

Covid19 Nutrition Pack

Developed by the Department of Nutrition and Dietetics,
St Michael's House

June 2020

Contents:

3	Introduction				
4	Nutrition care pathway for Service Users affected by Covid19				
5	High protein h	nigh calorie dietary advice			
7	Recording foo	d intake			
8	Guidelines for	weighing Service Users during Covid19			
9	Recording gas	trointestinal symptoms of Service Users during Covid19			
11	Appendices				
12	Appendix 1:	Food record chart			
13	Appendix 2:	Weight record chart			
14	Appendix 3:	Gastrointestinal symptoms record chart			
15	Appendix 4:	Bristol stool chart			
16	Appendix 5:	Oral nutritional supplements			
17	Appendix 6:	High calorie snacks for Service Users with FEDS:			
17		Soft and bite size foods, IDDSI level 6			
18		Minced and moist consistency, IDDSI level 5			
19		Pureed consistency, IDDSI 4			
20	Appendix 7:	Dietary management of constipation			
21:	Appendix 8:	Dietary management of diarrhoea			
22	Appendix 9:	Dietary management of nausea and vomiting			
23	Appendix 10:	Dietary management of loss of taste and smell			
24	Appendix 11:	Dietary management of loss of appetite			

Introduction

Covid19 is a new illness that can affect the lungs and airways. It is caused by a virus called coronavirus. Common symptoms of coronavirus include a fever, cough, and shortness of breath/breathing difficulties. In addition people with Covid19 can experience symptoms such as loss of appetite, nausea, vomiting, diarrhoea, swallowing difficulties, loss of smell/taste, weight loss and fatigue.

Symptoms of coronavirus can cause a Service User to have:

- Poor food and fluid intake
- Increased nutritional requirements
- Increased nutritional losses (through vomiting and diarrhoea)
- Increased risk of malnutrition or poor nutritional status.

Nutrition support and ensuring a good nutritional status is essential during illness with Covid19 to aid recovery, prevent malnutrition and minimise poor health outcomes. To best support Service Users who are unwell with coronavirus it is important to:

- Offer a high protein high calorie diet
- Offer regular high protein high calorie snacks
- Offer nutritional supplements
- Record detailed account of food and fluid intake each day
- Monitor and record any gastrointestinal symptoms.

Using this document:

This Covid Nutrition pack has been developed by the Dietitians at St Michael's House to support Service Users in St Michael's House residential services, and the staff caring for them. This pack provides information, guidance, and a range of dietetic resources regarding nutrition support for staff, to improve Service Users' nutritional status and overall outcomes when unwell with coronavirus.

Please note the following:

Enteral tube feeding:

For Service Users who receive enteral tube feeding and are unwell with coronavirus, contact the Dietitian to discuss any tolerance issues and alterations to the tube feeding regime.

Feeding, Eating, Drinking and Swallowing (FEDS):

Refer to a Service User's Feeding, Eating, Drinking and Swallowing (FEDS) guidelines where appropriate, to ensure a Service User receives the correct texture of food at all times. Please contact the Speech and Language Therapy Department should any Service User present with FEDS difficulties or a change in their usual FEDS status.

Gastrointestinal difficulties:

Please notify the St. Michael's House Doctor if a Service User is experiencing vomiting or diarrhoea.

Nutrition Care Pathway for Service Users Affected by COVID-19

Service User presents with:

- Symptoms suggestive of Covid19
- Confirmed diagnosis of Covid 19

Dietitian sends Covid19 Nutrition Pack to PIC/staff

Immediate Action:

Staff caring for the Service User:

- 1. Review the Covid19 Nutrition Pack in detail.
- **2.** Commence a high protein high calorie diet, refer to page 5.
- **3.** Commence recording of food and fluid intake, refer to pages 7, & 13.
- **4.** Weigh the Service User, refer to pages 8 and 13.
- **5.** Monitor and record gastrointestinal symptoms as necessary, refer to pages 9, 10, 14 and 15.
- **6.** Refer to additional dietary advice for constipation, diarrhoea, nausea and vomiting, loss of taste and smell, & loss of appetite, refer to pages 20-24.

Dietitian will contact staff at the residential unit to discuss:

- Provision of daily oral nutritional supplements (ONS) for 2-4 weeks initially, refer to page16 for further information regarding ONS.
- **7.** Offer relevant dietetic support.

ONGOING

Dietitian will contact the residential unit regularly until Service User returns to usual level of wellbeing to:

- Review oral intake from food and fluid record charts.
- Assess weight and changes in weight status.
- Review any gastrointestinal symptoms.
- Offer relevant dietetic advice and support.



High Protein High Calorie Diet

Department of Nutrition and Dietetics

Why is a High Protein High Calorie Diet recommended?

A high protein high calorie diet is recommended for an individual when:

- Their appetite is reduced
- Someone loses weight or is at risk of losing weight
- Someone is unwell (with increased need for calories and protein).

During illness, such as Covid19, people are likely to have a reduced appetite, increased nutritional requirements; and are at risk of weight loss and overall poor health. Providing a diet rich in calories, protein and nourishing foods is essential to support someone who is unwell, to help them recover quicker. This is particularly important during Covid19 illness.

What is a High Protein High Calorie Diet?

A high protein, high calorie diet is achieved by choosing high calorie foods/drinks; and by the addition of high calorie household ingredients to meals/snacks (fortifying foods).

The focus is to:

- Eat little and often.
- Offer smaller portions.
- Aim for 3 meals and 2-3 snacks per day. See high protein high calorie snack list.
- Include carbohydrate rich foods at each meal and snack e.g. potatoes, pasta, rice, breakfast cereal, bread, toast, scone, crackers, etc.
- Add high calorie foods to fruit, vegetables and soups, see list below.
- Avoid low calorie foods such a low fat or sugar free foods.
- Aim to have 2 high calorie desserts each day after lunch and dinner. If you feel full after your main meal, keep your dessert and eat it one hour later.
- Fortify meals, (add calories to meals), see suggestions below.
- Choose savoury foods for meals and snacks instead of sweet foods, as savoury foods typically provide more nourishment.

What protein foods should be eaten?

It is important to ensure foods rich in protein are included in the diet to help the body heal and repair during and after illness. Choose foods that are rich in protein at each meal and snack e.g. meat, poultry, fish, eggs, milk, cheese, yoghurt, yoghurt drinks, beans, peas and lentils.

How can I add extra calories to diet in a nourishing way?

Food	How to fortify
Potatoes and vegetables	Add grated full fat cheese, butter, mayonnaise, pesto or cream
Soups and sauces	Make with milk or cream, add cheese
Milk (full fat)	Use in sauces, as a drink, in cereal
Bread	Add plenty of full fat butter or mayonnaise
Dessert	Add cream, icecream, jam, honey, full fat yoghurt
Breakfast cereals	Add yoghurt, cream, high protein milk, or honey
Fruit	Chopped and eat with cream/yoghurt/icecream

Suitable Snack Ideas:

Aim to take **2-3 snacks** in between meals, and a supper before bed. See the list below for high protein high calorie ideas.

Those marked with an asterix (*) are suitable as small meals if appetite is poor.

Savoury Snacks:

Sweet Snacks:

·	·
Crackers and cheese/pate	Ice cream
Cheese – cut into cubes, cheese triangles	Trifle
Breakfast cereal and full fat milk	Full fat custard
Peanut butter and crackers or bread	Creme brulee
Dried fruit (e.g. raisins, sultanas, apricots)	Crumble with cream/icecream
Garlic bread	Cream sponge or fruit pie
Crisps	Rice pudding, semolina
Sausage rolls	Mousse or instant whip
* Baked beans and toast	Chocolate spread on crackers
* Cheese and toast	Cheesecake
* Egg and toast	Bread and butter pudding
* Omelette or boiled egg in a cup	Bread with lots of butter and jam
*Macaroni cheese	Sweets, Chocolate or Biscuits
*Sandwich: egg/meat/fish/chicken/cheese	Cream cakes or Eclairs
Glass of full fat milk	Doughnuts
Milk shake, hot chocolate, malt drinks	Rich fruit cake, tea brack
Milky and creamy coffees	Scone with butter and jam
Full fat yoghurt or Fromage Frais	Muffins
Nuts / ground nuts (peanuts, walnuts, cashew)	Waffles or pancakes

What about Healthy Eating?

When trying to maintain or gain weight, or help eat with a reduced appetite, foods that are low in fat and in sugar are not appropriate to use. Full fat food options are higher in energy and may help to build strength and avoid weight/muscle loss.

When there is no longer a need to continue with a high protein high calorie diet, the Dietitian can advise how best to resume a healthy eating plan.

Refer to Appendix 6 (pages 17-19) for a list of high calorie snacks for Service Users with feeding, eating, drinking and swallowing difficulties; and adhere to a modified consistency diet, IDDSI levels 6, 5 and 4.



Recording of Service User's oral intake during Covid19

Department of Nutrition and Dietetics

Symptoms of Covid19 include reduced appetite and oral intake. It is important to monitor and record a Service User's food and fluid intake when they are unwell with Covid19. This enables the Dietitian and staff team to offer prompt and appropriate nutritional support to each Service User in a timely manner to improve a Service User's wellbeing and outcomes during and after Covid19 illness.

Please include as much information as possible about the food and drinks offered e.g.

- Food and drinks offered and what was actually consumed
- Size of bowls e.g. small, medium, large
- Volumes of cups and glasses e.g. pint glass of water, mug of tea, small glass of juice
- Portions sizes of meals and snacks e.g. large bowl of pasta, small banana
- Portions sizes or quantities of foods in each meal e.g. 2 Weetabix, 4 baby potatoes
- Details regarding foods e.g. low fat yoghurt, wholemeal pasta, sugar free squash
- Brand names of foods/drinks e.g. Actimel drink, McCambridge's brown bread.

Refer to Appendix 1, page 12 for blank food record chart.

Once completed return to Dietitian for dietary review and analysis.

The following is a sample food record chart.

Time	Food – Include as much details as possible	Fluid
Breakfast	Sample of a poorly recorded breakfast:	
	Bowl of Krispies	Tea
	Ideal level of detail:	300mls mug of tea with
	Medium bowl of Rice Krispies (Kellogg's) with low	low fat milk, no sugar,
	fat milk and 1 teaspoon of sugar; full bowl eaten	drank half
Mid morning		
Lunch	Sample of a poorly recorded lunch:	
	Scrambled egg	Juice
	Ideal level of detail:	
	2 eggs scrambled mixed with 50mls of full fat milk	300mls glass of sugar
	and 1 teaspoon butter, with 2 slices of wholemeal	free diluted squash –
	bread toasted with low fat spread (all eaten)	drank 250mls
Mid		
afternoon		
Dinner		
Supper		
Additional	Takes one multivitamin daily (Centrum) and	Takes Benecol drinks
Information	Calcichew D ₃	daily



GUIDELINES FOR WEIGHING ADULTS DURING COVID19

Department of Nutrition and Dietetics

When someone is unwell it is important to monitor their nutritional status more frequently. Regular weighing is an easy means of monitoring Service Users' weight, and therefore their nutritional status. Accurate weighing and consistent recording of weights can identify whether a person's weight is increasing or decreasing over a period of time.

This enables the Dietitian and staff team to offer prompt and appropriate nutritional support to each Service User in a timely manner to improve a Service User's wellbeing and outcomes during and after Covid19 illness.

Staff should record a Service User's weight each week, where possible, when a Service User:

- Has symptoms of and is waiting testing (or results of testing) for Covid19
- During Covid19 illness regardless of symptoms (or lack of symptoms) displayed
- Following recovery from Covid19 illness until full usual wellbeing has been restored.

Guidelines for accurate weighing of Service User include:

- Weight checks should be carried out, where possible, at the beginning of each week, preferably first thing in the morning
- Service Users should be weighed in light clothing, and shoes should be removed
- Bladder should be emptied prior to weight check
- It should be documented if a Service User is constipated at the time of weighing, as constipation may add 1-2kg weight
- Weights should be measured on a reliable and calibrated weighing scales, and the same scales should be used each time
- Weights should be recorded in kg
- Document the change in weight status between each weight measurement e.g. weight gain or loss in kg
- If a Service User's weight cannot be recorded, the reason for not recording should be documented e.g. lack of appropriate equipment for weighing, etc.

Where possible please record a Service User's height — this can be taken as a once off measurement, and does not need to be repeated. If a height cannot be measured please document this e.g. 'height measurement not appropriate due to....'

Please adhere to hand hygiene guidelines, social distancing and wear relevant PPE as required during weighing and height measurement of Service Users.

Refer to Appendix 2, page 13 for weight record chart.



Recording of Gastrointestinal Symptoms

Department of Nutrition and Dietetics

Some people with COVID-19 may experience gastrointestinal (GI) symptoms such as diarrhoea, abdominal pain, discomfort and vomiting.

Please record and include **as much information as possible** about the gastrointestinal symptoms the Service User (SU) is experiencing.

Include details such as the following:

- The symptom displayed by the Service User or identified by a staff member
- The details around this symptom. For example 'it happened at 8am before breakfast just after they came out of the shower'
- The amount and type. For example 'it was a large amount of diarrhoea, type 7'
- A copy of the Bristol Stool Chart can be found in this pack for your reference, to support staff in providing consistent details regarding bowel motions across staff teams. Refer to Appendix 4, page 15 for a copy of a Bristol Stool Chart
- For the Bowel section document if the Service User has constipation as this can greatly impact someone's appetite
- If the Service User experiences a different GI symptom that isn't listed please tick this box and provide a detailed description.

Please note if the Service User does not display any of these symptoms you **do not** need to fill out this chart, but continue to monitor the Service User closely for development of such symptoms.

If the Service User displays some and not all of the GI symptoms, leave the other boxes empty or write 'N/A' for not applicable.

Below is a sample GI symptom record chart with suggested level of detail to.

Refer to Appendix 3, page 14 for blank gastrointestinal symptom record chart.

The Dietitians have included dietary guidelines in this pack to support Service Users with a number of gastrointestinal difficulties including the dietary management of:

- Constipation
- Diarrhoea
- Nausea and vomiting
- Loss of taste and smell
- Loss of appetite

Please refer to Appendix 7, pages 20-24 for relevant dietetic advice listed above.



Sample Gastrointestinal Symptom Record Chart

Department of Nutrition and Dietetics

SAMPLE GASTROINTESTINAL RECORD CHART:

Comico Hoom	Data	l loit.
Service User:	Date:	Unit:

Time	Bowels	Nausea & Vomiting	Abdominal Cramps/Pain	Lack of taste and/ or smell	Lack of appetite	Other	Description
8am	1						Sample of a poorly recorded symptom chart:
							'Lots of diarrhoea'
							Ideal level of detail:
							1 x episode of diarrhoea before breakfast. Large amount,
							type 7.
11am							Sample of a poorly recorded symptom chart:
							'Vomited'.
							Ideal level of detail:
							1 x episode of vomiting. Large amount. Undigested food
4							particles present.
1pm							Sample of a poorly recorded symptom chart:
							'No appetite'
							Ideal level of detail:
							Refused lunch. Lunch is usually the best meal of the day for
							'Johnny'. Refused all of his favourite snacks.

Appendices:

21:

22

23

24

Page		
12	Appendix 1:	Food record chart
13	Appendix 2:	Weight record chart
14	Appendix 3:	Gastrointestinal symptoms record chart
15	Appendix 4:	Bristol stool chart
16	Appendix 5:	Oral nutritional supplements
17	Appendix 6:	High calorie snacks for Service Users with FEDS:
17		Soft and bite size foods, IDDSI level 6
18		Minced and moist consistency, IDDSI level 5
19		Pureed consistency, IDDSI 4
20	Appendix 7:	Dietary management of constipation

Appendix 8: Dietary management of diarrhoea

Appendix 9: Dietary management of nausea and vomiting

Appendix 10: Dietary management of loss of taste and smell

Appendix 11: Dietary management of loss of appetite



Food Record Chart

Service User:		Date:
Time	Food – Include as much details as possible e.g.	Fluid – include as
	food offered, amount eaten, portion sizes,	much detail as
	brands, additions to meals, etc	possible
Breakfast		
Mid morning		
Lessada		
Lunch		
_		
Mid		
afternoon		
Dinner		
Supper		
очью.		
Additional		
Information		
	I control of the second of the	1



WEIGHT RECORD CHART

NAME:		D.O	.B:	_ PAGE:
DATE:	WEIGHT (KG)	HEIGHT (m)	GAIN/LOSS	NOTES

Appendix 3: Gastrointestinal Symptom Record Chart



Gastrointestinal Symptom Record Chart

Service User:				Date:		Unit:		
Time	Bowels	Nausea & Vomiting	Abdominal Cramps/Pain	Lack of taste and/ or smell	Lack of appetite	Other	Description	



Bristol Stool Chart

Type 1	0000	Separate hard lumps, like nuts (hard to pass)
Type 2	6359	Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on the surface
Type 4		Like a sausage or snake, smooth and soft
Type 5	10 to 10	Soft blobs with clear-cut edges
Type 6	时间被	Fluffy pieces with ragged edges, a mushy stool
Type 7	533	Watery, no solid pieces. Entirely Liquid

Appendix 5: Oral Nutritional Supplements



Oral Nutritional Supplements

Department of Nutrition and Dietetics

What are Oral Nutritional Supplements?

Oral Nutritional Supplements (ONS) are sterile liquids, semi-solids or powders, which provide energy, protein, vitamins and minerals.

There are many types and flavours of ONS available including:

- Milkshake or yoghurt type
- Pudding or dessert type
- Juice type
- Soup type
- Shot type (low volume high concentration)
- Powders that can be mixed with food or drinks.

Why are Oral Nutritional Supplements prescribed?

ONS may be prescribed in the short term during acute illness, and for individuals with long term chronic conditions. They are used for those who experience unnecessary weight loss, poor appetite or inability to eat enough food to maintain a healthy nutritional status.

ONS are designed to complement the diet, i.e. not to replace meals and snacks. Simultaneous dietary information about improving oral intake is also provided by the Dietitian. This is called "Food First" and involves high protein high calorie dietary guidelines and food fortification advice.

Who prescribes Oral Nutritional Supplements?

ONS are prescribed by the medical team in St. Michael's House or the individual's GP on recommendation of the Dietitian in St. Michael's House. ONS must be added to the Service User's Medication Administration Sheet by the medical team in St. Michael's House.

Individual dietetic assessment will take into account the Service User's nutritional requirements and taste and texture preferences, to ensure a tailored prescription is advised.

How long should Oral Nutritional Supplements be taken for?

ONS are monitored by the Dietitian to ensure that they remain appropriate and are being taken as prescribed. ONS may be stopped by the Dietitian when:

- Dietary intake is meeting nutritional requirements
- Weight has increased to target
- Body Mass Index is within healthy range
- The individual's medical condition has changed
- The individual can no longer tolerate them due to taste fatigue.

References: INDI Nutrition Support Fact Sheet Oct 2013, BAPEN Nutrition Support May 2016



Soft & Bite-Sized High Calorie Snack Ideas for Swallowing Difficulties – (IDDSI Level 6)

Department of Nutrition and Dietetics

All snacks must be moist and must be in bite-sized pieces that are no bigger than 1.5cm x 1.5cm (refer to IDDSI Guidelines, and Service User's FEDS guidelines).

Fruit & Vegetables: Add cream to:

- Ripe, peeled soft fruit e.g. plums, nectarines, apricots, peaches,
- banana, melon chopped into 1.5 x 1.5cm pieces.
- Tinned fruit in own juice chopped into 1.5 x 1.5cm pieces.
- Stewed peeled fruit e.g. rhubarb, apple, pear, plum.
- Soft fresh or frozen berries e.g. strawberries, raspberries.
- Ripe mango or avocado chopped into 1.5 x1.5cm pieces.
- Small bowl of vegetable soup*

Milk & Dairy: Choose full fat dairy products

- Milkshakes*, smoothies*, yogurt drinks*
- Yogurt with small pieces soft fruit, fromage frais
- Grated hard cheese, or soft cheese e.g. Ricotta, Camembert,
- Cream cheese e.g. cheese triangles, Philadelphia, Mascarpone

A V.A

Biscuits, Cake & Crisps

- Jaffa cakes, wafer biscuits cut into bite size pieces. All other biscuits must be soaked in tea/juice/milk etc
- Plain cake e.g. Madeira cake, fairy cakes, sponge cake, chocolate cake. Swiss roll must be moistened with cream, ice cream, custard or sauce.
- 'Bite and Dissolve' corn snack crisps broken into bite size pieces e.g. Skips, Snax, Chickatees, Wheelies, Monster Munch, Wotsits

Chocolate, Ice Cream & Desserts

- Small chocolate buttons
- Smooth cheesecake without the biscuit base
- Tiramisu, mousse
- Custard, Angel Delight, Milk pudding, Creme caramel
- Jelly*, ice cream*, ice pops*
- Hot chocolate*, Cappucino*





^{*} If the Speech & Language Therapist has advised thickening of drinks then jelly, ice cream and ice pops must be avoided. Milk, milkshakes, smoothies, yogurt drinks, fruit juice and soup must be thickened accordingly. Refer to the Service User's FEDS guidelines.



Minced and Moist Consistency High Calorie Snack Ideas for Swallowing Difficulties (IDDSI Level 5)

Department of Nutrition and Dietetics

All snacks must be soft and moist, easily mashed with a fork. Lumps no bigger than 4mm in size (see IDDSI guidelines).

Fruit & Vegetables: Add cream to:

- Mashed soft fresh fruits e.g. banana, ripe mango, avocado
- Finely diced (4mm) or mashed ripe, peeled soft fruits such as peaches, plums, apricots, nectarines
- Finely diced (4mm) or mashed soft tinned fruit
- Stewed peeled fruit e.g. rhubarb, apple, pear, plum, peaches
- Soft fresh or frozen berries e.g. strawberries, raspberries.
- Ripe mango or avocado finely chopped into 4mm pieces.
- Fruit juices*
- Small bowl of blended vegetable soup*
- Smooth hummus

Milk & Dairy: Choose full fat dairy products

- Milkshakes*, smoothies*, yogurt drinks*
- Smooth yogurt, fromage frais
- Finely grated hard cheese; soft cheese e.g. Ricotta, Camembert
- Cream cheese e.g. cheese triangles, Philadelphia, Mascarpone

FOODS

EASY TO CHEW

DEBATELY THIC

SLIGHTLY THICK

DRINKS

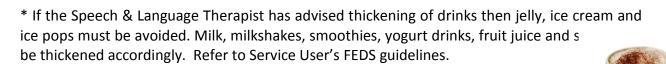
Biscuits & Cake



- Plain biscuits must be soaked in tea/juice/milk and well mashed.
- Plain cake e.g. Madeira cake, fairy cakes, sponge cake, chocolate cake, must be moistened and mashed with cream, ice cream, custard or sauce

Chocolate, Ice Cream & Dessert: (Add cream where appropriate):

- Smooth cheesecake without the biscuit base
- Tiramisu, mousse
- Custard, Angel Delight, Milk pudding, Creme caramel
- Jelly*, ice cream*, ice pops*
- Chocolate sauce or melted chocolate
- Hot chocolate*, Cappucino*











Pureed Consistency High Calorie Snack Ideas for Swallowing Difficulties (IDDSI Level 4)

Department of Nutrition and Dietetics

FOODS

DRINKS

All snacks must be soft, smooth and lump free.

Fruit & Vegetables: Add cream to:

- Pureed and sieved ripe, peeled, soft, fresh fruit e.g.
- banana, ripe mango, avocado, peaches, plums, apricots, nectarin
- Pureed soft tinned fruit
- Stewed peeled fruit e.g. rhubarb, apple, pear, plum, peaches
- Fruit juices*
- Small bowl of blended smooth vegetable soup*
- Smooth hummus

Milk & Dairy

Choose full fat dairy products

- Milkshakes*, smoothies*, yogurt drinks*
- Smooth yogurt, fromage frais
- Finely grated hard cheese melted into hot food and meals
- Soft cheese e.g. Ricotta, Camembert
- Cream cheese e.g. cheese triangles, Philadelphia, Mascarpone

Cake

Pureed plain cake e.g. Madeira cake, fairy cakes, sponge cake, chocolate cake, must be moistened and pureed with cream, ice cream, custard or sauce

Chocolate, Ice Cream & Desserts (Add cream where appropriate):

- Smooth cheesecake without the biscuit base
- Tiramisu pureed, mousse
- Custard, Angel Delight, Creme caramel
- Smooth milk pudding e.g. semolina, ground rice milk pudding
- Jelly*, smooth ice cream*, ice pops*
- Chocolate sauce or melted chocolate mixed into dessert
- Smooth jam, honey
- Hot chocolate*, Cappucino*







^{*} If the Speech & Language Therapist has advised thickening of drinks then jelly, ice cream and ice pops must be avoided. Milk, milkshakes, smoothies, yogurt drinks, fruit juice and soup must be thickened accordingly. Refer to Service User's FEDS guidelines.



Dietary Management of Constipation

Department of Nutrition and Dietetics

Constipation can pose difficulties for some people during Covid-19 illness. The following recommendations aim to improve a Service User's nutritional intake and overall recovery during Covid-19 illness.

- Eat regular meals: Aim for at least 3 main meals and 2 snacks per day.
- Include a high fibre food at each meal: See table below for high fibre ideas.
- **Drink plenty of fluids**: Aim to drink at least 6-8 glasses/cups of fluid per day. Suitable choices include water, milk, fruit juice, tea and coffee.
- Try having a warm drink first thing in the morning: A cup of hot water first thing in the morning can help get the bowels moving.
- **Gentle Exercise:** Some gentle exercise such as walking can help with constipation.
- **Probiotics:** A trial of 1 x probiotic drink daily can help such as Actimel/Yakult.
- **Increase vegetable intake:** Eat generous servings of vegetables at both lunch and dinner, especially those with thick skins e.g. peas, beans and sweetcorn.
- Increase fruit intake: Eat at least 3 portions of fruit daily. Include a variety of fresh fruit, tinned fruit in natural juice, stewed fruit or soaked dried fruit e.g. apricots, prunes, raisins.
- **Linseeds** Sprinkle linseeds into cereal, soups, stews, soups and casseroles. Add 2 dessertspoons daily. Ensure a good fluid intake when including seeds in the diet to avoid abdominal discomfort or wind.

How to increase the fibre in your diet:

- Make gradual changes to avoid abdominal discomfort, wind or pain.
- Ensure to have an adequate fluid intake.

High Fibre Options:

Avoid	Choose
Processed foods such a white	Wholemeal, wholegrain and fibre enriched breads such
bread, baguettes, crumpets.	as Brennan's 100% wholemeal sliced pain,
	McCambridges, Hovis Seed Sensation.
Rice krispies, cornflakes	Wholegrain breakfast cereals such as weetabix, oatabix,
	shredded wheat, porridge, bran flakes.
Rich tea biscuits	Hobnobs, Goldgrain, Fig Rolls
Cream crackers	Wholemeal crackers, rye crispbreads,
Plain cake	Fruit cake, tea brack and all baking with dried fruit are
	rich in fibre
White pasta and rice	Wholegrain or brown pasta and rice.



Dietary Management of Diarrhoea

Department of Nutrition and Dietetics

Gastrointestinal symptoms, such as diarrhea, are possible side effects of Covid-19 illness. The following recommendations aim to improve a Service User's nutritional intake and overall recovery during Covid-19 illness:

- Ensure plenty of fluids are offered: Offer a minimum of 6-8 cups/glasses of fluid per day, aiming for at least 1500mls in total. This includes all fluids such as water, tea, juice. Foods with a high water content, such as soups, yoghurts, jellies, ice pops and watermelon, can also provide extra fluid.
- Offer small, frequent meals: Offer small meals and snacks at regular intervals throughout the day. Please see 'High Protein High Calorie' diet sheet for ideas.
- Avoid foods and fluids that may irritate the gut: Foods that are high in fat and sugar such as pastries, crisps, chocolate and fizzy drinks can irritate the gut. Spicy foods such as curries and chilli con carne can worsen diarrhoea. Try to offer blander foods such as porridge and toast.
- Avoid foods that cause wind: Foods such as fizzy drinks, chewing gum, onions, beans, peas and cabbage can increase production of wind. It may be beneficial to avoid them until symptoms resolve.
- Avoid foods that contain sorbitol (artificial sweetener): Sorbitol is an artificial sweetener which is often found in sugar free foods. Excessive intake of foods rich in sorbitol can worsen diarrhoea.
- The use of probiotics can be beneficial: Please contact the Dietitian for further information.

Reducing the amount of fibre in the diet can help, choose low fibre foods below:

Low fibre foods:	High fibre foods:
Carrot, Turnip, Mushrooms, Potatoes	All other vegetables, including salad and green
	vegetables, peas, beans and sweetcorn
Tinned fruit, stewed apple and fruit juice	All other fruit including fresh fruit and dried
	fruit, tinned prunes and pineapple
Cornflakes, Rice Krispies	Wholegrain cereals and bran cereals e.g. Bran
	flakes, Weetabix, Porridge, Seeds
Pasta, rice and pudding cereals e.g. rice,	Wholegrain rice, wholewheat pasta.
semolina, custard	
White bread	Brown and wholemeal breads, seeded bread
Plain biscuits made with white flour,	Digestive or other high fibre
cream crackers	Biscuits e.g. fig rolls, hobnobs
Plain cake e.g. Madeira or sponge, fairy	Brown crispbread or wholemeal crackers
cake	Fruit cake, tea brack
Smooth yoghurt, without fruit	Yoghurt containing fruits, nuts or seeds.
	Nuts, popcorn.



Dietary Management of Nausea and Vomiting

Department of Nutrition and Dietetics

Nausea and vomiting can pose difficulties for some people during Covid-19 illness. The following recommendations aim to improve a Service User's nutritional intake and overall recovery during Covid-19 illness:

Offer small meals or snacks throughout the day

During times of nausea and vomiting it may be difficult to eat big meals. However feeling nauseous with an empty stomach may worsen queasiness.

Offer 6-8 small meals and snacks throughout the day.

See the High Protein High Calorie diet sheet for suitable ideas.

Offer dry foods see table below for ideas.

Avoid fried, fatty, spicy or foods/ drinks that are high in sugar

Offer bland, soft, easy to digest foods, see table below for ideas.

Avoid foods that have a strong smell

Foods that have a very strong smell such as fish, eggs, some cheeses and sauces, can worsen nausea and vomiting. Please see alternative ideas below.

Try to get some fresh air

Fresh air can reduce feelings of nausea. Where possible open some windows / doors or try to go into the garden for some fresh air.

Avoid lying down flat straight after eating

Encourage sitting upright for at least 30 minutes after eating. If this is not possible, use pillows to maintain a more elevated position.

Monitor bowel habits

Constipation can increase nausea and cause vomiting. Please ensure bowel habits are monitored and constipation managed appropriately. See Constipation Diet Sheet for advice.

Prevent dehydration

Ongoing vomiting can lead to dehydration. Offer plenty of fluids throughout the day, aim for at least 6-8 glasses or cups throughout the day. Suitable drinks include water, tea and juice. Dioralyte and flat fizzy drinks can help replace electrolytes lost during vomiting.

Food and fluids that may be tolerated better during periods of nausea and vomiting

Dry and Bland foods such as crackers, toast, plain biscuits.

Soft, easy to digest foods such as soup, porridge, milk puddings, mousses.

Bland foods such as a plain cheese or ham sandwich, a scone / crumpet or bagel with butter. Ginger flavoured foods such as ginger nut biscuits, ginger ale or fresh ginger in hot water

Cold foods may be tolerated better than hot foods. Try sandwiches, cold meats, yoghurts, cheese and crackers.



Dietary Management for Loss of Taste and Smell

Department of Nutrition and Dietetics

Loss of taste and smell can pose difficulties for some people during Covid-19 illness. The following recommendations aim to improve a Service User's nutritional intake and overall recovery during Covid-19 illness.

Good Oral Hygiene

Regular good oral hygiene can help improve taste:

Drink plenty of fluids.

Keep your mouth and tongue clean by brushing teeth and tongue regularly.

Choose the food and fluids you fancy that day

Foods usually enjoyed may not taste or smell good at the moment. Take it day by day. Pay particular attention to what the Service User requests or prefers to eat each day. Offer favourite food another day as taste can change. Cold foods may taste more pleasant than hot foods.

Add extra flavour to your food

Strong flavours such as pickles, mustard, vinegar, salad dressings, or lemon juice may be more appealing at the moment. See ideas below for adding flavour to food.

Choose fresh tastes

Try sharp, fresh-tasting foods like orange, lemon and lime. This may help stimulate taste buds and increase the flow of saliva.

Try different textures

It can be useful to experiment with different textures to see if they make things tastier. For example toasted bread and crackers may taste better than soft bread and potatoes.

Eat little and often

Treat to eat small regular meals and snacks throughout the day. See High Protein High Calorie diet sheet for ideas.

Add Flavour to your foods with:

Herbs: mixed herbs, oregano, basil, coriander, mint.

Spices: chilli, paprika, cumin, tumeric

Marinades: bbq sauce, soya, teriyaki

Roast Lamb and beef with rosemary, thyme, mint

Cook Minced or diced meat with garlic, ginger, cinnamon, nutmeg

Cook chicken and turkey with garlic, tarragon, basil, lemon juice and chilli

Cook fish with fennel, dill, pepper, lime, parsley or coriander

Spice up dishes with strong flavoured vegetables, such as celery, onions, leeks and tomatoes

Sweeten desserts and breakfast foods such as porridge with a sprinkle of cinnamon or nutmeg



Dietary Management of Loss of Appetite

Department of Nutrition and Dietetics

Loss of appetite can pose difficulties for some people during Covid-19 illness. The following recommendations aim to improve a Service User's nutritional intake and overall recovery during Covid-19 illness.

Eat little and often

Try a few mouthfuls, even if not hungry.

Aim for 6-8 small meals or snacks throughout the day.

Choose High Protein and High Calorie options (see diet sheet for ideas).

Do not skip meals

Do not wait until you feel hungry to eat as this may not happen.

Try every part of the meal. For example the meat and the potatoes as they provide more energy than the vegetable part.

Choose nourishing drinks

When feeling unwell you may find it easier to drink than eat solid food.

Try 1 -2 nourishing drinks in between meals such as milk, hot chocolate, milky coffee, ovaltine, homemade smoothie using milk and yoghurt (see High Protein High Calorie diet sheet for more ideas).

Try to drink fluids 30 minutes before or after your meals

Drinking during meals can make you feel full. Therefore try to take small sips or have your drink 30 minutes before or after your meal.

Eat your biggest meal when your appetite is at it's best

Try to eat your biggest meal or snack when your appetite is at it's best. For some people this is breakfast, for others it may be later in the day.

Take a break

It may help to take a break in the middle of a meal and come back to it in a few minutes. Some fresh air can help increase your appetite.

Choose the food and fluids you fancy that day

Foods you usually enjoy may not taste or smell good to you at the moment. Take it day by day.

Listen to your body and ask yourself what you would prefer to eat today. Talk to the people around you about this, they can help you choose other options.

If eating makes you tired

You may find it easier to eat softer foods that day such as porridge, soup, stew or soft eggs and fish.