



**This is a guide only and does not  
replace clinical judgment**

**References:**

AWMA, *Standards for Wound Management*. 2nd ed 2010, Osborne Park, WA: Cambridge Media

Trans Tasman Dietetic Wound Care Group, *Evidence based practice guideline for the dietetic management of adults with pressure injuries*. Review 1: 2011

Dorner B et al., the National Pressure Ulcer Advisory Panel, *The role of nutrition in pressure ulcer prevention and treatment*, 2009, NPUAP

AWMA, *Pan Pacific Clinical Practice Guideline for the Prevention and Management of Pressure Injury* 2012, Osborne Park, WA: Cambridge Media

LeBlanc K, Baranoski S, Skin tears: state of the science: consensus statements for the prevention, prediction, assessment, and treatment of skin tears. *Adv Skin Wound Care*, 2011. 24(9S):2-15

NHMRC. *Dietary Guidelines for Australian Adults*. 2003 Canberra: Commonwealth of Australia

Woodward et al. (Eds) *Nutrition and Wound Healing*. 2008 Nestle Healthcare Nutrition

Woodward M. *Guidelines to effective hydration in aged care facilities*. 2007. [www.hydralyte.com/pdf/aged\\_care\\_brochure.pdf](http://www.hydralyte.com/pdf/aged_care_brochure.pdf)



60 Musk Ave  
Kelvin Grove Qld 4059  
Brisbane, Australia

Phone: + 61 7 3138 6000 or  
Fax: +61 7 3138 6030 or  
Email: [ihbi@qut.edu.au](mailto:ihbi@qut.edu.au)  
Email (Wound Healing): [woundservice@qut.edu.au](mailto:woundservice@qut.edu.au)

CRICOS No. 00213J

[www.ihbi.qut.edu.au](http://www.ihbi.qut.edu.au)

This Project is funded by the Australian Government  
Department of Health and Ageing under the Encouraging  
Better Practice in Aged Care (EBPAC) program.

# Nutrition and Wound Healing

Information for health professionals





# Nutrition and Wound Healing

## Good nutrition and hydration is essential for wound healing

- Older adults are more likely to be malnourished
- A wound increases energy and nutrient needs
- Dehydrated skin is less elastic, more fragile and more likely to breakdown

## Assessment

- Use a validated nutritional screen for all clients with, or at risk for, a wound
- Risk factors for poor nutrition include:
  - poor dentition or difficulty swallowing
  - poor mobility
  - reduced appetite and taste changes
  - confusion, pain and/or anxiety
  - environment not conducive to eating



Signs of poor nutritional and/or hydration status:

- Unintentional weight loss
- Poor appetite
- Nausea or vomiting for three days or more
- Dry, fragile skin
- Loss of skin integrity or a new wound
- Deterioration of an existing wound

## Management

- Address any nutritional deficits
- Provide nutritional interventions to assist healing of pressure injuries, which include:
  - adequate caloric intake
  - a high protein supplement, including arginine
  - multivitamin supplements in those with deficits

## Prevention

- Promote optimal nutritional status
- High protein supplements may help prevent pressure injuries in those at high risk
- Refer those at nutritional risk to a dietician

## Ways to promote good nutrition and hydration

- Encourage a healthy, balanced diet including the 5 food groups: bread/grains; vegetables; fruit; dairy products and protein
- Encourage 6—8 glasses of fluid/day
- Provide assistance with meals if needed and allow sufficient time
- Ensure good oral and dental care
- Position upright for eating/ drinking
- Provide a pleasant mealtime environment

## Which nutrients are important for wound healing?

**Protein:** Good sources include meat, fish, dairy products, legumes, nuts, seeds and grains

**Vitamin C:** Good sources include citrus fruits, berries, capsicum, kiwifruit, parsley, broccoli, rockmelon, cauliflower, spinach and cabbage

**Vitamin A:** Good sources include liver, sweet potato, carrots, broccoli, leafy vegetables, eggs

**Zinc:** Good sources include meat, seafood, poultry, dairy products, seeds, wholegrains