

SUBJECT: IDENTIFYING RESIDENTS AT NUTRITIONAL RISK

POLICY: Residents identified to be at nutritional risk will be placed on the nutrition risk program which will consist of weekly weights (or more frequently if indicated), daily meal time monitoring, and evaluated for between-meal nourishments (snacks and/or supplements). The resident's plan of care will be monitored weekly (or as otherwise specified) by the interdisciplinary care team. The nutrition tracking form, food intake record, weight log form and wound care manual will be used to help identify residents at nutritional risk.

DATE EFFECTIVE: _____

DATE REVISED: _____

DATE REVIEWED: **Annually**

APPROVED BY: _____

ISSUING DEPARTMENT: **Nutritional Services**

APPROVED FOR USE IN: _____

PROCEDURE:

1. Residents with any of the following conditions will be considered at nutritional risk:
 - a. Stage III or Stage IV pressure ulcer(s).
 - b. Weight change of 5% in 30 days or 10% in 180 days.
 - c. Diagnosis of suspected malnutrition/dehydration; not consuming all/almost all fluids during the last three days. Food and fluid intake is documented in the food intake record book daily.
 - d. Leaves 25% of food uneaten at most meals.
 - e. Tube feeding or TPN.
 - f. Mouth pain or chewing/swallowing problems resulting in decreased intake.
 - g. Other (may include: feeding problems, drug/nutrient interaction, dialysis, complaints of hunger, taste complications, fluid restriction, poorly controlled diabetes, abnormal lab values, unusual/restrictive diet order, severe vomiting and/or diarrhea, bizarre eating habits, or at the discretion of the Nutrition Professional.
2. The Nutrition Professional will indicate that the resident is at nutritional risk on the "nutrition tracking form," which is updated weekly.
3. When a resident is identified to be at nutritional risk, the following procedure will take place:
 - a. Weekly or more frequent resident weights to be recorded in the weight log book by nursing staff.
 - b. Daily meal time monitoring by interdisciplinary staff. Problems to be communicated to the Nutrition Professional for follow-up.

- c. Evaluation of between-meal nourishments/snacks by the Nutrition Professional. Snacks are sent from the main kitchen and offered by nursing staff.
 - d. Care plan meeting discussion of resident's status weekly or when a significant change in condition occurs.
 - e. The Nutrition Professional will review the list of residents at nutritional risk weekly; will update the identification of those residents at risk as needed; and will document in the medical record as appropriate.
4. Food intake will be recorded for each resident.
- a. Nursing staff will be responsible for recording the intake of all meals, fluids and snacks.
 - b. A food record book containing these records will be kept at the nursing station.
5. The Nutrition Professional will record the nutritional intake status and progress of the nutritional plan of care in the resident's medical record weekly.
6. The Nutrition Professional (or other applicable interdisciplinary care team member) will update the care plan with any changes as needed.