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Nutrition in LTC:

A practical guide for student dietitians, DTRs, and new dietitians.

Objectives

- Describe best practices for an RDN or DTR in a LTC setting
- Discuss co-morbidities and how they affect nutritional care.
- Describe the charting timetable
- Understand the Nutrition Care Process for Long-Term Care

Evidence Analysis Library

- A group of experts determine a nutrition question.
- Review supporting documentation
- Provide a graded conclusion statement

Cause of Nutrition Deficits

- Decreased taste/smell
- Decreased mobility
- Budget
- Lack of ability to prepare food due to fatigue/weakness
- Debilitating disease such as cancer, heart disease (CHF), and renal disease
- Dementia, Alzheimer's, Parkinson's
- DM
- Psychological Disorders such as Schizophrenia or bipolar disorder

Diabetes

- EAL recommendations for fixed insulin doses and type 2 diabetes/MNT
- American Diabetes Association: Target A1Cs

CHF

- Low salt diet with fluid restriction
- Increased non-compliance
- Daily weights
- Can go into CHF quickly
- EAL: Sodium intake: 2000-3000 mg per day
- EAL: Protein needs: at least 1.1 g of protein per kg to prevent catabolism, with a range of 1.1-1.4 g per kg
- EAL: Fluid Intake: 1-2 liters per day

Kidney Disease

- Assessing nutrition needs
- Goal
- Minimize comorbidities
- EAL: .6-to.8 g of protein per Kg of body weight per day for those with a GFR of <50.
- Dialysis patients need extra protein with limited salt and potassium
- Phosphate Binders
- Communicate with Dialysis RDN

Dysphagia

- Aspiration Pneumonia

- Dehydration
- Malnutrition (cachexia and sarcopenia)
- Muscle Breakdown
- Increased Infections
- Decreased Function

Dementia...what to look for

- Pocketing
- Prolonged mastication
- Aspiration
- Food falls from mouth
- Forgetting to swallow

Magnifies Nutrition Deficits

- Pressure Areas
- Co-morbidities

State Operations Manual

- Description
- Informed choices

Diet Liberalization:

- Which residents should we liberalize?
- EAL's opinion

Diet Compliance

- Goal
- Example

Nutrition Care Process for LTC

- Nutrition Assessment
- Diagnosis
- Intervention
- Monitoring/Evaluation

Steps in the Nutrition Assessment Process:

- Assessment
- Care Plan
- MDS
- RCC

Charting Timetables

- Initial Assessment
- Medicare: 14, 30, 60 and 90 day notes
- QR/Annual
- Interim notes

Nutrition Assessment

- Ht./Wt./IBW/BMI
- Diagnosis
- Skin Issues
- Labs
- Eating Ability
- Dentures

- Diet
- Medications

Nutrition Focused Physical Exam (NFPE)

- 2012 ASPEN and the Academy of Nutrition and Dietetics guidelines
- Indications of undernutrition

Nutrition needs:

- Catabolic (when to use IBW vs. Actual BW)

Pressure Sores

- Monitoring
- NPUAP recommendations
- Weekly weight and wound meeting

Albumin and Prealbumin

- State Operations Manual Statement
- International Dietetics Nutrition Terminology Statement
- Davis et al study

Weight Monitoring

- What is a significant weight loss?

Medications that Affect Nutrition or Weight

- Diuretics
- Prednisone
- Insulin
- Oral-Hypoglycemic agents
- Synthroid

Nutrition Interventions

- Food first
- Supplements
- Weight monitoring
- Adaptive Equipment
- Meal assistance
- SLP
- Dental Consult
- Meal rounds
- Calorie Count

Dehydration

- Ways to improve fluid intake in the elderly

Resident Care Plan

- Problem
- Goal
- Approaches
- Rules

Sample Patient

MDS

- Nutrition professionals have to answer section K
- Loss of solids or liquids when eating/drinking
- Coughing/choking

- Pain or difficulty swallowing
- Ways to assess swallowing
- Assessment Reference Date
- Weight loss/gain
- Parental/tube feeding/therapeutic or mechanically altered diet
- Therapeutic diets

RCC

- Who attends and what is discussed
- Follow-up

Order Writing

- Dietitian

Things to think about

- Allergies
- Religious or Cultural needs
- Dining environment

Questions

References

How to fill out the K section of the MDS:

OBRA Regulations

- Why we fill out the MDS

Assessment Reference Date (ARD)

- 7-day look-back
- Sign MDS after the ARD date
- 2019 Final Rule
- Patient Driven Payment Model

Section K:

- Conditions that affect nutrition
- Height/Weight
- Weight loss or gain
- Nutrition Approaches

K0100: Swallowing Disorders

- Assessing Swallowing
- Plan of Care
- Ways to assess swallowing during the 7 day look back period
- Helpful Hints

K0200:

- Weight loss and gain
- Helpful Hints
- 3 Sample Residents

K0510: Nutrition Approaches

- Helpful Hints-Enteral TF's

- Helpful Hints-Therapeutic Diet
- 3 Sample Residents

Further Instruction

- TF decrease dignity
- Calories via artificial methods should be reviewed periodically.
- Need to transition to an increased oral intake should also be evaluated periodically.

K700A

- How to calculate calories and fluids through parental or tube feeding routes
- Sample Residents

CAT and CAA

- Description
- Documentation

References

LTC and the State Survey: What you need to know about “F” Tags

Objectives

- Discuss the purpose of the State Operations Manual
- Review the survey process
- Describe the best practices for an RD during a state survey
- Explain “F” tags involved with nutrition

State Operations Manual

- Description
- Use as a guide

New State Survey 2017

- Type of survey
- How residents are assessed

What are “F” Tags?

- Examples

Nutrition-related “F” tags

- Comprehensive Nutrition Assessment
- Food Safety
- Assisted Nutrition and Hydration
- Menus and Nutrition Adequacy
- Dignity
- Potential tags that link to nutrition

Deficiency Categories

- Security level 1-4
- Example for F 371

Survey Process

- Arrival of the State
- Kitchen Rounds

- Weights and Wounds
- Chart Audits
- Timely chart weight changes
- Adaptive Equipment
- Handling Questions

Nutrition Critical Element Pathway

- Nutrition

Conclusion

References

Becoming a LTC RDN:

Objectives

- Describe best practices for an RDN in a LTC setting
- Differentiate between the daily routine of a LTC Consultant and LTC Staff RDN

Difference between a skilled facility and hospital

- Weight monitoring
- Less flexibility with budget
- Liberalized diets

Staff or Consultant

- Malpractice Insurance
- Taxes
- Flexibility
- Hours
- Benefits

Dietitian Tasks

- Assessments
- Weight changes
- Wounds
- QR and Annuals
- Sanitation rounds
- Weight and wound meeting
- In-services
- MDS
- Morning Report
- Care plan meetings
- Meal rounds

Food Service

- Temperatures, test trays and sanitation

Weight monitoring tips

Charting

Conclusion

