

Nutrition Interventions for Treatment of Cancer



Nutrition Screening

- Diagnosis of Cancer with:
- Insufficient energy intake
 - Unintended weight loss
 - Loss of subcutaneous fat
 - Localized or generalized fluid accumulation
 - Difficulty chewing/swallowing
 - Alterations in taste and/or smell
 - Poor appetite
 - Mouth pain, sores

NO →

Continue Plan of Care

YES

Notify Physician and Family/POA If Weight Loss or Poor Intake Refer to Dietitian for Assessment

- Physical Assessment: Body fat/muscle wasting, declines in ADLs, decline in handgrip strength, skin assessment, edema, dentition, feeding ability, chewing/swallowing capability.
- Diagnoses, anthropometrics, food, fluid & nutrient needs, adequacy of intake, laboratory values, medications.
- Determine potential reasons for weight loss, including poor intake, edema, diagnoses, illness, infection, recent hospitalization with intravenous fluids or self-imposed weight loss.
- Determine potential reasons for poor intake, including difficulty chewing or swallowing, difficulty feeding self, poor dentition, illness, diagnoses, medications.

Implement Interventions as recommended/appropriate and revise Plan of Care

Nutrition Interventions

- Assess appetite, feeding ability and adequacy of intake to meet needs - Liberalize diet and honor preferences
- Refer to OT, ST and restorative dining to develop plan for tolerance and assistance - Provide feeding assistance and adaptive equipment as needed
 - Offer small frequent snacks and meals with foods that are easy to chew and swallow
- Add fortified foods & high-calorie, high-protein snacks such as **Thrive Ice Cream** containing 9g protein, 6g fiber and 3.5 fl oz to prevent malnutrition and dehydration, and 4 types of probiotics including BC-30, proven to help increase protein intake
- Consider adding dietary supplement containing EPA such as fish oil - Provide dining environment that is quiet and odor free
 - Provide cold foods when food smells cause nausea - Avoid foods that cause nausea/vomiting
- Offer foods during time of day when tolerance is best and avoid feeding before treatment - Consider appetite stimulant
- If neutropenic, provide safe food handling education and avoid raw fruit, vegetable skins and undercooked items.
 - Monitor intakes and weights weekly during treatment period

Weight stable? Intake adequate? Diet tolerated?

YES

Continue Plan of Care and monitor weekly

- *Initiate enteral feeding if appropriate and in accordance with resident/family wishes*
- *Continue to provide preferences, feeding assistance and provide desired foods whenever requested*
- *Recommend Hospice if in accordance with family wishes*

NO ↓

- Continue with fortified and high calorie, high-protein foods such as Thrive Ice Cream
- Review preferences and provide desired foods as tolerated
- Add additional supplements if tolerated
- Continue to monitor intakes and weights weekly
- Assess advance directives, determine family/resident goals and educate on risk/benefits of alternative nutrition

Weight stable? Intake adequate? Diet tolerated?

NO

YES

Continue Plan of Care