Worksheet 15: Food and fluid monitoring

Food and fluid record charts can provide the essential information that forms the basis of a nutritional assessment and helps to determine subsequent treatment/care plans.

When someone with dementia experiences restrictions in their diet due to factors such as cognitive impairment, a medical condition, medication or access to foods and cooking facilities, this can begin to affect their nutritional status very quickly.

Food and fluid record charts aim to record quantitatively all food and drinks consumed as accurately as possible. There are numerous food and fluid charts used in a variety of different settings. You can access some examples at these websites:

- www.ghc.nhs.uk/wp-content/uploads/CHST-Food-and-Fluid-Chart.pdf
- www.gov.wales/sites/default/files/publications/2019-06/all-wales-food-and-fluid-record-chart-for-community-settings.pdf
- www.nhstaysidecdn.scot.nhs.uk/NHSTaysideWeb/idcplg?IdcService = GET_SECURE_FILE&Rendition = web&RevisionSelectionMethod = LatestReleased&noSaveAs = 1&dDocName = prod_224082
- www.cntw.nhs.uk/content/uploads/2016/11/PPT-PGN-15-App4-Fluid-Balance-Chart-V03-Iss1-IssFeb16.pdf
- www.nhsggc.org.uk/media/253067/sphere-bladder-diary.pdf
- documents.hants.gov.uk/pact/HydrationPackForCareHomes-Jan2016.pdf
- https://www.nursingtimes.net/clinical-archive/gastroenterology/food-record-charts-20-08-2002/

The information recorded and measured by food and fluid charts may include: the person's weight, body mass index (BMI), any unintentional weight loss or gain, any reduction in intake, a daily record of what and how much was eaten and drunk, the period of time over which the chart will be completed and who it will be completed by.

Food and fluid record charts should be started in all situations where there is any concern that a person's food and/or fluid intake may be inadequate. They need to be completed as evidence to prompt a more formalised assessment of intake. If the information contained in the food and fluid record chart is sufficiently detailed, it can be used to determine nutritional intake, assess adequacy of intake, quantify nutritional deficits (if any) and determine dietetic intervention plans and goals.

The information collected will indicate the most appropriate intervention that the person might need. This could range from no intervention at present to keeping weekly weight charts, helping the patient to make appropriate menu choices such as high protein, energy-dense or soft foods, offering additional foods such as milky drinks, cereals and cakes, offering supplements, and referring the person to a dietitian or a nutrition team.

Occupational therapist

An occupational therapist helps people of all ages to overcome challenges with completing everyday tasks or activities – what are known as 'occupations'.

Occupational therapists see beyond diagnoses and limitations to hopes and aspirations. They look at relationships between the activities a person does every day – their occupations – alongside the challenges they face and their environment.

Then they create a plan of goals and adjustments targeted at achieving a specific set of activities. The plan is practical, realistic and personalised, to help the individual achieve the breakthroughs they need to elevate their everyday life. This support can give people a renewed sense of purpose. It can also open up new opportunities and change the way people feel about the future.

Adaptive equipment:

Occupational therapists are trained to assess for and prescribe a variety of equipment that has been adapted to meet the eating and drinking needs of people with dementia, among others. These include easy-to-hold cutlery, adapted drinking vessels and adapted plates, plate guards and bowls. Note that such equipment should not be provided for anyone with dementia unless they have been assessed and had it prescribed by a qualified professional such as an occupational therapist, a physiotherapist or a speech and language therapist.