

# Home Health Aide

D I G E S T™

## Pre-/Post-Test Nutrition

(March/April 2002 issue)

All questions in this quiz are based on articles in the Mar/Apr 2002 issue of *Home Health Aide Digest*. After completing the quiz, please turn it in to your supervisor. (Circle the one correct response for each question.)

**1.** Protein-rich foods that may contain too much cholesterol or fat (or both) include:

- a. Nuts.
- b. Dried beans.
- c. Meat.
- d. Eggs.
- e. a, c & d.

**2.** Which of the following statements about sodium (salt) is true?

- a. Sodium can make high blood pressure worse.
- b. Commercially prepared foods are usually low in sodium.
- c. Sodium is a mineral that helps to keep the body working.
- d. a & c.
- e. a & b.

**3.** Which of the following is NOT helpful in controlling a diabetic's blood sugar level?

- a. Decreasing sugar intake.
- b. Eating meals and snacks whenever she feels the urge to eat.
- c. Carrying a source of quick-acting sugar to use if blood sugar gets too low.
- d. Gradual weight loss.
- e. None of the above.

**4.** (T/F) A diabetic client should eat only small serving sizes of foods labeled "sugar free" or "dietetic."

- a. True.
- b. False.

**5.** Which of the following may help a client with high blood pressure?

- a. Putting on extra weight.
- b. Limiting sodium intake.
- c. Substituting garlic salt for regular salt.
- d. Using processed foods whenever possible.
- e. b & c.

**6.** (T/F) To make sure an advanced cancer patient gets proper nutrition, it is important always to maintain any special diet he may have (such as for heart disease or diabetes).

- a. True.
- b. False.

**7.** Which of the following will help to motivate a client toward healthy eating?

- a. Praise his efforts and compliment family members who are supporting good choices.
- b. Include lots of variety, including color and texture.
- c. Try to make diet changes "cold turkey" (immediately) rather than making changes gradually.
- d. a & b.
- e. All of the above.

**8.** When trying to change a client's poor eating habits, you should:

- a. Quickly attempt to make major changes in the way the client eats.
- b. Stress the positive, rather than telling the client how bad her habits have been.
- c. Surprise the client with diet changes, rather than discussing them ahead of time.
- d. Dictate the needed changes, rather than suggesting options from which the client can choose.
- e. All of the above.

**9.** (T/F) Because an older person probably has eaten many kinds of foods and had many different illnesses, that person probably has strong resistance to food-borne illnesses.

- a. True.
- b. False.

**10.** Common signs that show if a client is getting good nutrition include:

- a. Hair is shiny and the scalp is healthy.
- b. The client is gaining weight rapidly.
- c. Skin is smooth, even-colored and moist.
- d. a & c.
- e. All of the above.

I began reading *Home Health Aide Digest* at \_\_\_\_\_ am/pm.

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name

date

signature



## A Plan for Healthy Eating

by Marilyn Chambers, RN, MS, PHN

For good health our bodies need proper amounts of carbohydrates, fats, proteins, dairy products, fruits, vegetables, vitamins and minerals. The five-level Food Guide Pyramid, based on the *Dietary Guidelines for Americans, 2000*, is widely accepted as the basis for healthy eating. (This publication was released jointly by the US Department of Agriculture and the US Department of Health and Human Services.)

### Carbohydrates

The base of the pyramid consists of *carbohydrates*. These are products such as bread, cereal, rice and pasta, which the body uses to produce energy. Carbohydrates can be complex or simple. Simple carbohydrates are sugar-based. Candy bars, cookies, and soft drinks contain high levels of simple carbohydrates. They are quickly digested and converted into energy. However, they supply little nutrition.

Complex carbohydrates (starches) take longer to digest and, therefore, give a longer-lasting feeling of fullness. Foods such as pasta, oatmeal and breads are made up of complex carbohydrates.

*The recommended number of daily servings for this food group is 6 to 11.* Examples of one serving include: one slice of bread, 1/2 cup of cooked rice or pasta, or 1 ounce of ready-to-eat cereal. For your good health, choose carbohydrates low in fats and sugars. While baked goods such as cookies, pastries and croissants are part of this food group, they are high in fat and sugar but low in nutritional value.

### Fruits & Vegetables

Fruits and vegetables, the next level of the pyramid, provide key vitamins, minerals and fiber, yet are low in fat. Dietitians generally recommend *3 to 5 servings of vegetables* daily. A serving might be 1 cup of raw, leafy vegetables, or 1/2 cup other vegetables or cooked vegetables.

*The recommended number of servings from the fruit group is 2 to 4.* One serving could be a medium-sized piece of fruit such as a banana, 3/4 cup of juice, or 1/2 cup of canned or sliced fruit. Because juice contains virtually no fiber, choose whole or sliced fruits when possible. Also be aware that fruit drinks may contain little or no fruit juice. Cranberry juice cocktail, for example, may contain only 10 percent cranberry juice.

### Protein & Dairy Products

Above fruits and vegetables on the pyramid are the protein-rich foods and dairy products. Proteins include meat, poultry, fish, dried beans, eggs and nuts. Proteins are the third source of energy for the body. Without enough protein intake, our body will steal protein from itself. This can lead to muscle wasting and heart problems because our muscles are made up of proteins.

The best sources for protein are meats and fish. *Two to 3 daily servings of protein are recommended.* One serving might be a 2- to 3-ounce piece of lean meat (about the size of a deck of cards); one egg; 1/3 cup nuts; or 1/2 cup cooked dried beans.

Protein intake is an area where you should get guidance from the nurse or dietitian about a client's particular needs. While nuts are a good source of protein, some contain high levels of fat and/or sodium, so read the product labels. Eggs are still somewhat controversial, because egg yolks are high in cholesterol, which is unhealthy for some people. Some experts advise no more than two eggs per week. A vegetarian needs careful meal planning to get enough protein. Soy is a good non-meat source. Most of us eat more meat than is necessary, resulting in a high level of fat intake. With too much fat can come the risks of high cholesterol, obesity, heart attacks and heart disease.

The dairy group includes foods such as milk, yogurt, cheese, cottage cheese

and frozen yogurt. *Two to 3 servings are the recommended daily intake.* A serving equals 1 cup of milk or yogurt, 1-1/2 ounces natural cheese such as cheddar, or 2 ounces of processed cheese such as American. Choose skim milk products if trying to reduce fat intake.

People with lactose intolerance cannot digest dairy products such as cow's milk because it contains high levels of lactose. When these people consume milk products, they get gassy, feel uncomfortably full, and may have an upset stomach. One product that might help is Lactaid (usually displayed in stores along with antacids).

## Fats & Oils

At the very top of the pyramid are fats and oils, along with sweets. These should be *eaten sparingly*. Like sweets, fats provide energy for the body and give flavor to foods. A small amount of fat each day is necessary. Butter, margarine and cooking oils are fats, and there is also some fat in meats and fish.

When fat is eaten, it isn't digested until it reaches the small intestine. Therefore, a small amount of fat can help the eater feel satisfied for a longer time. Unused fat is stored in the body until needed.

The average American eats more fat than the body needs, resulting in excess weight and obesity. If a person eats 2,000 calories per day, fat should make up about 65 grams of that total. For example, 1 tablespoon of butter contains 11 grams of *saturated fat*; 1 tablespoon of vegetable oil contains 14 grams of *unsaturated fat*. Meat, dairy products or solid shortening contain saturated fat that can raise blood cholesterol, leading to heart disease. Unsaturated fats, such as vegetable oils, are usually a healthier choice. But remember, unsaturated fats are calorie-dense too, and easily can lead to unwanted weight gain.

## Vitamins & Minerals

The human body needs vitamins and minerals each day. Vitamins are organic substances found in foods. They are required for growth and to move food substances into body tissues. If a person eats a healthy, varied diet, the body probably gets the vitamins it needs. Supplements can also be used to provide needed vitamins and minerals.

Water-soluble vitamins such as vitamin C are not stored in the body. If an excess amount of a water-soluble vitamin is taken into the body, it is filtered out in the kidney and discarded through the urine. Fat-soluble vitamins, on the other hand, are stored in body fat. There is a much higher risk of building toxic levels of these vitamins. These include vitamins A, D, E and K.

Minerals are inorganic substances needed to keep the body working. Calcium, sodium, potassium and iron are minerals. These, too, are present in foods or can be taken as supplements. Sodium (salt), particularly, should not be overused because it can worsen high blood pressure. Only small amounts of salt occur naturally in foods, so most of the salt we eat is added in cooking or sprinkled at the table. There are large amounts of salt in many commercially prepared products, such as canned soups and prepared foods, and condiments such as soy sauce, ketchup, mustard, olives and pickles. Limit their use. Read the nutrition labels on packaged food products to determine sodium content.

A person who is well nourished eats a healthy diet with proper amounts of carbohydrates, vegetables, fruits, protein, dairy products, vitamins and minerals. A person who doesn't risks health problems that reduce the quality of life. Because a person must eat, choosing healthy foods becomes an easy way to take care of oneself.

## What You Will Learn...

After studying this issue of the *Digest*, you should:

1. Understand what kinds of food contribute to good nutrition.
2. Know several ways to help a diabetic client maintain proper blood sugar levels.
3. Understand how nutrition can help a client with high blood pressure keep the problem under control.
4. Have a variety of techniques to motivate a client toward healthier diet and eating habits.
5. Know the physical signs of good nutrition.

*This information is intended to supplement your HHA training. However, your first duty is always to follow the policies and procedures prescribed by your current employer and/or state law. For more information, or if you have questions about this topic, consult your supervisor.*

### The Author

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# MOTIVATING Your Clients

## Toward Healthier Eating

by Cheryl Dykema, MS, RD

The basics of healthy eating are balance, variety and moderation. Most of us know this, but we do not always comply. We know the importance of getting plenty of whole grains, fruits and vegetables in our daily diet. Some of us may even be aware of the national Five-a-Day Campaign, which encourages adults to eat five servings of fruits and vegetables each day. We know about fats, cholesterol, and the weight we gain when we throw caution to the winds.

Clients requiring special diets receive in-depth nutrition counseling from their physician, nurse and/or dietitian, so lack of knowledge is not the issue. The issue is helping clients become doers and not just hearers. How can they be motivated to change, especially when change is in their best interest?

As a home health aide, you have a high level of contact and relationship with each client. You can make a world of difference. A few caring and thoughtful words may be the extra nudge that encourages a client toward doing, not just hearing.

Following are some suggestions that may help you motivate your clients toward the long-term benefits of a healthy diet.

### ➤ Be an encourager

If you see your client making healthy food choices, praise his efforts. Praise reinforces good behavior. You might say, "Mr. Williams, your doctor would be pleased that you're doing so well on your diet." Also compliment family members or friends who support your client's healthy dietary choices: "You are making some really good choices at the grocery store. That's a big help to your mom."

### ➤ Be patient

Realize that change of any kind demands a client's time, energy and resources. Changing human behavior is difficult, but changing lifelong eating habits is especially hard. These habits often date back to childhood and may reflect a person's individual preferences, family tradition and culture. Fortunately, many of your client's favorite foods can be modified to fit her dietary needs.

It may take years before some clients have the time, energy and resources to change their diet for

good. So don't be offended if your client shows a lack of motivation or interest. It's not a reflection of your ability or sincerity.

### ➤ Make gradual changes

Studies show that clients are most successful when dietary habits are changed gradually. It's much less overwhelming to change just one aspect of the diet at a time. For example, a client might increase fruit intake by including one fruit serving with every meal. To lower his intake of animal fat, he might choose ground round or ground sirloin instead of regular hamburger. The more the client is included in decision-making, the more he realizes that he is in control.

### ➤ Reinforce your client's support system

Clients who have a strong support system are most likely to succeed in making dietary changes. A friend, spouse, or other family member may be willing to make changes in his or her own diet that would reinforce the diet needs of your client. For example, after her husband has suffered a heart attack, a woman might inquire about a heart-healthy diet and

begin planning heart-healthy meals for her family.

## ➤ Focus on long-term benefits

In most of North America, food is readily available and it tastes good. We have come to expect instant gratification. When we crave an ice cream sundae, we want it *now*. Delaying is hard and doesn't feel good; indulging the craving does. Changing lifelong eating habits thus requires hard work. What's more, the results will not be immediate.

We need to help our clients understand that healthy eating has long-term benefits. These include disease prevention, a better quality of life and greater long-term independence. The client needs to know that something good will come from his efforts. He also needs to know that if he persists in unhealthy habits the long-term consequences could be devastating.

## ➤ Keep it simple

Prepare quick, healthy meals and snacks whenever this is part of your job. This can be a simple, yet important, way for you to support the dietary needs of your client. If preparing meals and snacks will be a regular part of your role, ask your client what she likes and what she doesn't like. Jot down her answers and keep them with the client's care plan for future reference. If you question whether any of the client's "likes" is appropriate for her special diet, ask her nurse or dietitian.

## ➤ Offer Variety

Your goal is to plan nutritious, balanced meals, just as you would for your own family. In addition,

consider varying color and texture as a way of appealing to your client's senses. A healthy meal might be a turkey sandwich with lettuce and tomato, a glass of milk and fresh or canned fruit with a small spoonful of whipped topping. This meal meets all of the criteria listed above, and you don't even need to turn on the stove! Good snack ideas include: fresh, canned or dried fruit; gelatin with added fruit; pudding; cheese and crackers; peanut butter and crackers; or low-fat yogurt.

## ➤ Make eating pleasant

The elderly can be overwhelmed by overly large food portions. Present small servings and tell your client that more is available. If your client must eat pureed foods, puree each food separately and flavor each as you would any other meal. If he will be on a long-term pureed diet, there are products that can increase his enjoyment. For example, forms are available that can mold pureed pork into the shape of a pork chop.

The atmosphere in which the meal takes place also is important. It is less pleasant to eat in a noisy, disruptive environment. A quiet setting, possibly with soft background music, can keep the person calm, which may aid digestion. In general, people eat better when they eat with others. Encourage the client to eat with the family at the dining room or kitchen table as much as she is able. This way she is included in the family circle.

## ➤ Practice what you preach

Be a good role model. Plan a nutritious lunch for yourself the

night before. This will prevent your having to pick up a fast-food burger because time is short. A small thermal bag or cooler works great for keeping foods hot or cold. Eating well will help you get through your day with more energy and a clear mind. That translates into quality client care.

## ➤ Be alert to depression

If your client is depressed or highly anxious, he may not have the motivation needed to prepare and eat the appropriate foods. It is important for you to tell the client's primary nurse or a supervisor if you feel that this may be the case. A client may show you a side of himself that he is not comfortable showing to other health professionals. You may pick up on clues that are very subtle. These can become more obvious as you get to know your client better. If a client is depressed or anxious, it is especially important for family and friends to be involved in helping the client maintain proper nutrition.

If you have questions about a client's dietary needs, contact your supervisor, the primary nurse or the dietitian. They can give you an overview of what is in your client's best interest and they are only a phone call away.

*This information is intended to supplement your HHA training. However, your first duty is always to follow the policies and procedures prescribed by your current employer and/or state law. For more information, or if you have questions about this topic, consult your supervisor.*

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**To accomplish great things, we must dream as well as act.**  
— Anatole France  
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# Understanding Special Nutrition NEEDS

by Cheryl Dykema, MS, RD

**A**s a home health aide (HHA) you often will work with clients whose diseases require a special diet. Therefore, it is helpful to have a general understanding of these clients' nutritional needs so that you can assist them with these needs. If you prepare a meal for a client, knowing the basics can be helpful. This article describes the diseases that you probably see most often—diabetes, high blood pressure, and cancer—and gives basic diet suggestions for each disease.

## Diabetes mellitus (*MEL-e-tes*)

Diabetes, as it is usually called, is a disease in which the body cannot keep blood sugar levels within a healthy range on its own. Both high and low blood sugar readings may damage the body and can be life threatening. Clients with diabetes should receive clear instruction from a nurse or doctor to both understand and achieve their blood sugar goals. Those goals might include checking blood sugar levels in the morning *before* eating (a fasting reading), and once or twice later in the day. There are two types of diabetes:

- **Type 1 diabetes** develops when the client's pancreas, the organ tucked beneath the stomach, stops working. One of the main roles of the pancreas is to secrete the hormone insulin, and this hormone is what

actually controls blood sugar. The client with Type 1 diabetes needs insulin injections on a daily basis to survive. Many of these clients developed diabetes when they were young, and tend to be quite thin. Only about 5 percent of diabetic cases are Type 1.

- **Type 2 diabetes**, on the other hand, makes up about 95 percent of all cases of diabetes in the United States. Clients with Type 2 diabetes produce insulin but (1) generally do not produce enough or (2) the insulin they do produce is not very effective. Type 2 diabetes develops most often in obese adults and, more recently, in obese children. The number of individuals plagued with this form of diabetes is increasing dramatically as our population becomes more and more obese.

Keeping blood sugar in a healthy range is critical to the health and well-being of clients with diabetes. Poorly controlled diabetes, in which blood sugars are often too high and/or too low, can decrease quality of life and brain function, cause loss of independence and even shorten life. Symptoms can take decades to develop. The many physical consequences of poorly controlled diabetes include blindness, kidney disease, heart disease and poor circulation. Poor circulation can result in loss of fingers, toes, feet and legs. In addition, if a client's blood sugar falls too low or climbs too high, he may slip into a coma and die unless he receives immediate medical assistance.

## Dietary needs for diabetes mellitus

Daily food and beverage choices are very important in keeping the diabetic's blood sugar in the proper range. Here are suggestions to help your client make good choices:

- \*Decrease the intake of powdered, granulated and brown sugars as well as fructose, corn syrup and molasses. It is not necessary to eliminate them entirely, but the amounts must be carefully controlled. Limit foods that contain a lot of sugar, such as sweet desserts, regular jellies/jams, syrups, regular soft drinks and regular yogurt. Look for artificially sweetened or dietetic versions. Food can be sweetened with sugar substitutes since these add sweetness but do not raise blood sugar. If the client chooses a sweet food, he needs to figure it into his meal plan. He might cut back elsewhere, for example, by eliminating a fruit or starch choice. Sugar itself is not bad, since it is an excellent source of energy, but clients with diabetes cannot handle large amounts.
- \*Focus on foods from the main groups of the Food Guide Pyramid. Encourage the use of whole grains, vegetables, lean protein foods, low-fat or fat-free dairy foods and limited amounts of fruit.
- \*Caution clients who think that they can eat as much as they want of foods labeled "sugar free" or "dietetic." These foods are okay if kept to a small





serving size, but large amounts can raise blood sugar. Sugar-free ice cream and sugar-free pudding, for example, are good choices when kept to 1/2-cup servings.

\*Meals and snacks should be eaten at about the same time every day; skipped meals or late meals often result in poor blood sugar control.

\*When a diabetic client will be away from home for more than an hour, pack cheese and crackers, peanut butter and crackers, fresh fruit, fruit juice, or individual servings of canned fruits packed in their own juices. If the client's blood sugar starts to drop, snacks like these will help to raise sugar levels. In addition, the client should always carry a source of quick-acting sugar. These are for times when her blood sugar gets dangerously low (< 70) and she needs sugar right away to get it back up quickly. Regular hard candy, fruit juice, standard soft drinks and icing gel for cake decorating are good examples. These are absorbed quickly into the bloodstream. Candy bars are not good choices because their fat content slows absorption. Dietetic or sugar-free candies, or diet soft drinks will not work because they contain only a sugar substitute.

\*For adult clients who are overweight or obese, encourage gradual weight loss of one-half to one pound of weight per week. Just 10 pounds of weight loss can significantly improve blood sugar readings.

\*Fats and fatty foods do not raise blood sugar directly but must be limited to small portions in order to prevent heart disease. Fats should come mainly from plant rather than animal foods. For example, soft tub margarine and vegetable oil

are better choices than butter, bacon drippings or cream. In addition, there are many margarines/spreads that are either low-fat or fat-free.

\*Alcohol should be used only if the doctor has given the okay. It can lead to low blood sugar and does not mix with some of the medications used to control diabetes. It should always be consumed with food and in small amounts.

### High blood pressure

High blood pressure (also known as hypertension—*hy-per-TEN-shun*) is defined by several blood pressure readings that are equal to, or higher than, 140/90 (systolic/diastolic). Ideally, blood pressure should be less than 120 systolic (sis-TAH-lik) and less than 80 diastolic (dy-a-STAH-lik). Often called "the silent killer," high blood pressure can cause heart attack, stroke, kidney disease and vessel disease such as poor circulation in the legs. High blood pressure is found most often in people of African American, Hispanic and Native American descent. It is common in clients who are overweight. It is present often in clients with diabetes and in about half of all people 60 years and older. Again, diet is extremely important.

### Specific dietary needs for high blood pressure

➤ Encourage gradual weight loss in adults who are overweight. Ten pounds of weight loss can significantly improve blood pressure readings.

➤ Limit daily salt and sodium intake as advised by the doctor. Sodium and salt act like sponges in the body, grabbing and holding fluid. This increased fluid in the body then pushes the blood pressure up, which can damage arteries. Most

clients who need to watch their sodium intake are told to keep it to 2,000 milligrams daily, though some are advised to keep it to amounts either higher or lower than this. (A gram is the same as 1,000 milligrams.)

➤ Look for sodium amounts in milligrams listed on food labels. The lower the sodium percentage number on the Nutrition Facts food label, the better. A food that contains 8 percent sodium is a much better choice than one that contains 30 percent.

➤ Seek out foods labeled "low sodium," "very low sodium" or "sodium free." The sodium amount in these foods is appropriate for clients with high blood pressure if kept to the serving size noted on the Nutrition Facts label.

➤ Encourage clients to throw away the saltshaker. Each teaspoon of table salt contains 2,300 milligrams of sodium! Using table salt can make it difficult to stick with a daily sodium allowance. Sea salt is as high in sodium as table salt.

➤ Be careful about the use of soft water. In a few cases, water softeners may add a significant amount of sodium to tap water (because salt brine is used to periodically flush the softening system). If a client's soft water does have a high amount of sodium, drinking water should come from another source, such as a filter or distiller, or from bottled water.

➤ Urge clients to purchase and prepare fresh, unprocessed foods because these are naturally low in sodium. For example, encourage making fresh mashed or baked potatoes rather than using boxed mixes or snacking on potato chips. One serving of some commercial foods, such as

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canned meals, soups and frozen dinners, can contain an entire day's total allowed sodium.

Lower sodium versions of most foods are available, though clients may have to search for them and often must pay a higher price.

- ❖ Suggest flavoring foods with salt-free or low-sodium seasonings. These could include: lemon juice, low-sodium broth or bouillon, fresh garlic or garlic powder, onions or onion powder, fresh peppers, fresh hot peppers, or sodium-free seasoning mixes such as Mrs. Dash. Individual herbs and spices such as basil, cinnamon, curry, nutmeg, oregano, paprika and thyme also are good choices. Avoid seasonings with salt such as garlic salt or onion salt. The ingredient list on a seasoning blend will show if the contents include salt.
- ❖ Limit liquid for those on fluid restrictions (see suggestions below).

### Fluid-restricted diet

Some clients with severe heart, kidney or liver disease may need to limit the amount of fluid they drink daily. Because their organs are not working well, they retain fluid in their bodies and it can build up to dangerous levels. These individuals often have puffy feet, ankles and legs. Sometimes they hold fluid in the abdominal area; the abdomen then becomes hard, rounded and bloated. They may hold fluid around the heart and in the lungs, which is life-threatening. Fluid should be restricted only if ordered by the client's physician.

- ❖ Clients with heart disease often are told to drink no more than

six to eight cups of liquid each day. This is the same as 1,500 to 2,000 cc, or 48 to 64 ounces. Liver and kidney patients may be limited to anywhere from four to eight cups of fluid each day.

- ❖ Include in the daily tally all liquids such as water, juices, milk, coffee, tea, soft drinks, broth or soup.
- ❖ Also count all foods that melt and become liquid at room temperature such as: gelatin, ice chips or cubes, ice cream, ice pops and sherbet.
- ❖ There is generally no need to count fluid that comes naturally in vegetables and fruits.
- ❖ Sugar-free gum or mints can help control the client's thirst. Avoid salt and salty foods, which tend to increase thirst.

### Cancer

Poor nutrition is a common problem with clients who have cancer. The degree to which nutrition is affected often depends on how advanced the cancer is, whether the patient is receiving treatment to destroy cancer cells, and which part of the body is affected. An individual who is receiving chemotherapy, radiation therapy or a combination of the two is at very high risk for poor nutrition because he feels too ill to eat very much. You probably have seen clients with cancer who have lost a lot of weight and appear very thin and frail.

For many years, there was controversy over whether feeding a cancer patient only meant feeding the cancer, but this is no longer accepted as truth. Indeed, the well-nourished client generally does better when receiving cancer treatment than the client who eats poorly.

Some cancer patients cannot get enough nutrition only by eating and

drinking. You may meet a client who needs to receive nutrition through a feeding tube that goes into her stomach or small intestine. Through the tube, the client is given a liquid that is formulated to meet her particular nutritional needs. Tube feeding also is known as *enteral* (ENT-e-rel) *nutrition*. Tube feeding is common for clients with cancer of the head, neck, esophagus and stomach. An even smaller number of clients may need a very specialized nutrition that is put directly into their bloodstream. This is called *parenteral* (pe-RENT-e-rel) *nutrition*. One or both of these forms of nutrition may be necessary if the client with cancer cannot be nourished by diet alone. Unfortunately, even these aggressive treatments may not stop the loss of weight or strength.

### Dietary needs for cancer

- ◆ Focus on those foods and beverages that are most appealing to the client. This may change from one week to the next.
- ◆ Offer small amounts of food and beverages frequently throughout the day. The client may get full very quickly and not be able to consume much at one time.
- ◆ Stress the importance of food and nutrition in helping your client keep his strength and, therefore, independence. Following the recommendations of the Food Guide Pyramid is one very practical way for your client to accomplish this. A high-calorie, high-protein diet often is appropriate. Such a plan usually is available through the agency nurse or dietitian.
- ◆ Encourage the use of nutritional drinks. Familiar commercial examples include: Boost, Ensure, Resource and Carnation Instant Breakfast. Off-brand nutrition drinks also are very appropriate and less expensive. If the drinks



taste too rich or too sweet, dilute them with milk or water. Serving these drinks frozen as a dessert may help to dilute their sweet taste. Some clients may prefer homemade shakes or malts made with their favorite ingredients.

- ◆ Avoid giving the client her favorite foods just before chemotherapy or radiation therapy. If the client has negative side effects, such as nausea, vomiting or diarrhea, she may connect this with her favorite foods. Medications are available that can help control these side effects.
- ◆ Cook foods thoroughly and carefully to avoid food

poisoning since this population often has a diminished immune system.

- ◆ In order to try to get adequate nutrition, the client may need to let go of other special diets such as those for heart disease or diabetes. Getting enough nutrition is often very difficult and unwanted weight loss is all too common. Check with your supervisor before altering your client's special diet.
- ◆ Some clients with cancer cannot maintain nutrition no matter what actions are taken. The cancer causes them to lose weight, muscle and strength. At this point, the goal is to encourage whatever food and

beverages they desire. The option of hospice may be appropriate to consider at such a time.

*This information is intended to supplement your HHA training. However, your first duty is always to follow the policies and procedures prescribed by your current employer and/or state law. For more information, or if you have questions about this topic, consult your supervisor.*

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## EIGHT WAYS To Help Clients Break Poor Eating Habits

by Marilyn Chambers RN, MS, PHN

**M**r. Smith (89) and his wife (86) have recently moved into an apartment after farming for 60 years. Mr. Smith's high blood pressure and arthritis as well as vision and hearing problems forced him finally to leave the farm he loved. Mrs. Smith also has high blood pressure and mild arthritis in her hands and hips. On the farm, both of them had been physically active, but apartment living has reduced their activity levels.

Mrs. Smith asks you to help cook the foods she has always prepared. She fries almost everything and uses butter and salt to flavor most foods. You want to help her try some new ways to prepare meals while still using familiar foods. You especially want to help the couple manage salt intake so that their blood pressure is controlled. Mrs. Smith tells you that her husband does not want to be on any "diet." He says, "I've worked hard all my life and I am going to eat what I like now."

This situation is common for many HHAs. The client is used to being independent. He or she has a familiar routine. But when health problems develop, the old ways no longer work as well. In fact, the old ways may be damaging to the client's health. Nutritional well-being is very important to overall health.

Even a glance at newspapers and magazines tells us that nutrition and health are popular subjects. Unfortunately, some of the information conflicts. One source says to eat more soy products; another suggests limiting soy intake. One article recommends avoiding butter; another cautions against margarine. How do we make sense out of what is being written? What do we really need to know in order to help our clients? Even more important, how can we explain to them why some changes are necessary?

Here are some suggestions that might be helpful:

**1 Watch your language.** The term "diet" can raise resistance if your client views it as meaning "restricted." A diet is just a term for all the foods we eat, but use the term carefully.

**2 Control fat intake by using the right cooking methods.** Baking, broiling, stewing and grilling are low-fat ways to cook. Remember that while well-marbled meats are more tender, they also have a higher fat content. By using a moist cooking method, tougher meats become just as tender without the fat. Try different cooking methods until you find those your client prefers. Also, trim visible fat from meat before cooking.

**3 Raise awareness.** Help your client be aware that much dietary fat can come from what we add to low-fat foods, such as salad dressing, gravy, butter, or whipped topping. Try low-fat or fat-free products.

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## Eight Ways to Help Clients Break Poor Eating Habits

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**4 Stress the positives.** A client may notice how much easier it is to clean the kitchen when she doesn't fry foods.

**5 Start small.** Suggest that your client try steaming vegetables, which preserves more nutrients than boiling them. Suggest that he switch from canned vegetables to frozen ones, because frozen vegetables have a lower sodium content.

**6 Show—don't tell—when describing a recommended portion size.** Once your client can visualize 1/2 cup of fruit or 2 ounces of meat, she can more easily remember this when serving herself.

**7 Suggest alternatives.** "How about using fresh herbs instead of salt for seasoning?"

**8 Prepare your client for expected changes.** Explain, for example, that food will taste different for a while until he gets used to low-sodium cooking.

With your guidance and encouragement, you can help your clients take the necessary steps toward healthier eating.

*This information is intended to supplement your HHA training. However, your first duty is always to follow the policies and procedures prescribed by your current employer and/or state law. For more information, or if you have questions about this topic, consult your supervisor.*

# Preventing Food-Borne Illness

by Marilyn Chambers, RN, MS, PHN

**F**ood-borne illnesses have become a growing problem. These illnesses can come from contaminated or spoiled foods and improper food handling. The result can range from a stomachache to life-threatening diarrhea and vomiting. A person with a basically healthy immune system is not at very high risk. However, older clients and those with certain medical conditions do not have the same ability to fight off a food-borne illness.

More and more, our food is being imported from other countries. This is especially true of fresh fruits and vegetables in the winter months. Other countries may not have the same food regulations as the United States. Contamination with pesticides, herbicides and fecal matter can occur. If the food items are not carefully washed before use, illness may result.

Hepatitis A, salmonella, E. coli infection, and shigellosis, for example, all cause diarrhea. Diarrhea can cause a massive amount of fluid loss, leading to severe dehydration and electrolyte imbalance. This can be fatal in a vulnerable person.

When meats are not cooked thoroughly or food is not stored properly, bacteria can multiply to a dangerous level. If this food is eaten, nausea, vomiting, and diarrhea can result. This is why it is so important to keep hot foods hot and cold foods cold. Leftovers should be refrigerated promptly, no more than two hours after preparation and serving. This can be a challenge for some clients who may have grown up without refrigeration and have always left food on the counter. They may tell

you they have never had these problems before—and this may be true. However, they are older now and may have health conditions that reduce their resistance.

There are two main ways that you as a HHA can help keep foods safe. The first, and most important, is frequent and thorough hand washing. When there is an outbreak of food-borne illness in a restaurant or food service establishment, the most common cause is improper hand washing by workers. The same applies to the home. It is crucial that hands be properly washed after using the toilet, especially if diarrhea is present. Always wash your hands before you begin to prepare food. Encourage your client to do the same.

Second, it is very important to use clean utensils and work surfaces for all food preparation. This means that when meats or poultry are prepared, counters, cutting boards, knives and pans must be fully cleaned before preparing raw foods. A very common source of cross-contamination is preparing poultry and then cleaning carrots, lettuce or other fresh vegetables in the same sink or on the same cutting board. This allows salmonella to be passed to the raw foods which are eaten raw.

The basic rules for preventing food-borne illness are *keep it refrigerated* and *keep it clean*. When these rules are followed, a client's risk for such illness is greatly reduced.

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## Focus on **NUTRITION**

A report about a recent national survey said older Americans are "hungry for nutritional advice to manage chronic illnesses." That is important, because 85 percent of older people have at least one chronic condition that might be helped by a change in diet.

For most people in this society, lack of food is not a problem. Instead, people have health problems because they eat the wrong foods, or just too much food. That is where a home health aide can help.

Nutritional guidelines for a client need to come from a nurse, doctor or dietitian. But, having received the guidelines, the client will need help and encouragement to eat right. As an HHA who understands nutrition and who knows how to help the client follow the guidelines, you can play an important role in the client's health and well-being.

## How Can You Tell If Your Client Is *Well Nourished?*

by Marilyn Chambers, RN, MS, PHN

Several common signs of good nutrition can help you know if a client is eating right:

- 1 The hair is shiny and not brittle; the scalp has no sores.
- 2 The tongue is deep red in color with no white patches or sores.
- 3 The gums are firm and even-colored, without bleeding or excess redness.
- 4 The skin is smooth, even-colored, moist and has no sores.
- 5 The person's weight is normal for her height.
- 6 The posture is erect, without sagging or drooping.
- 7 The body's muscles are firm and able to do the activities for which they are intended.
- 8 The digestive system allows for good appetite and digestion.
- 9 The energy level is good and a good sleep pattern is apparent.

If you notice that a client is not showing these signs of good nutrition, report it immediately to your supervisor.