

What Dietitians Do...



What my FRIENDS think I do



What SOCIETY thinks I do



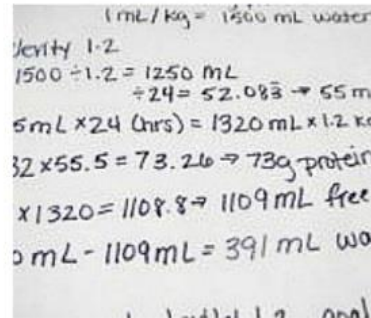
What my PATIENTS think I do



What DOCTORS think I do



What I think I do



What I ACTUALLY do

What can OSCAR Dietitians do for your facility?

Have you ever wondered what a dietitian actually does when they visit your facility?

Here's an outline of what we do:

- ✓ Malnutrition screenings and assessments
- ✓ Tailored Nutritional assessments
- ✓ Complete seasonal menu reviews and certification
- ✓ Oral Nutritional Supplementation reviews and audits
- ✓ Healthy weight range reviews
- ✓ Nutrition and Hydration monitoring
- ✓ Nutrition seminars for clinical, care and kitchen staff on specific Nutrition topics e.g. Texture Modified diets, Allergies & Intolerances, Malnutrition Awareness & Prevention, Gut Health in Older Adults, T1 & T2DM.

Nutritional risk factors

Typically, a Dietitian will prioritise residents who are experiencing unintentional weight loss or are at risk of malnutrition. Other nutritional risk factors that come into consideration are:

- ✓ Recent hospital admission or new resident
- ✓ Underweight/frailty AND weight unstable
- ✓ Reduced appetite or poor oral intake
- ✓ Requires nutrition support i.e. oral supplements, PEG or NGT feeds
- ✓ Chronic wounds or pressure areas
- ✓ Chewing or swallowing difficulties
- ✓ Requires texture modified diet and/or fluids
- ✓ Altered gastro-intestinal function e.g. nausea, vomiting, gastritis, diarrhoea or constipation
- ✓ Unintentional weight gain
- ✓ Obesity if impacting on health and/or quality of life e.g. high cholesterol, difficulty mobilising, pressure injuries.
- ✓ Requires individual diet e.g. low salt, high protein, allergies or intolerances
- ✓ Avoids a food group e.g. meat or dairy
- ✓ Newly diagnosed diabetes or unstable blood sugar levels



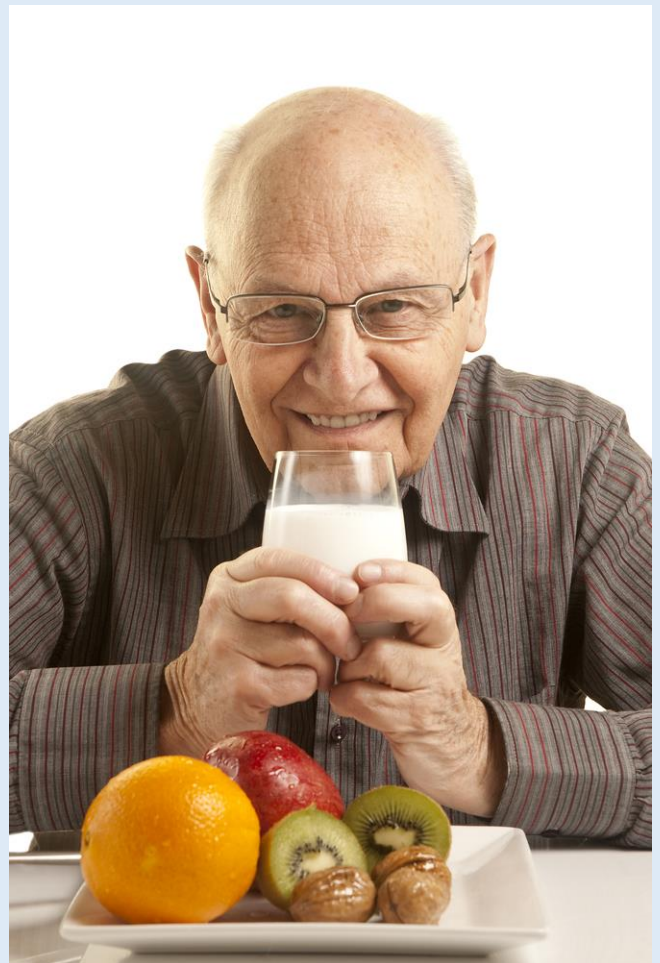
Weight loss

Any form of weight loss in older adults is a concern, as it can lead to muscle loss, functional decline and loss of independence. (1) This will likely compromise a resident's immune system, thereby putting them at greater risk of illness and infection.

Despite obesity being associated with numerous health issues, there is no evidence to suggest that weight reduction in the obese elderly leads to any specific beneficial health outcomes. In fact, weight loss in the absence of weight-bearing exercise can result in muscle and bone loss. (1) It is important to remember that obesity and malnutrition can co-exist.

Research also shows that elderly people who lose weight are more likely to have falls and subsequent fractures, pressure injuries, have more hospital visits and longer recovery times than those who are able to maintain their weight. Therefore, it is the job of the dietitian to ensure the resident is provided with adequate nutrition to meet their requirements to achieve weight maintenance.

The dietitian may employ a number of strategies to ensure the resident is able to meet their nutritional requirements even if they are eating poorly. Food fortification, the addition of nourishing foods and drinks as well as supplement drinks and puddings are within the dietitian's arsenal of tools to help assist the resident to meet their nutrition needs. It is the role of the dietitian to closely monitor the nutritional status of your residents.



Our team of Dietitians at OSCAR Hospitality has a wealth of knowledge and experience to provide evidence-based nutrition advice and follow best practice guidelines to help promote the health and wellbeing of your residents. Call us today!



Reference: 1. Miller SL, Wolfe RR. The danger of weight loss in the elderly. Journal of Nutrition, Health & Aging. [Review]. 2008 Aug-Sep; 12(7):487-91.



1300 4 OSCAR
(1300 4 67227)



info@oscarhospitality.com.au



www.oscarhospitality.com.au