

FAQ General 3. What special considerations should be taken to provide individual feeding support to Ebola Treatment Unit (ETU) patients?

Staff responsible for distributing meals should provide each patient with their assigned meal and provide the individualized care necessary for patients to meet their daily dietary and hydration requirements. Patients should be gently encouraged to consume all food and drink provided. Additional support, whether physical or psychological, may be needed for individual patients, depending on their clinical condition and feeding needs.¹ See FAQ PC1 for the assessment of need for feeding support.

Due to the infectious nature of EVD, ETU patients are unable to receive physical support from family and friends. However, provisions for family support should be made where possible, involving no contact areas where families/friends can at least verbally encourage patients to eat and drink and give other emotional support. Physical assistance with feeding can thus only be provided by health care staff and/or EVD survivors hired as caretakers, (as long as they are trained and with an adequate level of PPE supplied).^{2,3} Due to the high workload and strict regulations, health care staff have limited time to assist patients with eating or drinking. The support of recovering ETU patients and survivors is therefore essential in providing adequate feeding support.⁴

In order to provide the necessary feeding support for all patients, it is important to calculate and plan for the number of staff that should enter the high-risk zone during meal and snack times. In general, 15-30 minutes should be allocated to patients unable to feed themselves (including infants, young children and sicker older patients).

Physical support^{1,4-6}

Some patients can benefit from specific equipment and materials to assist with positioning (e.g., sitting support or cushion) or food intake (e.g., straw, cup and spoon).

- Patients should be positioned in an upright or half-sitting (semi-supine) position. Equipment such as triangles of wood with foam can be helpful.
- If the patient has difficulty swallowing or generalized weakness, liquid should be offered through a straw or with disposable cup and spoon (or via syringe for children).
- Some patients may require direct physical support by a caretaker or health worker (i.e., assistance with actual feeding).
- Dedicated time and support should accompany each meal, snack or drink that is provided. For mealtimes, this should be at minimum 15 minutes,¹ ideally 30 minutes for patients with poor appetite or swallowing difficulties;⁵ the time can be shorter for snacks and drinks.
- Patients should be fed slowly, with water/drinks offered between bites.
- Infants and young children require feeding support, adapted to their age and clinical status. EVD survivors hired as caretakers are particularly helpful for this population.
- Ensure that the food being provided is appropriate for the age and status of the child.
- See FAQ PC3 for dietary recommendations for children <2 years old, including Annex 1 for instructions on cup feeding children receiving breastmilk substitutes.

- Even if a child is physically able to feed him/herself, it may be important for someone to stay at the bedside to provide verbal assistance and encouragement.
- Some children might feel more comfortable sitting on the lap of the staff or caregiver to eat/drink.

Psychological support^{1,5}

Some patients with Ebola may be confused or forgetful due to the effects of EVD. It is therefore important to encourage and remind patients to continue eating and drinking. Frequent encouragement is also key in enabling patients with decreased appetite and/or with difficulties swallowing to start eating. Encouragement should be given any time staff members are with a patient.

- Health staff and caretakers should behave compassionately and take time to communicate with patients through simple discussions and messages, kind words and body language (listening carefully; nodding to demonstrate understanding).
- Food intake should be promoted in a way that supports the patient and avoids adding stress.²
- Staff should explain how patients can minimize pain while eating, such as eating small amounts at a time, and resting and taking drinks between spoonful's.
- Patients should be encouraged to eat small amounts, increasing gradually.
- Health staff and caretakers should explain what each meal is composed of and how proper nutrition contributes to the patient's treatment/care. This is particularly important if the diet consists of specialized nutrition products that the patient may not be familiar with.
- The consistency of foods should be explained to patients and they should be told why they are being prescribed a specific diet. Simple explanations can be as follows: "It is a meal specially prepared to help you eat and be able to fight the disease"; "Soft meals provide similar nutrition as standard meals but they are prepared to be softer to allow patients to eat more easily"; "By eating well, you replace essential nutrients you have lost due to the disease"; "You can't take your medicine with an empty stomach so please take food before"; "This food helps your body to fight disease; it strengthens your body's immunity".

References

1. Save the Children. *ETC Nutrition Protocol - Kerry Town Ebola Treatment Centre*. V2 ed.; 2015.
2. World Health Organization, World Food Programme, United Nations Children's Fund (UNICEF). *Interim Guideline: Nutritional Care of Children and Adults with Ebola Virus Disease in Treatment Centres*. World Health Organization; 2014.
3. Ververs M, Anantharam P. Nutritional Care For Patients With Ebola Virus Disease In Ebola Treatment Units: Past And Current Experiences. *US Dep Health Hum Serv Cent Dis Control Prev*. Published online August 26, 2019:28.
4. 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.
5. International Committee of the Red Cross (ICRC). *Nutrition Care Protocols for Ebola Virus Disease (EVD) Patients - Liberia Experience*. Draft version 9.; 2015.
6. GOAL. *International Package of Tools and Protocols for Ebola Treatment Units.*; 2014.