

FAQ General 4. How should nutritional care be monitored in an ETU?

A proper monitoring system is an important part of the Nutritional Care Process (see FAQ G1). It has two main purposes:^{1,2}

- 1) Assess the quality, efficacy and acceptability of the nutritional care provided.
- 2) Observe trends in admissions and patient dietary and feeding requirements (e.g., number of patients on solid/semi-solid/liquid diets; feeding assistance needs) to facilitate resource planning.

A well-designed monitoring system should address all aspects of nutritional care, including both the food system and patient care. It is an essential tool for prompt adaptation and improvement.

Approaches used to monitor the functioning of the food system:^{1,2}

1. Observation and supervision:
 - Monitor staff understanding of and compliance with pertinent protocols (this implies that staff have received proper training or briefing beforehand)
 - Evaluate quality of feeding support (appropriateness, availability, adequacy) as well as problems that prevent adequate support
 - Perform weekly visits to the high-risk area for observation and random interviews with patients regarding their experience of meals and nutrition in the ETU
 - Assess patient awareness, appreciation and acceptability of the nutritional care provided (including food, drinks and feeding support)
2. Regular and frequent discussions with staff involved in any step of the food system.
3. Systematic weekly collection and analysis of pertinent data/information, including reviewing the nutritional care register*

*Each nursing or food station should have a booklet in which direct and indirect observations can be registered daily. Pertinent information should be recorded after meal and snack times, and any time in between. The following information can be included: Overall quantity of food and drink consumed, foods that were consumed/not consumed, food/drink preferences and other feedback from patients, whether the correct meals were served (e.g., correct consistency and dietary needs), whether the meal was served on time, and any other helpful observations or information.¹

Food preferences

Measures to promote oral food intake by patients should be a priority. Special attention should therefore be given to evaluate patients' perceptions and preferences regarding the food/drinks that are

offered (for clinical reasons and for the ETU's reputation, which affects health care seeking and willingness to be admitted in an ETU). This can be facilitated through informal, regular surveys, ensuring that information is gathered from a sample of patients receiving all types of diets. Surveys can address a specific meal or food/drink option in general. Below are a few suggestions on what to include in such a survey.³

For specific meals:

- What kind of diet is the patient prescribed (solid, semi-solid, liquid)?
- What foods/drinks were included in the meal?
- What did the patient like about the meal?
- What did the patient dislike about the meal?
- How did the patient feel about the following (circle response, provide details when possible):
 - Presentation (liked/disliked)
 - Smell (liked/disliked)
 - Overall taste (liked/disliked)
 - Spiciness (liked/disliked)
 - Texture (liked/disliked)
 - Temperature (liked/disliked)
 - Other (i.e., favourite/familiar/sentimental food)
- What suggestions does the patient have for improving meal service?

In general:

- What kind of diet is the patient prescribed (solid, semi-solid, liquid)?
- What foods/drinks does the patient like/tolerate best (for meals and snacks), and why?
- What foods/drinks does the patient dislike or not tolerate (for meals and snacks), and why?
- What suggestions does the patient have for improving meal service?

Special consideration should be given to food texture, as patients might experience difficulties with eating and swallowing.

Personal reasons for food preferences (e.g., family food, emotional component attached to specific foods and taste preferences, foods with 'medicinal properties' according to customs) should be elicited and noted.

Note: During the course of the disease individual perceptions on food/consumption might change and it will be important to monitor these changes.

Monitoring individual patient food/drink intake

Beyond its essential role in the overall ETU's nutritional care process, monitoring is also essential for individual patient care. After each meal and snack, health or nutrition care staff should estimate food/drink intake (see * above). Total amount consumed should be evaluated daily to establish whether it is sufficient or not.

If food drink consumption is not adequate, it is important to establish possible causes and make any adjustments to help alleviate them (e.g., change diet consistency, adjust size/frequency/timing of meals and snacks, provide additional support). Caretakers who support patient feeding should be instructed in how to help monitor food/drink intake and flag when intake is inadequate.

References

1. International Committee of the Red Cross (ICRC). *Nutrition Care Protocols for Ebola Virus Disease (EVD) Patients - Liberia Experience*. Draft version 9.; 2015.
2. Save the Children. *ETC Nutrition Protocol - Kerry Town Ebola Treatment Centre*. V2 ed.; 2015.
3. Ministry of Health and Social Welfare, Republic of Liberia. *Guidelines on Nutritional Care and Support for EVD Patients in Treatment Units and Care Centers - A Practical Guide for Implementing Agencies Involved in the Management and Treatment of EVD in Liberia*.; 2014.