

## ***Procedure Instructions for Performing Satiety Testing***

### **Satiety Test:**

#### **Equipment:**

8 oz. Paper cup  
4 oz. (120 ml) beaker or comparable measure device  
Ensure  
2 Stopwatches  
Satiety Score sheets and VAS (Symptom Score) scales  
Clock

#### **Procedure:**

1. Before having patient drink, have patient record baseline symptom score sheet (page 2 of CRF).
2. Have patient review Descriptors of Satiety Sensations (page 3 of CRF).
3. Patient will use Descriptors on page 3 to fill in the clock time each level is reached on Satiety Level of Fullness (page 4 of CRF).
4. Divide one can of Ensure into 4oz. (120 ml) measuring device and paper cup.
5. Set one stop watch to 4 minutes.
6. Start Test:
  - a. Instruct patient to ingest 4 oz. (120 ml) of Ensure from paper cup.
  - b. Record start time (page 4 of CRF) then give page 4 to patient to complete each level as it is reached.
  - c. Start stopwatch counting down from 4 minutes when first drink is started.
4. Pour remaining 4 oz. (120 ml) of Ensure from measuring device into paper cup.
5. Refill measuring device with additional 4 oz. (120 ml) of Ensure
6. When first stopwatch counts down from 4 minutes to zero, instruct patient to consume the 4 oz. (120 ml) of Ensure within paper cup. Reset 4 minute stopwatch counting down. Repeat steps 4-6 until maximum satiety achieved. Patient will receive 4 oz. (120 ml) every 4 minutes until maximum satiety.
7. Have patient record clock time when each satiety level is achieved up to level 5 (Maximum Tolerated Volume).
8. Once MTV is achieved set stopwatch at 15 minutes and start count down to zero. At zero have patient record symptom scores using VAS scales. Reset 15 minute stop watch counting down. At zero, have patient record symptom scores using VAS scales.
9. Calculation of MTV: Record the number of cans used minus the remaining un-ingested volume of Ensure (i.e. (# cans \*237 ml) – undigested volume = MTV). Record MTV and total time used to achieve MTV on flowsheet and VAS scales. For example: MTV achieved after 40 minutes with total volume of 1200 ml.

# Nutrient Drink Test Baseline Symptoms

## Case Report Form

Please indicate below your level of nausea:

\_\_\_\_\_

None Worst Ever

Please indicate below your level of fullness:

\_\_\_\_\_

None Worst Ever

Please indicate below your level of bloating:

\_\_\_\_\_

None Worst Ever

Please indicate below your level of abdominal pain:

\_\_\_\_\_

None Worst Ever

# Nutrient Drink Test

## Case Report Form

### Descriptors of Satiety Sensations

**(1) First sensation:** Exactly that.....first feeling of having eaten something.

**(2) Mild Satiety:** First indication of a sensation of fullness

**(3) Moderate Satiety:** Near fullness

**(4) Severe Satiety:** Full.....normal time cessation of meals

**(5) Maximum Satiety:** Thanksgiving full.....had the extra helping and wish they hadn't.....fullness to the point of nausea and vomiting

# Nutrient Drink Test

## Case Report Form

**Start Time:** \_\_\_\_\_

**Satiety (Level of Fullness)**  
Clock time rounded to nearest minute

**First Sensation (1):** \_\_\_\_\_

**Mild Satiety (2):** \_\_\_\_\_

**Moderate Satiety (3):** \_\_\_\_\_

**Severe Satiety (4):** \_\_\_\_\_

**Maximum Satiety (5):** \_\_\_\_\_ **Stop Time.**

# Nutrient Drink Test

## Case Report Form

Technician: \_\_\_\_\_

Total Volume Ingested : \_\_\_\_\_ ml

Flavor of Ensure: \_\_\_\_\_

Tally marks of # of glasses consumed: \_\_\_\_\_

Notes:



# Nutrient Drink Test 15 Minute Post Satiety

## Case Report Form

Please indicate below your level of nausea:

\_\_\_\_\_

**None** **Worst Ever**

Please indicate below your level of fullness:

\_\_\_\_\_

**None** **Worst Ever**

Please indicate below your level of bloating:

\_\_\_\_\_

**None** **Worst Ever**

Please indicate below your level of abdominal pain:

\_\_\_\_\_

**None** **Worst Ever**

# Nutrient Drink Test 30 Minute Post Satiety

## Case Report Form

Please indicate below your level of nausea:

\_\_\_\_\_

None Worst Ever

Please indicate below your level of fullness:

\_\_\_\_\_

None Worst Ever

Please indicate below your level of bloating:

\_\_\_\_\_

None Worst Ever

Please indicate below your level of abdominal pain:

\_\_\_\_\_

None Worst Ever