As a registered dietitian who comes in contact with nursing personnel daily, I recognize the important quality they have of being observant. We all know that a dietitian is responsible for a patient nutritional status. Nursing personnel, however, are vital links in meeting nutritional goals for patients.

It is not necessary to increase the mounds of paper work in order to relay important patient dietary information. In our hospital, we encourage all nursing personnel to communicate their patient observations to the dietician.

Recently, a member of the nursing staff told me that she takes the dessert off the patient trays. She said, "my patients have a tendency to eat the dessert first." When her patients have finished what they want from the entree, then she serves the dessert.

Long-term care patients can get tired of dental soft diets and, as a result, eat less and less. The nursing staff may observe that certain foods are well tolerated on an individual basis. These foods can be added more frequently.

Nursing personnel may try adding part of the ground meat to soup, thus adding variety. Usually vegetable salads are not a part of a dental soft diet. There are many types of salads that can be ground and therefore can be very well tolerated. The use of vegetable juices should be encouraged when patients are on a pureed or dental soft diet. This addition will add to the vitamin and mineral content of the diet.

When a patient states, "I don't want milk," this statement should not necessarily mean the patient does not want any milk products. Perhaps the patient will enjoy a custard, etc. All of us are aware of the problems with osteoporosis. The use of dairy products in some form is even a greater consideration today as so much is known about the importance of minerals in body functions.

Portion sizes have an effect on many patients. If there is too much food on the plate some patients are discouraged from eating. This is especially true for the older female patients.

Nursing staff can observe which patients seem to be having dietary problems. The nurse can reassure the patients that the dietitian is available. It is not always necessary to have a formal request to have a dietitian see a patient. Many times a phone call will suffice.

Another important aspect of good nutritional care is the quality assurance committee. The dietary department in our hospital must submit two patient audits per month from each of our buildings. The changes in the menus should reflect the use of the information which is gained from the patient audits.

Nursing and hospital staffs, working together with the dietician, can help to assure that dietary needs of patients are met.

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CREATIVE GRANDPARENTING CLASSES HELD

Washington, DC—Strengthening the link between generations and giving support to new parents and their infants is the idea behind creative programs being offered to new and experienced grandparents. The thrust in every grandparent program is the enormous benefit derived from the grandparents' involvement to the new parents, the infant, and to the grandparents themselves. Different approaches to such programs are presented in the May/June issue of the Journal of Obstetric, Gynecologic, and Neonatal Nursing.

In the article, "Creative Grandparenting: Bonding the Generations," authors Mary Horn, BSN, ARNP, and Jo Manion, MA, RN, CNAA, suggest the program be determined on the real and/or perceived needs of the participants. Topics covered in the classes can include changes in birthing and parenting practices, tips for being a welcome grandparent, and how to be a labor support person. Technical discussions may cover fetal monitoring, amniocentesis, advances in the care of premature or ill neonates, and the use of cesarean birth to replace high-risk deliveries. Not all parenting topics should be given an in-depth study, due to the program's time and length. For example, topics such as discipline and sex stereotyping cannot be discussed adequately in a short period of time.

These classes help grandparents to understand the dramatic changes in knowledge and values in birthing practices occurring in the past 50 years. However, just as important as the discussions of new knowledge in birthing and parenting are the practical suggestions from the experienced grandparent.

"Grandparents are a vital link for young families," the authors say. "The support that grandparents can provide to the new family is now more important than ever. A creative grandparenting program can increase the likelihood that grandparent support is effective and welcomed."