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# HOME CARE WOUND CARE

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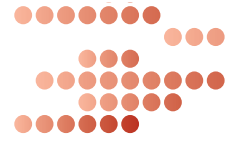
Nutritional advice for individuals  
with wounds at home



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# NUTRITIONAL ADVICE FOR INDIVIDUALS WITH WOUNDS AT HOME

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## About the EWMA Home Care – Wound Care Tool Kit

The EWMA Home Care – Wound Care Tool Kit comprises a collection of evidence-based and best-practice resources developed for patients, private caregivers, and primary care professionals who deliver wound care in the home setting.

## Nutritional advice for individuals with wounds at home

This resource offers evidence-informed nutritional guidance for people living with chronic wounds at home, emphasising nutrition as a core part of wound care. The resource guides nutritional assessment and suggests strategies for early identification of malnutrition risk before recommending targeted nutrients. These practical, symptom-specific strategies address common barriers to eating and drinking, with clear indication of when to consult specialist services. The guidance is supported by case examples and key references.

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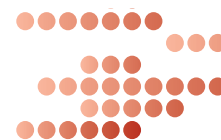
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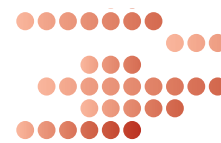
# NUTRITIONAL ADVICE FOR INDIVIDUALS WITH WOUNDS AT HOME



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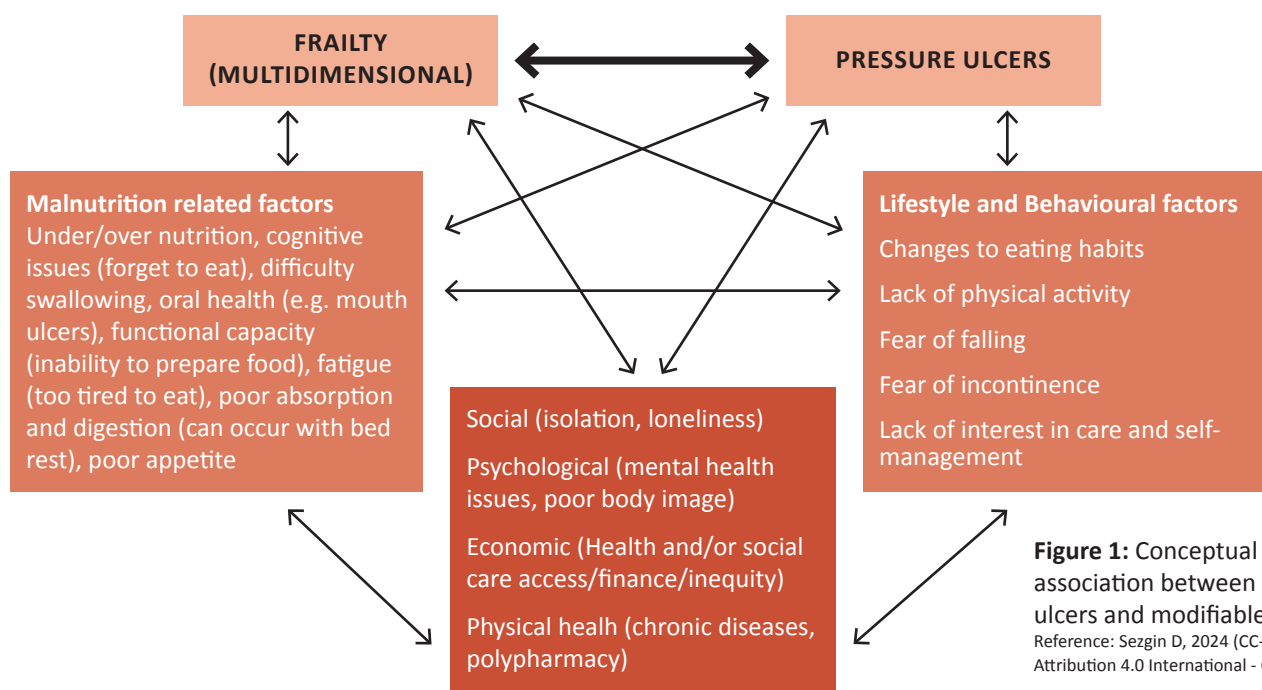


## Why Nutrition Matters for Wound Healing: Assessing Risk and Needs

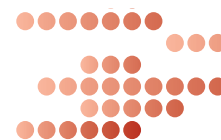
Individuals living with chronic wounds frequently inquire about the role of specific diets or nutritional supplements in promoting wound healing. While scientific research has established that certain nutrients—such as protein, vitamin C, and zinc—are essential for optimal wound repair, it is critical first to conduct a comprehensive assessment of the patient’s overall nutritional status before recommending targeted interventions (NICE, 2017). This step is especially important because malnutrition is both common and highly relevant in the chronic wound population, often complicating and delaying the healing process.

In clinical practice, a comprehensive nutritional assessment should include (at minimum) malnutrition risk screening; weight/BMI and recent weight change; dietary intake and symptom/burden-of-illness factors affecting intake (e.g., appetite or dysphagia); relevant medical history and medications; nutrition-focused physical examination (muscle/fat loss, fluid status); and targeted biochemistry where indicated, with documentation of estimated requirements and a monitoring plan (Volkert, 2019).

Chronic wounds predominantly affect older adults who frequently present with multiple comorbidities, further increasing their risk for malnutrition. Malnutrition, defined as a deficiency of energy, protein, or other nutrients resulting in adverse effects on body composition, function, and clinical outcomes, is a significant concern in healthcare settings. Notably, a systematic review by Russell and Elia (2008) found that malnutrition (primarily undernutrition) affects approximately 35% of individuals recently admitted to care homes, 29% of adults upon hospital admission, 30% of hospital outpatients, and 11% of those attending general practice clinics. These statistics, while representing broader healthcare populations, are particularly pertinent to chronic wound patients, as they often fall within these high-risk groups. Malnutrition in these settings is associated with reduced muscle strength, increased frailty, higher risk of falls, prolonged recovery from illness or surgery, and poorer clinical outcomes—including higher mortality rates, impaired psychosocial functioning (such as increased anxiety and depression), diminished immune response, and delayed wound healing (Elia, 2015; Norman et al., 2008, Probst, 2020). Key findings from these studies emphasize that timely identification and management of malnutrition can lead to improved healing rates and overall patient outcomes.



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Given the high prevalence and serious consequences of malnutrition among individuals with chronic wounds, healthcare professionals and caregivers need to prioritise nutritional screening and intervention as an integral part of the wound care process. Evidence-based guidelines—such as those from the European Society for Clinical Nutrition and Metabolism (ESPEN) and the National Institute for Health and Care Excellence (NICE, 2017; Volkert, 2019)—recommend routine assessment of nutritional status and individualised care plans to address identified deficits, thereby supporting wound healing and enhancing quality of life for this vulnerable population.

Nutritional care is individualized for each patient through the nutrition care process. Collaboration focuses on identifying nutritional challenges and developing personalized solutions, ensuring that patient preferences and priorities guide every decision. Shared decision-making supports this approach by discussing dietary goals, exploring barriers to adequate nutrition, and tailoring recommendations to what matters most to each patient.

Step	Actions	Person Centered Focus
1. Assessment	Identify nutritional challenges, review dietary habits, and assess overall status.	Include patient preferences and priorities from the start.
2. Shared decision-making	Discuss dietary goals and explore barriers to adequate nutrition.	Engage patient in setting realistic and meaningful goals.
3. Intervention	Develop solutions and tailor recommendations to individual needs.	Recommendations are guided by what matters most to the patient.
4. Monitoring & Evaluation	Track progress, adjust care plan as needed, and support ongoing collaboration.	Patient feedback and outcomes drive refinement of the care plan.

## FACTORS REDUCING FOOD INTAKE

Physiologic	Pathologic	Sociologic	Psychologic
Decreased taste	Dentition	Ability to shop for food	Depression
Decreased smell	Dysphagia swallowing problems	Ability to prepare food	Anxiety
Dysregulation of satiation	Diseases (cancer, CHF, COPD, diabetes, ESRD, thyroid)	Financial status low socioeconomic	Loneliness
Delayed gastric emptying	Medications (diuretic, anti-hypertensive, dopamine, agonist, antidepressant, antibiotic, antihistamine)	Impaired activities of daily living skills	Emotionally stressful life events
Decreased gastric acid	Alcoholism	Lack of interactions with others at mealtime	Grief
Decreased lean body mass	Dementia		Dysphoria

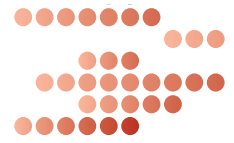
CHF = congestive heart failure, COPD = chronic obstructive pulmonary disease, ESRD = end-stage renal disease.

Healthcare providers should explore and address reversible or modifiable factors that make eating and drinking difficult. Supporting the person to overcome these challenges is a key component of care and can lead to better overall well-being.

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## Symptom-Specific Nutritional Management in Chronic Wound Care

### Early Satiety and Reduced Appetite

#### Considerations:

- Patients may feel full after eating only small amounts, limiting overall nutrient intake.
- Underlying medical conditions, medication side effects, or emotional distress may contribute.

#### Recommendations:

- Encourage frequent, small meals and nutritious snacks throughout the day instead of large meals.
- Prioritize nutrient-dense options, such as fortified milk, high-protein yogurt, cheese, eggs, and nut butter.
- Incorporate high-calorie foods like avocados, olive oil, and granola\*.  
\*Granola can be a nutritious option, providing whole grains, fiber, and healthy fats - especially when made with oats, nuts, and seeds. However, wide commercial varieties contain added sugars and fats, so it's best to choose low-sugar options or prepare granola at home to better control the ingredients.
- Offer liquid nutrition options (e.g., smoothies, oral nutritional supplements) if solid food intake is limited.

#### Referral Guidance:

- If appetite loss persists or is unexplained, consult with a registered dietitian for individualized assessment.
- Consider referral to primary care or a specialist if underlying causes (e.g., gastrointestinal disorders, depression) are suspected.

## Dry Mouth, Sore Mouth, Fatigue, Chewing Difficulties

#### Considerations:

- Oral discomfort or fatigue can hinder food intake and choice.
- Poor dental health, oral infections (e.g., thrush), or ill-fitting dentures may worsen symptoms.

#### Recommendations:

- Provide soft, moist foods such as mashed potatoes, stews, puddings, and smoothies.
- Add sauces or gravies to dishes for easier swallowing and increased palatability.
- Encourage gentle oral hygiene and hydration with water or sugar-free drinks.
- Suggest easy-to-chew protein sources: scrambled eggs, cottage cheese, tender fish.

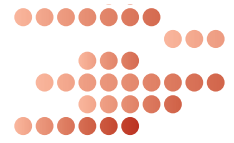
#### Referral Guidance:

- Refer to dental professionals for evaluation of oral health or dentition issues.
- If oral infections or thrush are suspected, consult with primary care for diagnosis and treatment.
- Engage speech and language therapists for persistent chewing or swallowing difficulties.

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## Loss of Taste or Taste Changes

### Considerations:

- Altered taste perception may reduce meal enjoyment and intake.
- Sensory changes may result from medications, illness, or treatment side effects.

### Recommendations:

- Enhance flavor by adding herbs, spices, citrus zest, or marinades to foods.
- Encourage trying new recipes and varying food textures.
- Use flavor-enhanced broths or sauces as bases for meals.

### Referral Guidance:

- Review medication list for agents known to alter taste; collaborate with pharmacist or prescriber as needed.
- If persistent taste changes impact nutritional status, refer to a dietitian for tailored advice and support.

## Swallowing Issues

### Considerations:

- Difficulty swallowing (dysphagia) can cause aspiration, where food or drink “goes down the wrong way” into the airway instead of the stomach, increasing the risk of illness and malnutrition.
- Underlying neurological or structural causes may be present.

### Recommendations:

- Follow texture-modified diet guidelines (e.g., puréed, minced or soft, and thickened fluids) as appropriate.
- Incorporate nourishing, easy-to-swallow foods (e.g., pudding, apple sauce, creamy soups).
- Educate caregivers on safe feeding practices and signs of aspiration.

### Referral Guidance:

- Urgently refer to speech and language therapist for assessment and recommendations if swallowing difficulties are identified.
- Collaborate with dietitians to ensure nutritional adequacy of texture-modified diets.

## Altered Bowel Habit or Vomiting

### Considerations:

- Symptoms may be due to disease, infection, or side effects of the treatment.
- Frequent vomiting or diarrhea can lead to dehydration and nutrient loss.

### Recommendations:

- Monitor hydration status; offer oral rehydration solutions as needed.
- Adjust diet to include bland, easily digested foods (e.g., rice, bananas, toast) during acute episodes.
- Gradually reintroduce more nutrient-rich foods as tolerated.

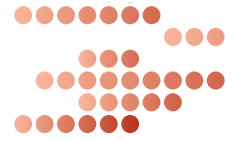
### Referral Guidance:

- If gastrointestinal symptoms persist, worsen, or are accompanied by other concerning signs, refer to primary care or gastroenterology.
- Engage a dietitian for management of complex dietary needs or persistent symptoms.

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## Pain

### Considerations:

- Pain may limit mobility and the ability to prepare or eat meals.
- Chronic pain can reduce appetite and impact mood.

### Recommendations:

- Work with the patient to identify pain triggers and optimal mealtimes.
- Suggest ready-to-eat or easily prepared foods to reduce meal preparation burden.
- Use pain management strategies before meals to improve intake.

### Referral Guidance:

- Collaborate with the primary care provider or pain management specialist for adequate pain control.
- Refer to a dietitian if pain interferes with meeting nutritional goals.

## Anxiety and Depression

### Considerations:

- Emotional distress can both cause and result from undernutrition.
- Low mood may decrease motivation to eat or prepare food.

### Recommendations:

- Screen for mental health symptoms using validated tools.
- Encourage regular social interaction during meals when possible.
- Offer simple, enjoyable foods tailored to patient preferences.

### Referral Guidance:

- Refer to mental health services or counseling for moderate to severe symptoms.
- Engage multidisciplinary team, including dietitian and social worker, for holistic support.

## Medication-Related Symptoms

### Considerations:

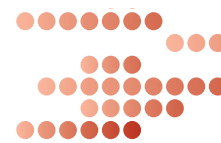
- Medications may cause or worsen symptoms such as dry mouth, taste changes, or appetite loss.
- Polypharmacy increases risk of adverse effects.

### Recommendations:

- Review medication regimen regularly for potential contributors to nutritional problems.
- Discuss possible alternatives or dose adjustments with prescribing physician.
- Monitor for new or worsening symptoms after medication changes.

### Referral Guidance:

- Consult with pharmacist for medication review and optimization.
- Refer to dietitian if medication-related symptoms persist and impact nutrition.



## Goal Setting in Nutritional Management

### Importance of Collaborative Goal Setting

Agreeing on realistic, person-centred goals together with the individual and their caregivers is essential for effective nutritional management. Goals should reflect the person's stage of illness, current treatment, and what matters most to them — their values, preferences, and priorities. Individualized goals help promote meaningful outcomes and encourage active participation in care.

## Oral Nutritional Support (ONS) and Dietary Interventions

When food intake is limited or inadequate, Oral Nutritional Support (ONS) and dietary interventions can help meet nutritional needs. Personalized approaches ensure that care remains effective, sustainable, and centred around the person's unique situation.

### Intervention Options

- Fortify food and fluids with protein, carbohydrates, fats, vitamins, and minerals.
- Encourage small, frequent meals and snacks focused on nutrient-rich foods and drinks.
- Use snacks, nourishing drinks, and/or oral nutritional supplements (ONS) in addition to regular meals.
- Adjust meal patterns or provide practical assistance (e.g., with eating, shopping, or food preparation).
- Modify food texture as needed for swallowing difficulties.
- Relax dietary restrictions (e.g., low-fat, low sugar) if they limit energy intake, especially with poor appetite.
- Advise on increasing energy and protein density without increasing food volume (e.g., fortifying milk with milk powder, choosing higher-calorie options).
- Recommend multivitamin or mineral supplements when appropriate.
- Provide clear, written dietary advice
- Ensure advice on adequate hydration is included in all plans.

## Oral Nutritional Supplements (ONS): Practical Use

- Use ONS to supplement (not replace) the diet when oral intake alone is insufficient.
- Select ONS based on patient preference for style (milk, juice, yoghurt, savoury), format (liquid, powder, pudding, pre-thickened), and flavour.
- Standard ONS typically provide ~300 kcal, 12g protein, and a full range of vitamins and minerals per serving.
- Encourage patients to take ONS at times they prefer (e.g., between meals, as a snack, in the morning, or before bed).
- Incorporate ONS into familiar foods (e.g., in jellies, sauces) if appropriate.
- Follow local guidance and evidence-based pathways for ONS selection and prescribing.

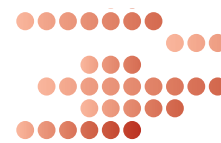
## Guidance for Tailoring Interventions

- Perform a thorough assessment of the patient's medical, nutritional, and social needs.
- Involve patients and caregivers in decisions about food choices and ONS selection.
- Monitor for tolerance, preferences, and adherence to interventions.
- Adjust interventions as needed to maintain acceptability and effectiveness.
- Seek input from a dietitian for patients with complex needs or multiple comorbidities.

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## Actionable Steps and Decision-Making Criteria for Practitioners

1. **Assess:** Evaluate nutritional status, medical conditions, treatment plans and patient preferences.
2. **Set goals:** Collaboratively agree on realistic, measurable goals with the patient and caregivers.
3. **Choose interventions:**
  - o Match interventions to individual needs and preferences
  - o Consider texture, flavour and format when selecting ONS
  - o Account for comorbidities and potential interactions with other dietary requirements.
4. **Monitor:** Track weight, appetite, physical function and goal attainment at regular intervals.
5. **Adapt:** Modify the care plan based on patient response, feedback and any changes in condition or treatment.
6. **Refer:** Involve a dietitian or other specialists if symptoms persist, goals are not met, or complex dietary modifications are required.

## Case Examples:

### Adapting Nutritional Interventions for Complex Patients

#### Case 1: Frail Older Adult with Multiple Comorbidities

**Background:** An 82-year-old woman with heart failure, diabetes, and mild cognitive impairment presents with poor appetite, recent weight loss, and difficulty preparing meals. She was recently hospitalized for a hip fracture and now has a pressure ulcer on her sacrum.

**Assessment:** Identifies risk of malnutrition, difficulty following complex dietary restrictions, limited support at home, and additional challenges related to wound healing and mobility due to the hip fracture and pressure ulcer.

**Goal:** Prevent further weight loss, preserve function, and promote healing of the pressure ulcer and hip fracture.

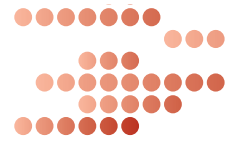
#### Intervention:

- Adjust low-sugar and low-sodium diets to permit a higher calorie intake.
- Encourage nutrient-dense snacks and fortified drinks, with a focus on protein, vitamin C, and zinc to support wound and bone healing.
- Arrange for meal delivery and provide simple written instructions for meal preparation.
- Monitor blood glucose and adjust diabetes medications in collaboration with the primary care team.
- Consult with a wound care nurse or specialist for pressure ulcer management.
- Coordinate with physical therapy to support mobility and recovery from the hip fracture.

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## Case 2: Middle-Aged Overweight Woman with Leg Ulcer

**Background:** A 55-year-old overweight woman with a history of hypertension and type 2 diabetes is being treated for a chronic leg ulcer. She reports decreased appetite, some difficulty with meal preparation, and concerns about slow wound healing.

**Assessment:** Identifies risk of inadequate nutrient intake due to poor appetite and mobility limitations. Chronic wound increases protein and micronutrient needs. Dietary management is complicated by comorbidities, and there is a risk of further weight gain if calorie-dense foods are not chosen carefully.

**Goal:** Support wound healing, maintain muscle mass, and prevent further metabolic complications.

**Intervention:**

- Recommend high-protein, nutrient-dense foods that are also mindful of calorie and carbohydrate content to avoid exacerbating diabetes and weight gain.
- Encourage foods rich in vitamin C, zinc, and other nutrients essential for wound healing.
- Suggest easy-to-prepare meals and snacks, considering limited mobility.
- Arrange for meal delivery if needed and provide simple meal preparation tips.
- Monitor blood glucose regularly and coordinate medication adjustments with the primary care team.
- Refer to a wound care nurse or specialist for ongoing leg ulcer management.
- Consult with a physical therapist to support safe movement and prevent further complications related to immobility.

## Case 3: Patient with Diabetic Foot Ulcer

**Background:** A 70-year-old man with diabetes and a chronic foot ulcer has experienced significant weight loss and reports low energy levels.

**Assessment:** Identifies increased energy and protein needs to support wound healing, as well as challenges with meal preparation due to limited mobility and potential discomfort from the foot ulcer.

**Goal:** Promote wound healing, support weight gain, and improve overall strength while managing blood glucose levels.

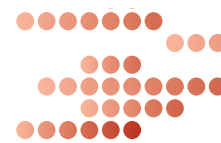
**Intervention:**

- Recommend high-protein, nutrient-dense, and easy-to-prepare meals and drinks that are mindful of carbohydrate content to support both wound healing and glycemic control.
- Suggest small, frequent meals or snacks to help manage appetite and energy needs without overwhelming the patient.
- Encourage the use of oral nutritional supplements (ONS) between meals if intake is insufficient.
- Arrange for meal delivery services if needed and provide simple meal preparation tips considering mobility limitations.
- Coordinate with occupational therapy for strategies to conserve energy during meal preparation and daily activities.

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## Loss of Taste or Taste Changes

### Considerations:

- Altered taste perception may reduce meal enjoyment and intake.
- Sensory changes may result from medications, illness, or treatment side effects.

### Recommendations:

- Enhance flavor by adding herbs, spices, citrus zest, or marinades to foods.
- Encourage trying new recipes and varying food textures.
- Use flavor-enhanced broths or sauces as bases for meals.

### Referral Guidance:

- Review medication list for agents known to alter taste; collaborate with pharmacist or prescriber as needed.
- If persistent taste changes impact

## Key Takeaways

- Structured, goal-oriented nutritional management improves outcomes and patient satisfaction.
- Tailoring interventions to individual needs and preferences is essential, particularly for those with complex comorbidities.
- Regular monitoring and timely adaptation of the care plan support long-term success.

## Ongoing monitoring and evaluation

### Monitor Progress Against Goals:

- Track weight changes (e.g., weight gain of 0.5-1 kg/1–2 lbs. per week or maintenance of target weight).
- Assess muscle strength, such as the ability to stand from a seated position or grip strength.
- Observe physical appearance for signs of improved nutrition (e.g., healthier skin, reduced muscle wasting).
- Evaluate mood and appetite—look for increased interest in meals and a positive outlook.
- Check ability to perform activities of daily living (ADLs) like bathing, dressing, and walking.
- Compare all findings to the original goals set at the start of the intervention.

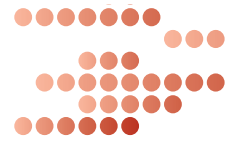
### Monitoring Frequency:

- Adjust frequency based on the patient's nutritional status, care setting, treatment plan, disease prognosis, and organizational policy.
- For patients at high nutritional risk, consider weekly or biweekly assessments; for stable patients, monthly reviews may be appropriate.

### Care Plan Adjustment:

- Modify intervention based on progress and patient feedback (e.g., adjust meal plans, switch supplements, update goals).
- Maintain open communication channels with the patient and care team to promptly address concerns and preferences.

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## ONS (Oral Nutritional Supplement) Review and Discontinuation:

Review ONS use after initial prescription.

### *Discontinue ONS when:*

- Adequate oral intake is established (e.g., the patient consistently meets daily calorie and protein targets through food).
- Goals and targets for nutritional status are achieved.
- The patient is clinically stable and no longer at risk of malnutrition.

Continue to monitor and assess progress regularly after discontinuation to ensure stability.

### **Ongoing Monitoring:**

- Emphasize the importance of continued assessment, especially for patients with relapsing conditions (e.g., COPD, IBD).
- Regular follow-ups help detect early signs of nutritional decline and allow timely intervention to prevent relapses.

### **References for case examples**

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