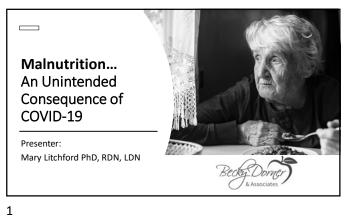
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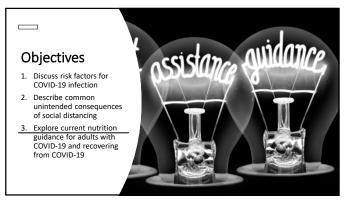
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 - Bridging Theory & Practice
 - Nutrition & Pressure Ulcers: Putting New Guidelines into Practice



Disclosures: Consultant to Prosynthesis Labs. Medlin Industries; President, Case Software and Books.
There are no conflicts of interest for this webinara

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Who is at Highest Risk for COVID-19?

According to the CDC....

- Individuals 65 years +
- · Live in a post-acute care setting
- Have underlying medical condition
 - o Chronic lung disease
 - $\circ\, \text{Diabetes}$
 - o Obesity (BMI >40)
 - o Immune-compromised

www.cdc.gov



Who is at Highest Risk for COVID-19?

• Emerging data from France, Germany, Italy, South Korea and Spain suggest:

- not a clear gender gap is contracting virus, BUT...
- o almost twice as many men die from COVID19 than women
- o diabetes is a common comorbidity in individual with severe cases of COVID-19

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Unintended Consequences of Social Distancing

- Isolation, Ioneliness
- Poor diet; limited access to grocery stores
- Less activity/exercise than usual
- Anxiety; substance abuse
- Decline in functional status
- According to the NAS.... Older adults may be more susceptible to unintended consequences of social distancing

National Academies of Sciences, Engineering, and Medicine 2020.
Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System. Washington, DC: The National Academies Press. https://doi.org/10.17226/25663.





7

Protein Intakes Over the Lifecycle

Protein Intakes with Aging

Protein Intakes with Aging

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Percent of Adults NOT Consuming Minimum Protein
Requirements (RDA)

Percent of Adults NOT Consuming Minimum Protein
Requirements (RDA)

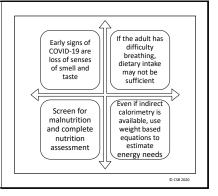
Women-healthy
Women-ill
Men-healthy
Age in Years

Wright, 30, Distray Intake of two key nutrients for public health, US 1999-2000, Advance data
from Year and beath visities. 2014 (Note: 2005)

Nutrition
Consequences
of COVID19
Unintended weight loss
Increased nutrition needs
Inadequate food/fluid intake
Malnutrition
Sarcopenia

11 12

Practical Guidance for **Nutrition for** Adults with Suspected COVID-19



Practical Guidance for Nutrition for Adults with COVID-19 Diagnosis

- Screen all new admissions for malnutrition to document malnutrition diagnosis if appropriate
- Nutrition assessment is based on data from EHR; NFPA is not advised unless PPE is provided
- Early nutrition support with fortified foods or oral nutritional supplements is recommended
- Adults with GI symptoms may need not tolerate oral intake without meds
- Enteral nutrition maybe appropriate if adult is unable to consume adequate oral intake

13 14

Lessons Learned from Our Colleagues in Italy

Most COVID-19 infected patients present with:

- · Severe inflammation and anorexia leading to a drastic reduction of food intake
- · Eating difficulties due to symptoms
- · Many patients at risk for or malnourished

Caccaolanaza, et al. Early nutritional supplementation in non-critically ill patients hospitalized for the 2019 novel coronavirus disease (COVID-19): Rationale and feasibility of a shared pragmatic protocol. Nutrition 2020

Italian Protocol for Non-ICU COVID19 Patients

- Oral whey protein (20g/d)
- IV multivitamin, multiminerals, trace minerals to = RDA
- 50,000 IU/week vitamin D if 25(OH)D < 20 ng/mL; 25,000IU/week if 25(OH)D > 20 ng/mL to < 30 mg/mL
- 2-3 high Pro, high Kcal ONS/d (600-900 Kcal, 35-55 g Pro consumed between or after meals)
- If ONS not tolerated for 2 consecutive days, consider more aggressive nutrition support

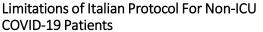
Caccaolanaza, et al. Early nutritional supplementation in non-critically ill patients hospitalized for the 2019 novel coronavirus disease (COVID-19): Rationale and feasibility of a shared pragmatic protocol. Nutrition 2020 online pre-proof

16 15

Advantages of Italian Protocol For Non-ICU COVID-19 Patients

- Simplified & practical approach
- Reasonable to implement in current emergency crisis in Italian healthcare system
- · Addresses nutrition needs that may be overlooked
- Protocol based on best scientific evidence available

Caccaolanaza, et al. Early nutritional supplementation in non-critically ill patients hospitalized for the 2019 novel coronavirus disease (COVID-19): Rationale and feasibility of a shared pragmatic protocol. *Nutrition* 2020 online pre-proof 6 cs a 2020



- Not an Evidenced Based Guideline
- Based on observation of nutritional characteristics of COVID-19 patients
- Based on a reasonable approach for Italian health care system with limitations to do comprehensive nutrition assessments
- Not always consistent with other current guidelines in clinical nutrition

Caccaolanaza, et al. Nutrition 2020 online pre-proof

Practical Guidance for Nutrition for Adults with COVID-19 Diagnosis in ICU

- Goal: Start enteral feeding within 24-36 hours of admission to ICU or within 12 hours of intubation and placement on mechanical ventilation
- Follow SCCM/ASPEN guidelines for nutrition support of critically ill patient (70-80% energy needs and 1.2-2.0 g pro/kg actual body wt)
- Start slowly and monitor for refeeding syndrome



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Enteral Nutrition for Individuals in ICU

- Acute Respiratory Distress Syndrome proning is used for improved oxygenation
- · Episodes of proning usually last 12 hours or more
- If adult is fed by NG tube, turn off feeding 1 hour before prone position turn. Restart TF in prone position as ordered.
- Risk for pressure injuries. See free infographic on PI Prevention with Proning www.NPIAP.com



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Definitions

 Trendelenburg Position: body is laid supine or prone, or flat on the back on a 15-30 degree incline with the feet elevated above the head



Image from Clinical Procedures for Safer Patient Care. 2012. Used under https://creativecommons.org/licenses/by/4.0/ • Reverse Trendelenburg position: body supine or prone on an incline but with the head elevated 15-30 degrees



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Enteral Nutrition Feeding in Prone Position

- Feed in supine or prone position
- Use Reverse Trendelenburg Position at least 10-25% degrees
- Nasogastric feeding preferred
- Continuous feeding preferred over bolus
- Secure feeding tube away from skin



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Short Term Consequences of COVID-19

- Weakness
- Loss of muscle mass
- Functional decline difficulty with ADLs
- Inflammatory stress of COVID may increase risk of other chronic diseases
- Victims of ICU physical, cognitive and mental health problems
- Many unknowns

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Practical Guidance for Nutrition for Adults Recovering from COVID-19

- Undernutrition, malnutrition and vitamin mineral deficiencies are likely and need to be addressed with foods, fortified foods and dietary supplements
- Restoration of lost lean mass and strength will require sufficient protein and exercise
- Use sarcopenia guidelines to improve functional status unless contraindicated



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Keep Reading News on COVID-19

- Many studies are being published on ways to treat COVID-19
 Use critical thinking skills to see if the authors conclusions are consistent with nutrition science
- 15,000+ Americans reported COVID-19 scams to Federal Trade Commission! (As of 4/10/20)
- Nearly \$12 million in losses due to fraud!



Thank you!



To Mary Litchford for Supporting this Webinar

• Contact mdlphd@casesoftware.com

For more information

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- Visit www.beckydorner.com/COVID-19
- Sign up for our free electronic newsletter to stay up to date on current news
- References and resources provided with handout

References and Resources from *Malnutrition: Unexpected Consequence of COVID-19 Webinar* with Mary Litchford, PhD, RDN, LDN 4/14/20



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Resource

- Enhancing Nutritional Value with Fortified Foods: A Resource for Professionals https://www.beckydorner.com/wp-content/uploads/2018/04/2018EnhancingNutritionalValue-3859.pdf
- Taylor, B, Patel J, Martindale, R, Warren, M, McClave, S. Joint webinar from Society of Critical Care Medicine and A.S.P.E.N. on Nutrition Support for Critically III Patients with COVID-19 Disease: Top 10 Key Recommendations. April 7,2020. https://www.youtube.com/watch?v=dNmMW3ybXdY



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- AADE Quick Guide to Medications (2019)
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