



Closing the gap: an audit of chronic wounds and nutrition support

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01 Introduction

Chronic wounds account for approximately 5% of public health expenditure in Ireland.¹ Although malnutrition is a recognised risk factor for delayed wound healing and screening tools may identify at-risk patients, limited dietetic services mean nutrition support is not always accessible, particularly for those at lower risk.^{2,3}

02 Methodology

Objectives:

- Assess the prevalence of nutritional risk and malnutrition among rehabilitation and long-term care patients with chronic wounds by comparing a nutritional screening tool with diagnostic criteria.^{4,5}
- Identify gaps in nutrition care to inform local practice.

Research design:

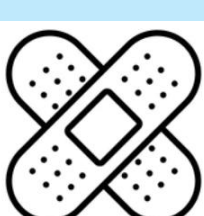
Cross-sectional audit conducted in June 2025.

 19 patients

 53% male

 47% female

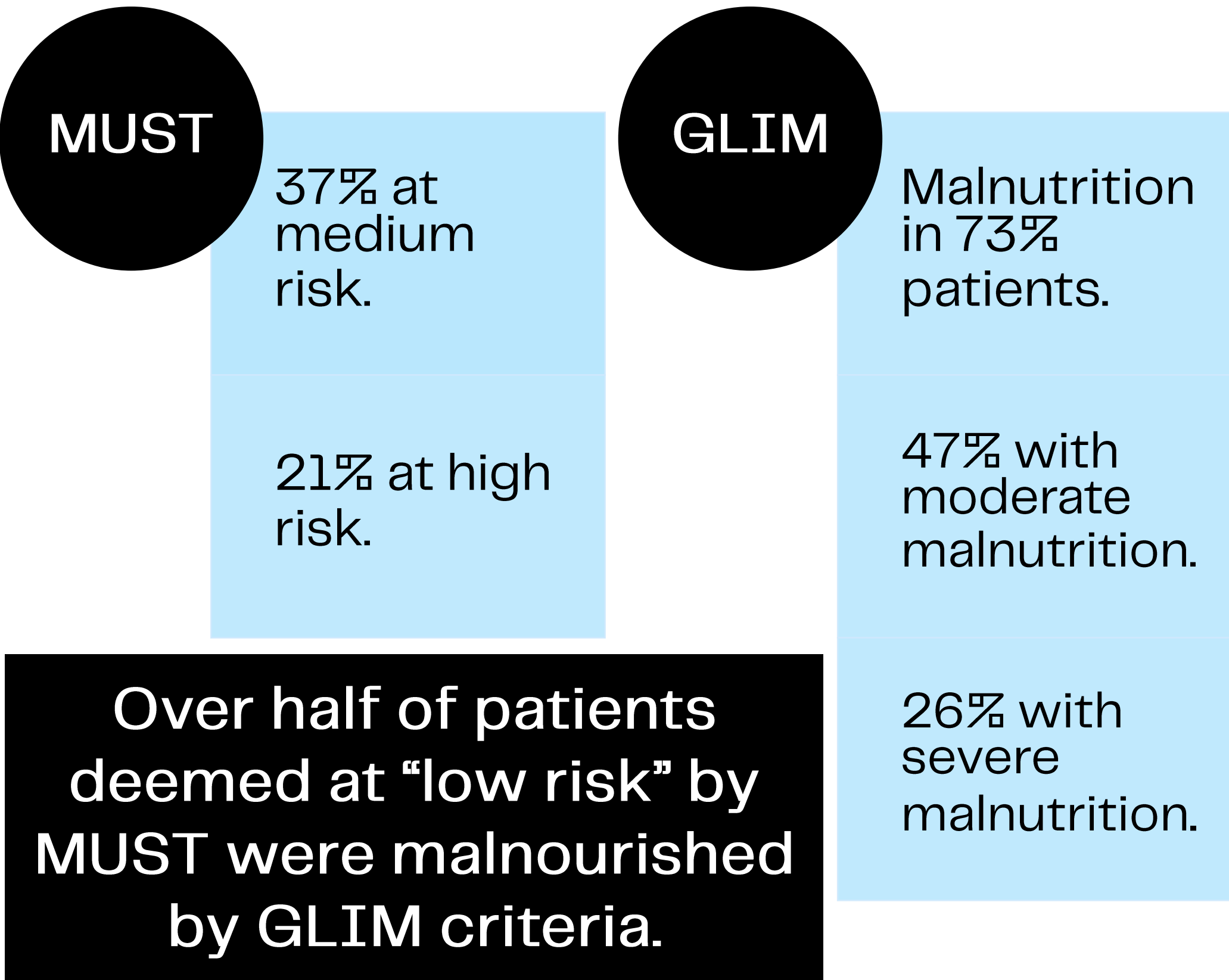
 56 – 96 years (mean: 78 years)

 28 active chronic wounds (5 pressure ulcers, 3 diabetic foot ulcers, 7 traumatic, 1 surgical wound, 6 leg ulcers, 6 chronic skin conditions).

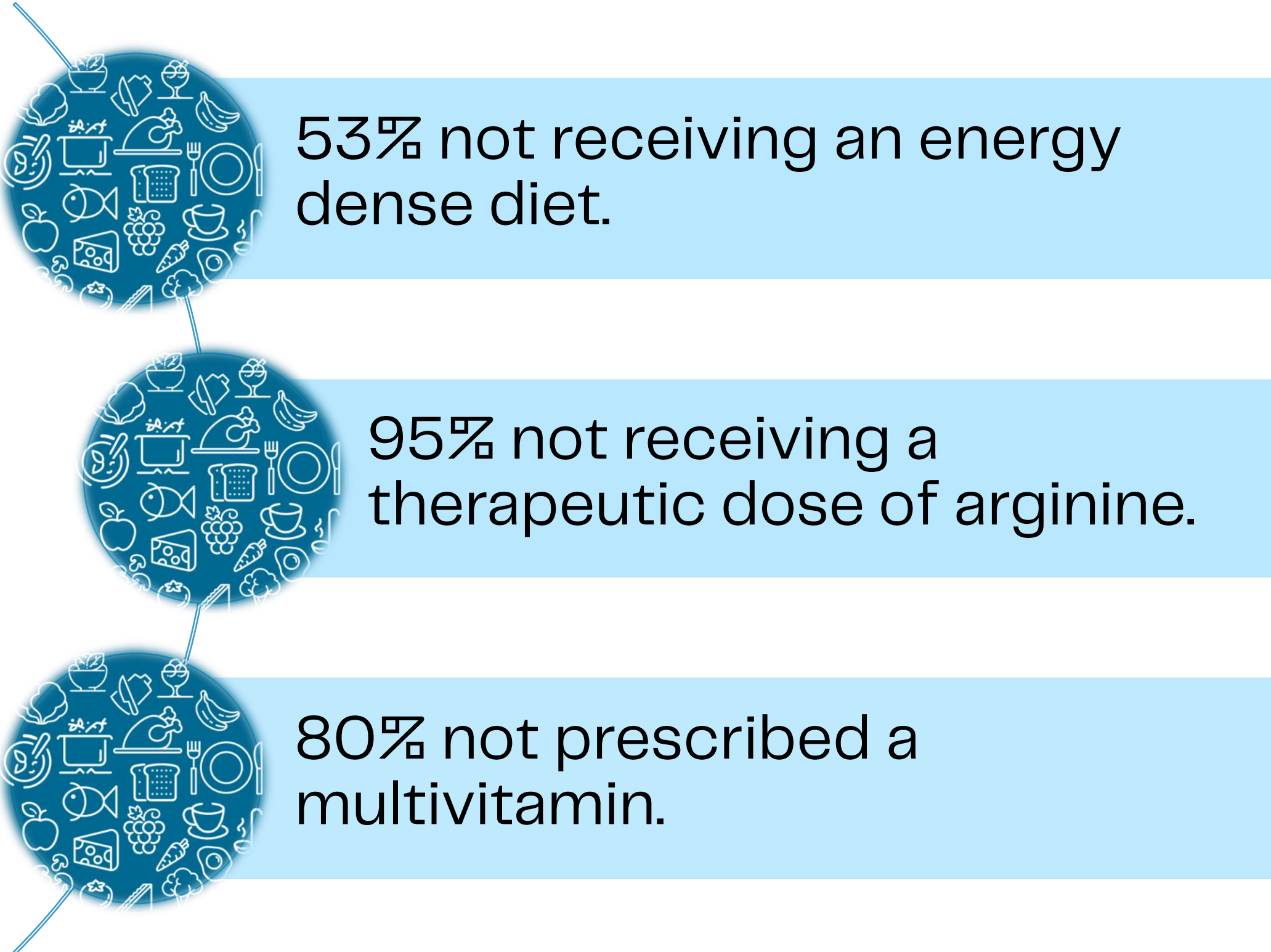
- Nutritional risk was assessed using MUST.
- Degree of malnutrition was determined using GLIM criteria.⁶
- Dietary interventions and supplementation were reviewed against best practice guidelines for wound management.^{2,3,7}

03 Results

Wounds and malnutrition



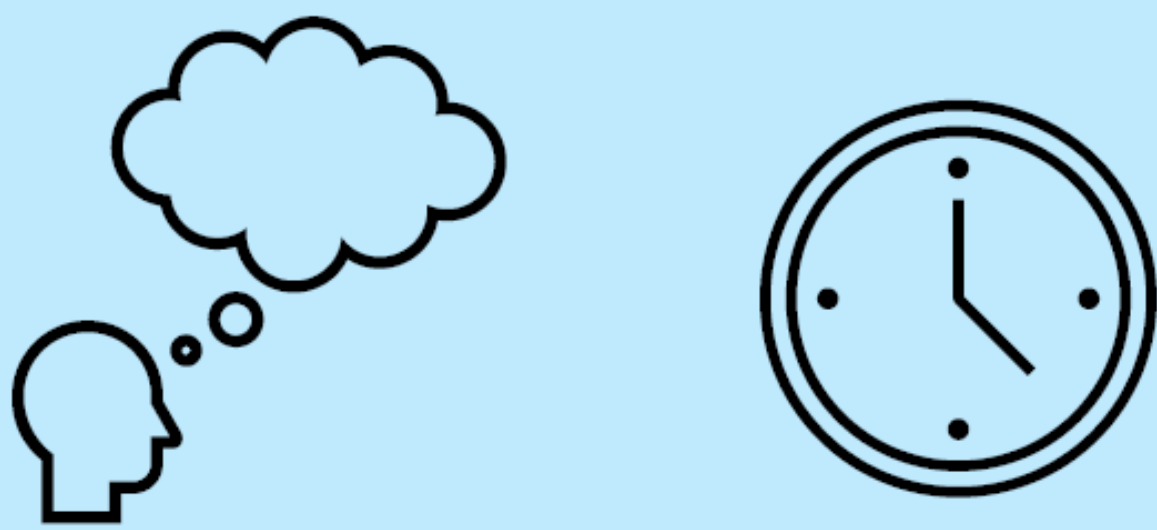
Missed opportunities in nutrition support



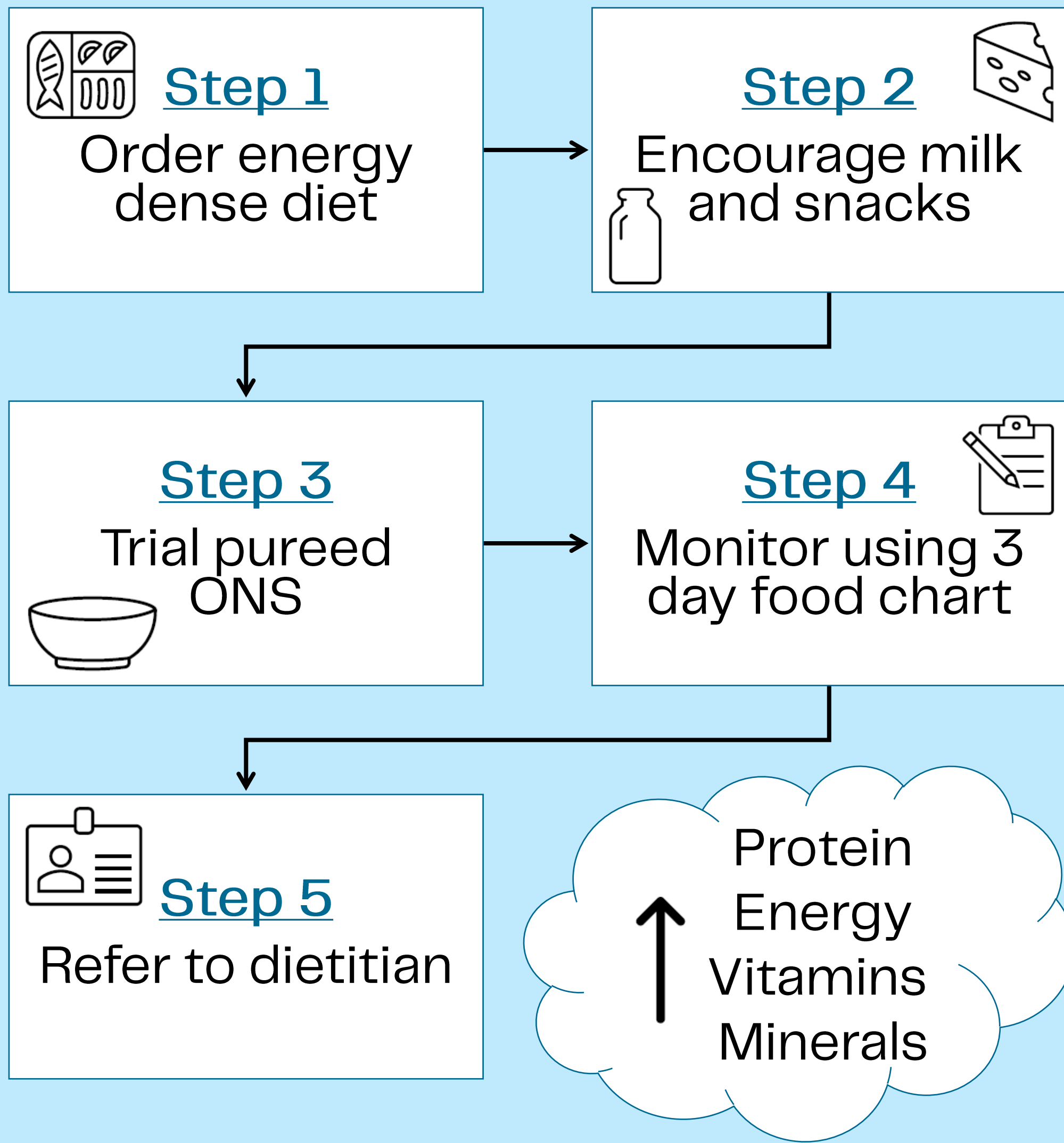
04 Implications for practice

Red flags for nursing staff to escalate:

- Pressure ulcer(s);
- Delayed wound healing;
- Reduced appetite and/or intake.



Supportive nutrition care: a pathway for nurses



05 Conclusion

- Malnutrition is common and under-recognised in patients with chronic wounds.
- Some patients classified as low risk by MUST met GLIM criteria for malnutrition.
- Early nurse-led supportive nutrition care may help bridge delays in dietetic access.

