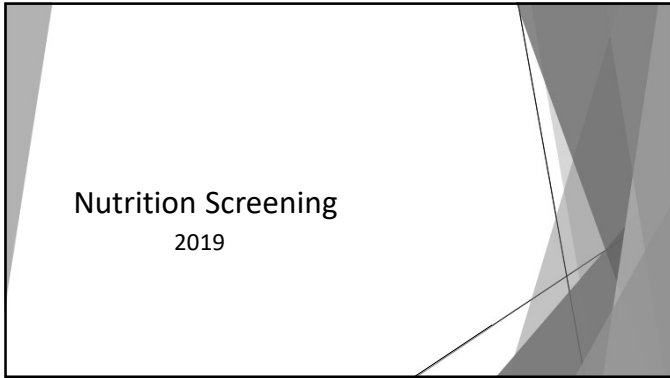


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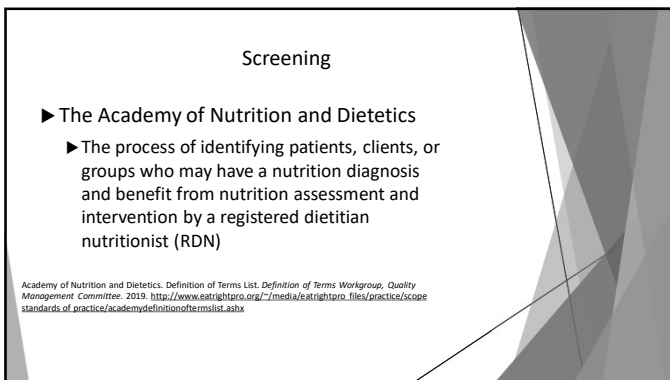


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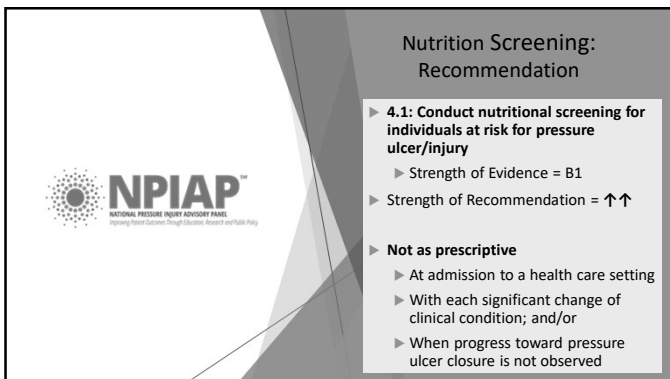
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Validated Screening Tools

- ▶ Validated for use with individuals with/at risk for PI
 - ▶ The Mini Nutritional Assessment full version (MNA®)
 - ▶ the Malnutrition Universal Screening Tool (MUST) screening
- ▶ Older Adults
 - ▶ The Nutrition Risk Screening (NRS) 2002
 - ▶ Rapid Screen
 - ▶ Short Nutrition Assessment Questionnaire (SNAQ)

NUTRITIONAL HEALTH

Read the statements below. Circle the number in the column for those that apply to you or someone you know. For each you answer, score the number in the box. Total your nutritional score.

have or condition that make me change the food and/or amount of food I eat	0
eat 3 meals per day	3
eat vegetables or milk products	2
drink of beer, liquor, or wine about every day	2
eat proteins that make it hard for me to eat	2
enough money to buy the food I need	4
eat rice	1
eat processed or over-the-counter drugs a day	1
are lost or gained 10 pounds in the last 6 months	2
usually able to sleep, walk, and/or find myself	2
TOTAL	

Nutritional Score. If it's—
Good! Eat what you need and score in 5 months.
> 4 You are at moderate nutritional risk. See what you can do to improve your status.

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Academy of Nutrition and Dietetics

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Nutrition Assessment
2019

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Nutrition Assessment

- ▶ The Academy of Nutrition and Dietetics
 - ▶ identifying and evaluating data needed to make decisions about a nutrition-related problem/diagnosis
- ▶ Includes
 - ▶ food/nutrition-related history
 - ▶ biochemical data
 - ▶ medical tests and procedures
 - ▶ anthropometric measurements
 - ▶ nutrition-focused physical findings
 - ▶ client history

Academy of Nutrition and Dietetics. Definition of Terms List. Definition of Terms Workgroup. Quality Management Committee. 2019. http://www.eatrightpro.org/-/media/eatrightpro_files/practice/scope_standards_of_practice/academydefinitionoftermslist.pdf

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Nutrition Assessment: Recommendation

- ▶ 4.2: Conduct a comprehensive nutrition assessment for adults at risk of a pressure ulcer/injury who are screened to be at risk of malnutrition and for all adults with a pressure ulcer/injury.
 - ▶ Strength of Evidence = B2
 - ▶ Strength of Recommendation = ↑↑
- ▶ Not as prescriptive
- ▶ Assess the weight status of each individual to determine weight history. Then identify significant weight loss (= 5% in 30 days or = 10% in 180 days). (Strength of Evidence = C; Strength of Recommendation = ↓)
- ▶ Assess the individual's ability to eat independently. (Strength of Evidence = C; Strength of Recommendation = ↓ ↓)
- ▶ Assess the adequacy of total nutrient intake (i.e., food, fluid, oral supplements, and enteral/parenteral feeds). (Strength of Evidence = C; Strength of Recommendation = ↓ ↓)

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Nutrition Assessment



- ▶ Assessment conducted by a RDN
- ▶ Weight history
- ▶ Ability to feed self
- ▶ Laboratory results in context of diagnosis and prognosis

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Nutrition Care Planning 2019

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Nutrition Care Planning



- ▶ Care plan developed to meet the patient's desired outcomes
- ▶ Care plan should:
 - ▶ Individualized
 - ▶ Interdisciplinary
 - ▶ Revolve around the patient's goals and preferences
 - ▶ Include due date
 - ▶ Reviewed and updated frequently

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Nutrition Care Planning: Recommendation




- ▶ 4.3: Develop and implement an individualized nutrition care plan for individuals with, or at risk of, a pressure ulcer/injury who are malnourished or who are at risk of malnutrition.
 - ▶ Strength of Evidence = B2
 - ▶ Strength of Recommendation = ↑↑
- Not as prescriptive
 - ▶ Develop an individualized nutrition care plan for individuals with or at risk of a pressure ulcer. (Strength of Evidence = C; Strength of Recommendation = ⚡)
 - ▶ Follow relevant and evidence-based guidelines on nutrition and hydration for individuals who exhibit nutritional risk and who are at risk of pressure ulcers or have an existing pressure ulcer. (Strength of Evidence = C; Strength of Recommendation = ⚡)

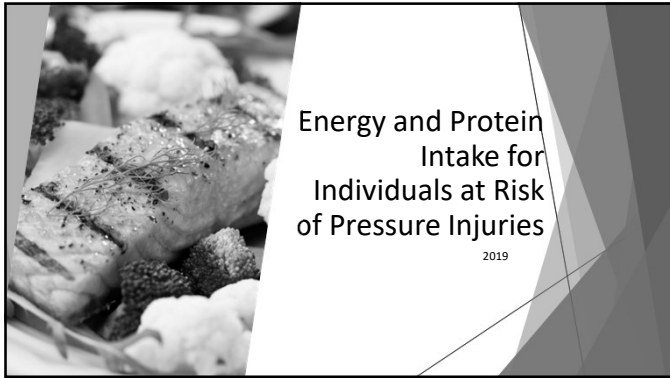
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Nutrition Care Planning Evidence

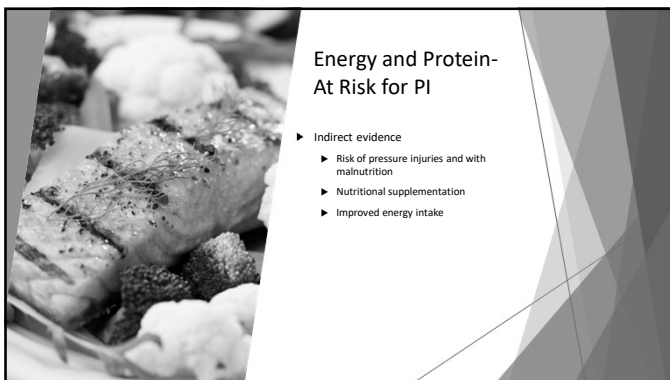
- ▶ RDN with interprofessional team
 - ▶ Individualized interventions
 - ▶ based on the individual's nutritional needs
 - ▶ Feeding route
 - ▶ Clinical goals of care
- ▶ Research 2013
 - ▶ Care plan for older adults with stage 2 PI associated with improved wound healing



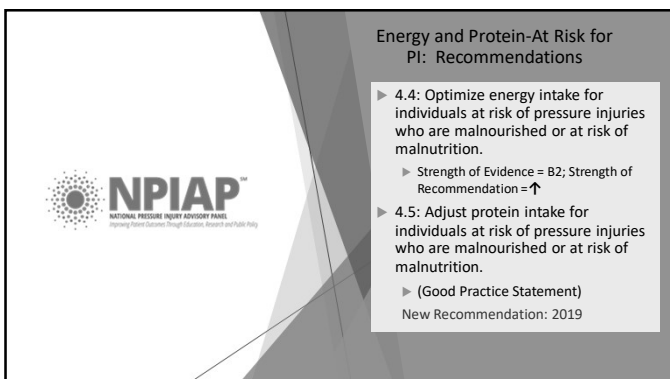
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Energy and Protein-At Risk for PI Discussion

- Research examining the benefits of providing increased energy and protein for individuals at risk for PI or at risk for malnutrition has produced mixed results
- No high quality research evidence to indicate if a higher protein and higher energy intakes reduces the incidence of pressure injuries in people at risk

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Energy and Protein for Individuals with Pressure Injuries

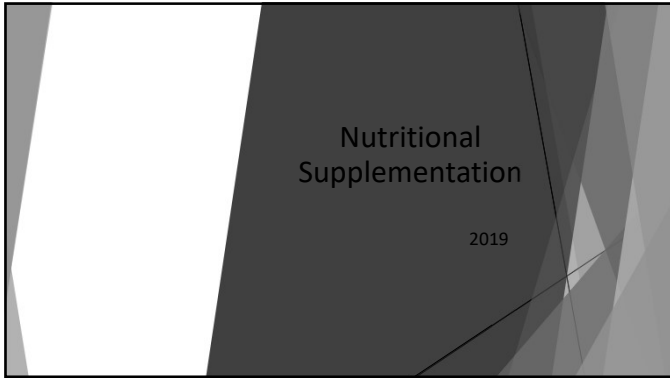
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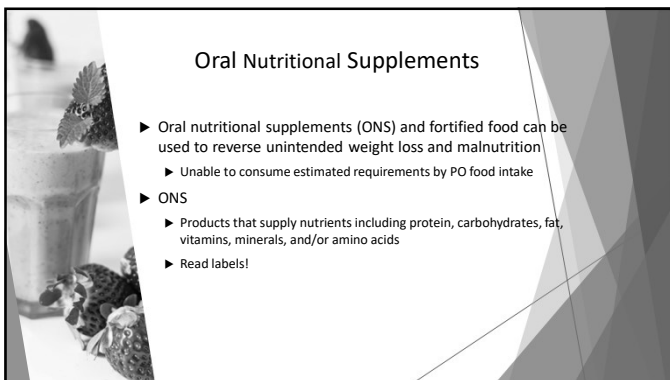
Energy and Protein Intake: PI Present Recommendations

- 4.6: Provide 30 to 35 kcalories/kg body weight/day body weight for adults with a pressure injury who are malnourished or at risk of malnutrition
- Strength of Evidence = B2
- Strength of Recommendation = ↑
- 4.7: Provide 1.25 to 1.5 g/kg body weight/day for adults with a pressure ulcer/injury who are malnourished or at risk of malnutrition
- Strength of Evidence = B1
- Strength of Recommendation = ↑↑

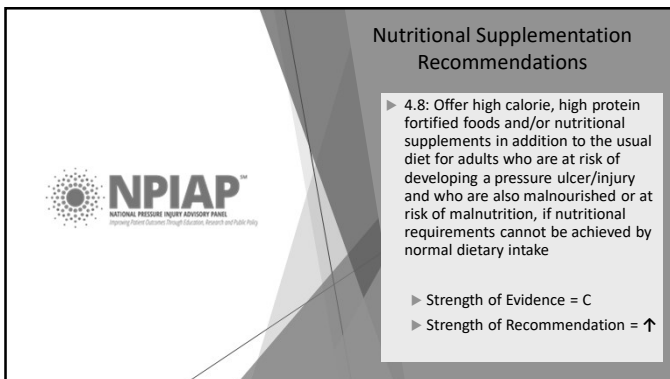
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Nutritional Supplementation Recommendations

- ▶ 4.9: Offer high calorie, high protein nutritional supplements in addition to the usual diet for adults with a pressure ulcer/injury who are malnourished or at risk for malnutrition, if nutritional requirements cannot be achieved by normal dietary intake
- ▶ Strength of Evidence = B1
- ▶ Strength of Recommendation = ↑↑

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Nutritional Supplementation Recommendations

- ▶ 4.10: Provide high-calorie, high-protein, arginine, zinc and antioxidant oral nutritional supplements or enteral formula for adults with a Category/Stage 2 or greater pressure ulcer/injury who are malnourished or at risk for malnutrition
- ▶ Strength of Evidence = B1
- ▶ Strength of Recommendation = ↑

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Nutritional Supplementation Evidence



- ▶ ONS for adults at risk for developing PI
- ▶ PI risk reduction is multifactorial in nature
 - ▶ Linking ONS to PI risk reduction is challenging
- ▶ Research in this area- has mixed findings
 - ▶ There is uncertainty about the efficacy of supplementation in the prevention of PI

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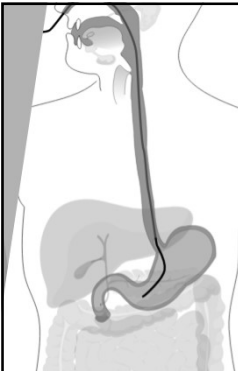
Nutritional Supplementation Evidence



- ▶ ONS for adults with PI
- ▶ Evidence on the efficacy of extra protein and energy provision in the healing of pressure injuries is substantial.
- ▶ Research conducted in hospitals, long term care and community care settings have consistently demonstrated significant improvement in healing of pressure injuries in individuals receiving high energy, high protein ONS in addition to a usual diet compared to control groups
- ▶ The research supporting the use of arginine and micronutrients (zinc and antioxidants) to high calorie, high protein nutritional supplementation via either ONS or tube-feeding is growing


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Artificial Nutrition: Enteral and Parenteral Feeding 2019



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Nutritional Supplementation Recommendations




- ▶ 4.11: Discuss the benefits and harms of enteral or parenteral feeding to support overall health in light of preferences and goals of care with individuals at risk of pressure ulcer/injury who cannot meet their nutritional requirements through oral intake despite nutritional intervention
 - ▶ Good Practice Statement
- ▶ 4.12: Discuss the benefits and harms of enteral or parenteral feeding to support pressure injury treatment in light of preferences and goals of care for individuals with pressure ulcer/injury who cannot meet their nutritional requirements through oral intake despite nutritional interventions
 - ▶ Strength of Evidence = B1
 - ▶ Strength of Recommendation = ↑

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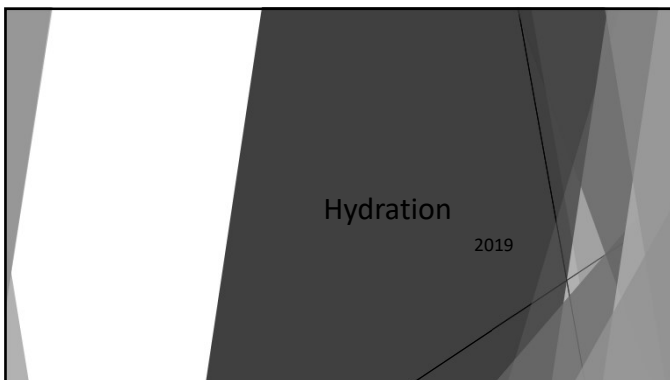
Artificial Nutrition Discussion

- ▶ If oral intake is inadequate, enteral or parenteral nutrition may be recommended if consistent with the individual's wishes
- ▶ Enteral (tube) feeding is the preferred route if the gastrointestinal tract is functioning
- ▶ The risks and benefits of nutrition support should be discussed with the individual and informal caregivers early on and should reflect the individual's preferences and goals for care



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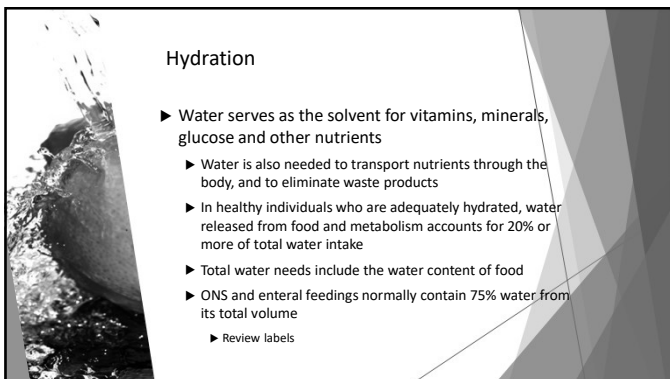
Hydration
2019



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Hydration

- ▶ Water serves as the solvent for vitamins, minerals, glucose and other nutrients
 - ▶ Water is also needed to transport nutrients through the body, and to eliminate waste products
 - ▶ In healthy individuals who are adequately hydrated, water released from food and metabolism accounts for 20% or more of total water intake
 - ▶ Total water needs include the water content of food
 - ▶ ONS and enteral feedings normally contain 75% water from its total volume
 - ▶ Review labels



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Hydration Recommendations

- ▶ 4.13: Provide and encourage adequate water intake for hydration for an individual with or at risk of a pressure ulcer/injury, when compatible with goals of care and clinical condition
- ▶ Good Practice Statement


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Nutrition Management in Neonates and Children 2019

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Neonates and Children (up to age 18)




- ▶ Prevalence rate 0.47% to 35% with 43% in NICUs
- ▶ Majority facility acquired due to medical devices
- ▶ Average cost \$20,000 & increases to \$85,803 when multiplied by prevalence and incidence data
- ▶ Children at PI risk or with PIs have multiple comorbidities compromising their ability to consume adequate nutrients
- ▶ Growth assessment strongest gauge of nutritional status

Gouldie A, et al. Costs of venous thromboembolism, catheter-associated urinary tract infection, and pressure ulcers. *Pediatrics* 2015; 2015:136(3) 432-9.

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Nutrition Management in Neonates and Children Recommendations

- ▶ 4.14: Conduct age appropriate nutritional screening and assessment for neonates and children at risk of pressure injuries
- ▶ Good Practice Statement

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Nutrition Management in Neonates and Children Recommendations

- ▶ 4.15: For neonates and children with or at risk of pressure injuries who have inadequate oral intake, consider fortified foods, age appropriate nutritional supplements, or enteral or parenteral nutritional support.
- ▶ Good Practice Statement

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Let's Put It All Together

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Current Nutrition Approaches for Pressure Injury Management: 2019 International Guideline Nutrition Recommendations Webinar

Case Study

- ▶ MT admitted 6 mo. ago following stroke, wheel-chair bound
- ▶ Comorbidities: hypertension, COPD, mild dementia & PIs
- ▶ Admission wt. 175 lbs., ht. 5 ft. 7"
- ▶ Stage 4 PI on coccyx measuring 3.2 cm X 1.7 cm
- ▶ Stage 3 hip measuring 2.5 cm X 3.0 cm
- ▶ Regular diet
- ▶ Current wt.=159 #
- ▶ Braden sub-score= 2
- ▶ MNA Score= 4
- ▶ RDN interviews MT & learns he rarely eats fruits or veggies
- ▶ Loves sweets
- ▶ Meal intake records indicate 50% average eaten
- ▶ Current weight is 10% decline in 6 mo.
- ▶ No edema or meds to cause wt. decline
- ▶ Slow PI healing noted on medical record

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MT's Typical Daily Menu

Breakfast	Noon	Supper	Snack
<ul style="list-style-type: none"> • 2 eggs/bacon slices • 2 toast slices/jelly • 8 oz. milk • Coffee • Total Protein: 28 grams 	<ul style="list-style-type: none"> • Meat -3 oz. • 1 cup Potatoes • Roll/margarine • 2 cookies • Coffee • Total Protein: 30 grams 	<ul style="list-style-type: none"> • Meat Sandwich (2 oz) • Chips or fries • Soft drink • Total Protein: 17 grams 	<ul style="list-style-type: none"> • Popcorn or pretzels (2 oz) • Soft drink • Total Protein: 3 grams

Eats 50% of meals= 39 grams

Case Study

- ▶ Based on guidelines protein needs are 90-109 grams/day
- ▶ Is MT consuming adequate protein?
- ▶ Is MT malnourished?
- ▶ What would be your POC ?
- ▶ Should MT receive a vitamin C supplement?

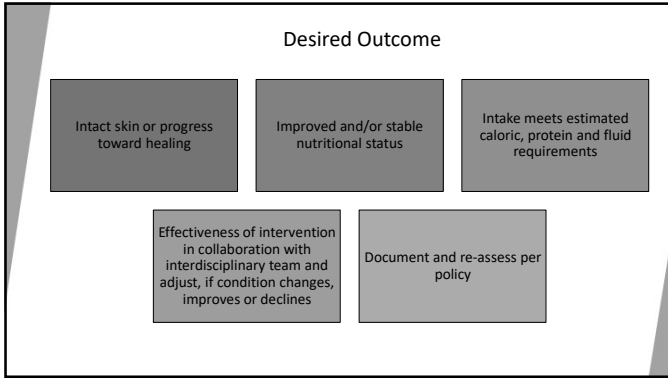
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MNT Guide to Manage Pressure Injuries

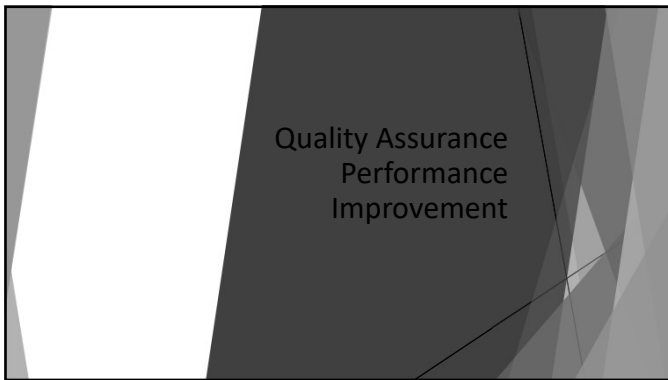
Implement PI Protocol/POC	Monitor per Facility Policy
<ul style="list-style-type: none"> ▶ Calories: 30-35 kcalories/kg/body weight (adjust per clinical condition) ▶ Protein: 1.2-1.5 gms/kg/body weight (adjust per clinical condition) ▶ Fluid: Provide & encourage good hydration & monitor status ▶ Provide high calorie, high protein ONS or high calorie, high protein ONS fortified with arginine, zinc & anti-oxidants between meals ▶ Liberalize restrictive diets ▶ Offer vitamin/mineral supplement with 100% of RDI's if intake is poor 	<ul style="list-style-type: none"> ▶ Skin condition and/or wound status per facility policy ▶ Acceptance and tolerance of ONS ▶ Caloric, protein, fluid adequacy compared to estimated requirement ▶ Weight status ▶ Laboratory values, if applicable ▶ Ability to meet estimated needs orally ▶ Oral intake and if inadequate, consider enteral feeding consistent with individual's wishes

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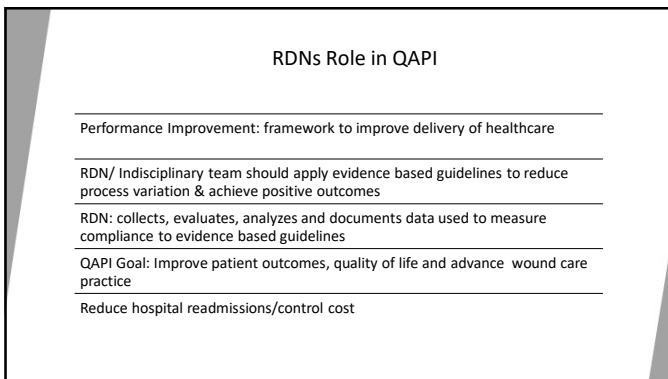
Current Nutrition Approaches for Pressure Injury Management: 2019 International Guideline Nutrition Recommendations Webinar



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Practice Pearls	
Use	Use a validated nutrition screening tool to identify nutritional status of individuals at risk of PI or with PIs
Refer	Refer individuals at risk of PI or with PIs to the RDN for a nutrition assessment
Collaborate	Collaborate with the RDN and interdisciplinary team to determine a patient-centered nutrition plan
Encourage	Encourage consumption of a balanced diet based on the individuals' assessed caloric, protein and hydration requirements

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Practice Pearls	
Provide	Provide enriched foods and/or high calorie, high protein ONS between meals if needed to achieve assessed requirements
Consider	Consider ONS enriched with arginine, zinc, and antioxidant for individuals with PIs who are at risk for or malnourished as needed to meet their assessed nutritional requirements
Offer	Offer nutrition support (EN or PN) for individuals who are unable to consume adequate intake. Note, this must be compatible with individual's goals
Provide	Provide palliative/hospice care based on individual's wishes

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- | Resources | |
|-----------|--|
| ▶ | NPIAP https://npuap.org/ |
| ▶ | Clinical Practice Guideline
▶ www.npuap.org to order copies |
| ▶ | Quick Reference Guide www.npuap.org |
| ▶ | NPUAP Pressure Injury Stages
▶ Updated 2016
▶ https://npuap.org/page/resources |
| ▶ | Pressure Injury Staging Illustrations
▶ https://npuap.org/page/resources |
| ▶ | Posthauer ME, Banks M, Dorner B, Schols JMGA. The Role of Nutrition for Pressure Ulcer Management National Pressure Ulcer Advisory Panel, European Pressure Ulcer Advisory Panel, and Pan Pacific Pressure Injury Alliance White Paper.
https://journals.lww.com/aswcjournal/Fulltext/2015/04000/The_Role_of_Nutrition_for_Pressure_Ulcer7.aspx |

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- Food & Fitness after 50 (2019)
- Pocket Guide to Parenteral Nutrition, 2nd Edition Course (2019)
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- Nutrition for the Older Adult (2019)
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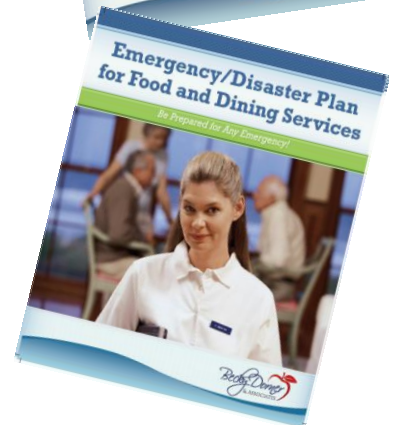
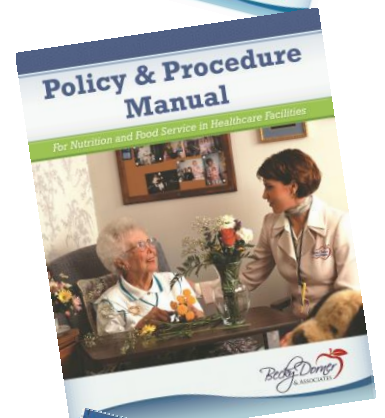
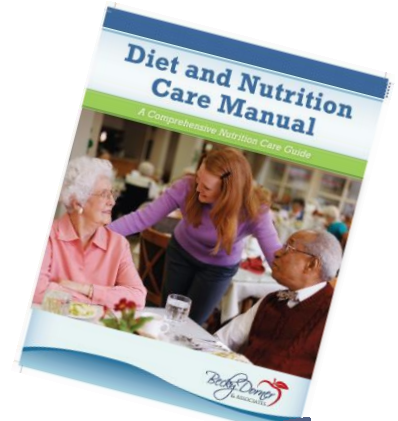
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