

APPENDIX 10–A

NUTRITION CARE ALERTS

Warning Signs and Action Steps for Caregivers in Nursing Facilities or at Home

Proper nutrition care is vital to the health and well-being of nursing facility residents and seniors living in their own homes. This guide, developed by nutrition and long-term care experts, can help caregivers learn more about the warning signs of poor nutrition and practical steps to maintain and improve residents' nutritional health. It is designed to be used every day with every resident.

This guide addresses 4 common nutrition-related conditions: unintended weight loss, dehydration, pressure ulcers, and complications from tube feeding. Warning signs and action steps for nursing assistants follow each condition; action steps for other care providers like physicians, nurses, dietitians, and pharmacists are listed.

Unintended Weight Loss

Warning Signs

The following are some signs that a resident may be at risk for or suffer from unintended weight loss:

- Need help to eat or drink
- Eats less than half of meals/snacks served
- Has mouth pain
- Has dentures that do not fit
- Has a hard time chewing or swallowing
- Has sadness, crying spells, or withdrawal from others
- Is confused, wanders, or paces
- Has diabetes, COPD, cancer, HIV, or other chronic disease

Source: Nutrition Screening Initiative. *Report of the Nutrition Screening: Toward a Common View.* Washington, DC: Nutrition Screening Initiative; 1991.

Action Steps

Below are some action steps to increase food intake, create a positive dining environment, and to help residents get enough calories:

Nursing Assistant

- Report observation and warning signs to nurse and registered dietitian
- Encourage residents to eat
- Honor food preferences
- Offer many kinds of foods and beverages
- Help residents who have trouble feeding themselves
- Allow adequate time to finish eating
- Notify nursing staff if resident has trouble using utensils
- Record meal/snack intake
- Provide oral care before meals
- Position resident correctly for feeding

Other Members of the Interdisciplinary Care Team

- Monitor weight
- Provide higher-calorie food, beverages, or oral supplements
- Give high-calorie liquids with medications
- Incorporate increased fluids into resident's diet plan
- Assess cultural, ethnic preferences
- Reassess resident's dietary restrictions
- Modify food texture or temperature to increase intake
- Assist the resident to develop an advance directive regarding feeding/hydration issues
- Consider tube feeding, if indicated and in accordance with advance directive
- Consider medications to improve mood or mental status
- Consider a dental consultant

Dehydration

Warning Signs

The following are some signs that a resident may be at risk for or suffer from dehydration:

- Drinks less than 2 cups of liquids daily
- Has one or more of the following:
 - Dry mouth
 - Cracked lips
 - Sunken eyes
 - Dark urine
- Needs help drinking from a cup or glass
 - Has trouble swallowing liquids
 - Frequently vomits, or has diarrhea or fever
 - Is easily confused/tired

Action Steps

Most residents need at least 6 cups of liquids each day to stay hydrated. Below are some action steps to help residents get enough to drink:

Nursing Assistant

- Report observations and warning signs to nurse and registered dietitian
- Encourage a resident to drink every time you see the resident
- Offer 2–4 ounces water or liquids frequently
- Be sure to record fluid intake
- Offer ice chips frequently
- Offer sips of liquid between bites of food at meals and snacks
- Drink fluids with the resident if allowed
- Make sure pitcher and cup can be lifted by resident
- Offer appropriate assistance as needed if residents cannot drink without help

Other Members of the Interdisciplinary Care Team

- Monitor fluid intake
- Incorporate increased fluid into resident's diet plan; for example: popsicles, juice bar, gelatin, ice cream, sherbet, soup, broth, fruit/vegetable juices, lemonade, flavored water
- Offer a choice of liquids at meals and snacks
- Assist the resident to develop an advance directive regarding feeding/hydration issues
- Consider oral rehydration or IV hydration treatment if enteral intake fails to meet needs
- Consider tube feeding, if indicated, and in accordance with advance directive
- Assess medications and revise prescriptions that contribute to dehydration
- Give medications with 1 cup (240 cc) water or other liquid

Pressure Ulcers

Warning Signs

The following are signs that a resident may be at risk for or suffer from pressure ulcers:

- incontinence, creating moisture on the body
- immobilization, with inability to
 - move arms, legs, or body
 - turn in bed
 - change position when sitting
- Weight loss, creating
 - dehydration
 - discolored, torn, or swollen skin over bony areas

Action Steps

Below are some action steps to help residents who are at risk for or suffer from pressure ulcers

Nursing Assistant

- Report observations and warning signs to nurse and registered dietitian
- Frequently check linens and change them as needed
- Handle/move the resident with care to avoid skin tears and scrapes
- Reposition frequently and properly
- Use unintended weight loss action steps (listed previously) so resident gets more calories and protein
- Record meal/snack intake
- Use dehydration action steps (listed previously) so resident gets more to drink

Other Members of the Interdisciplinary Care Team

- Initiate wound management protocol
- Consider nutritional supplementation based on a resident's needs
- Assist the resident to develop an advance directive regarding feeding/hydration issues
- Use unintended weight loss action steps (listed previously) to improve calorie/protein intake
- Use dehydration action steps (listed previously) to improve fluid intake

Residents Who Are Tube Fed

Warning Signs

The following are warning signs that a resident may be at risk for or experiencing tube feeding complications:

- Has one or more of the following:
 - nausea/vomiting/diarrhea
 - swollen stomach
 - constipation/cramping
- At the site where the feeding tube enters the body, there is:
 - pain, redness, heat, or swelling
 - crusty or oozing fluid
 - A cough, wet breathing, or a feeling of something caught in the throat

Action Steps

Below are some action steps for use in cases where residents may be at risk for or experiencing tube feeding complications:

Nursing Assistant

- Report observations and warning signs to nurse and a registered dietitian
- Maintain position of resident with head elevated 30 degrees or more as tolerated during feedings and at least 30 minutes after feedings

Other Members of the Interdisciplinary Care Team

- Assess pain and other complaints to rule out non-tube feeding causes
- Assess/revise medications to minimize complications/pain, if indicated
- Check placement of the tube and residual prior to each feeding
- Check tube for obstructions
- Flush tube regularly
- Modify tube feeding administration, rate, strength, and formula, if necessary
- Reassess need for tube feeding; transition to oral feedings if appropriate
- Assist the resident to develop an advance directive regarding feeding/hydration issues