

Staff Role in Meeting Nutritional Needs of Residents



COLORADO FOUNDATION
FOR MEDICAL CARE

Statement of Risk

- Many aspects of nutritional status associated with the development of pressure sores
 - Reduced BMI
 - Low body weight
 - Altered ability to dine independently
 - Reduced food intake
 - Low intake of Protein
 - Decreased serum albumin and TLC

Statement of Risk

- These nutritional aspects are not a direct cause of pressure ulcers
- Strong correlation between severe malnutrition and the development of pressure ulcers



Nutritionally compromised vs. Malnutrition

- Inconsistent definitions of malnutrition
- Serum albumin cannot be used as the only indicator of the degree of malnutrition or risk of developing a pressure ulcer



Registered Dietician

Critical member of the interdisciplinary team!

Nutritional Requirements

Stage III and IV

- Calories
 - 35-40 Kcal/kg/day
 - #120 resident/ 2.2 = 55kg x 35-40 = 1900-2200 kcal/day
 - Calorie requirements vary greatly with severity of wound, healing process, co-morbidities, age and body weight

Nutritional Requirements

- Protein

- 1.25 – 1.50 grams protein/ kg.
- Adequate protein primary consideration
 - Protein deficiency impairs all aspects of wound healing as well as the immune response. (RDA 0.8gm/kg)
 - Extensive loss results from drainage of wound.
 - Excessive dietary protein may unduly tax renal and/or hepatic function (> 2 gm/kg)

Nutritional Requirements

- Fat
 - Essential fatty acid deficiency (EFAD) is rare
 - Excessive supplementation of Omega-3 fatty acids may impair wound healing.

Fluid Requirements

- > 55 yrs. Old – at least 30ml/kg or minimum of 1500 ml/day unless contraindicated due to renal or cardiac dx
- Evaporation can result in increased fluid losses that are hard to quantify
 - Fever, air fluidized beds set at high temp, draining wounds

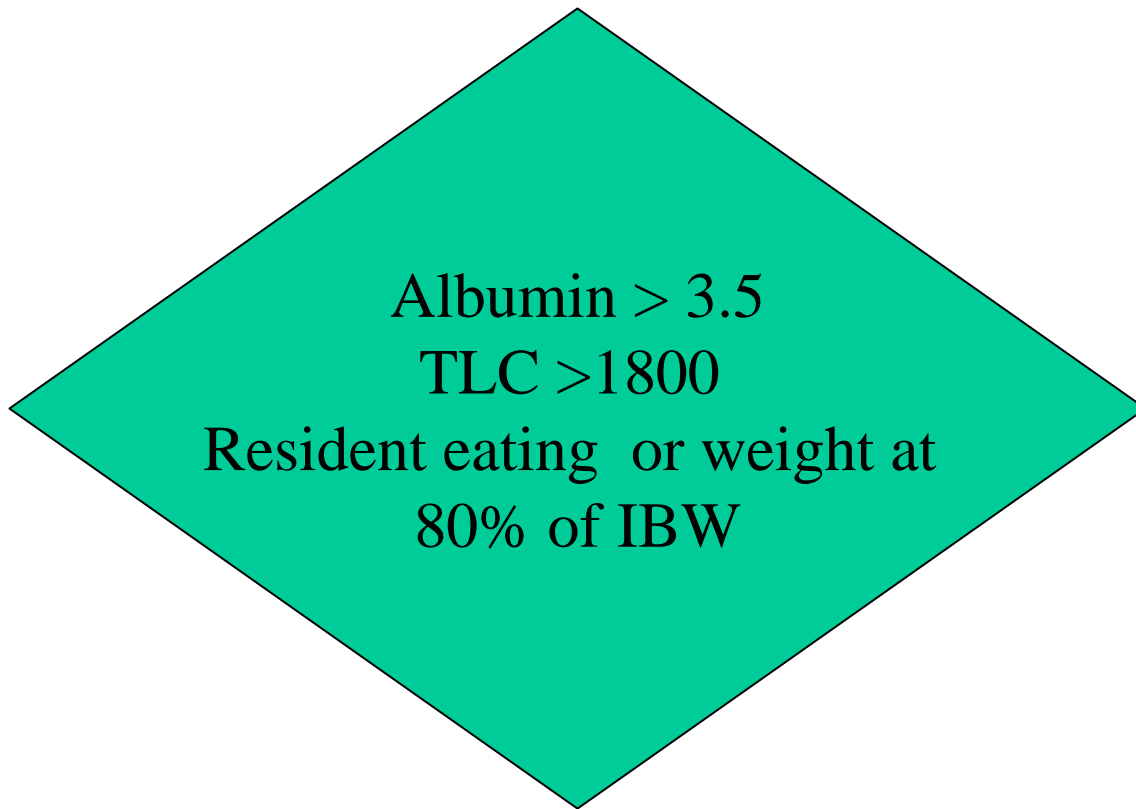
Assessing Hydration

- Lab data
 - Hematocrit
 - Hemoglobin
 - BUN/Creatinine ration
 - Chloride
 - Albumin
 - Urine specific gravity

Assessing Hydration

- Physical assessment
 - Dry mucous membranes
 - C/O Thirst
 - Skin turgor
 - Urine output r/t intake
 - Daily weights

Nutritional Assessment Flow Chart



Nutritional Assessment Flow Chart



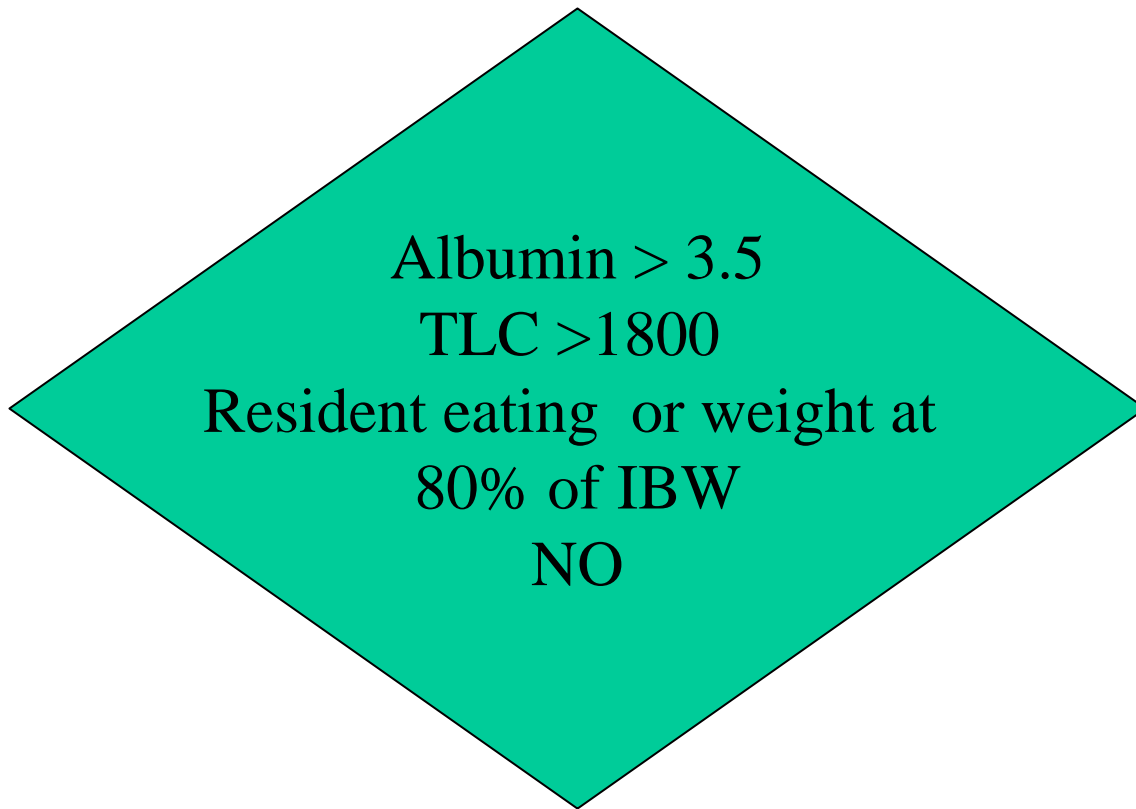
Adequate Dietary Intake?

Nutritional Assessment Flow Chart



Periodic Re-assessment

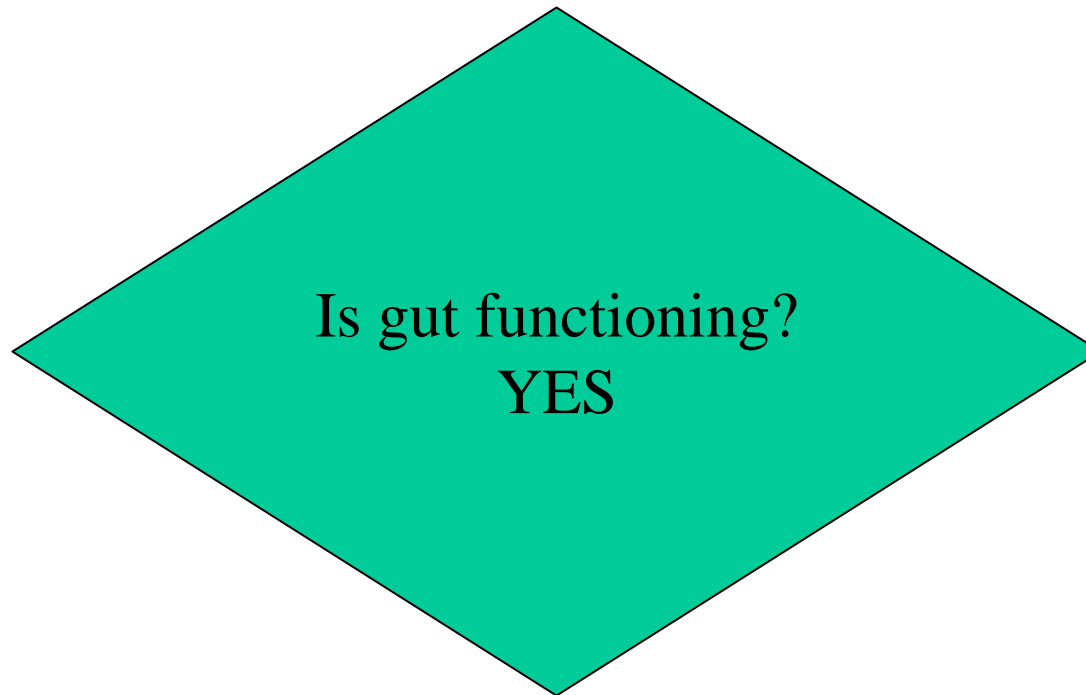
Nutritional Assessment Flow Chart



Nutritional Assessment Flow Chart

Assessment of physical and psychosocial
Barriers to intake

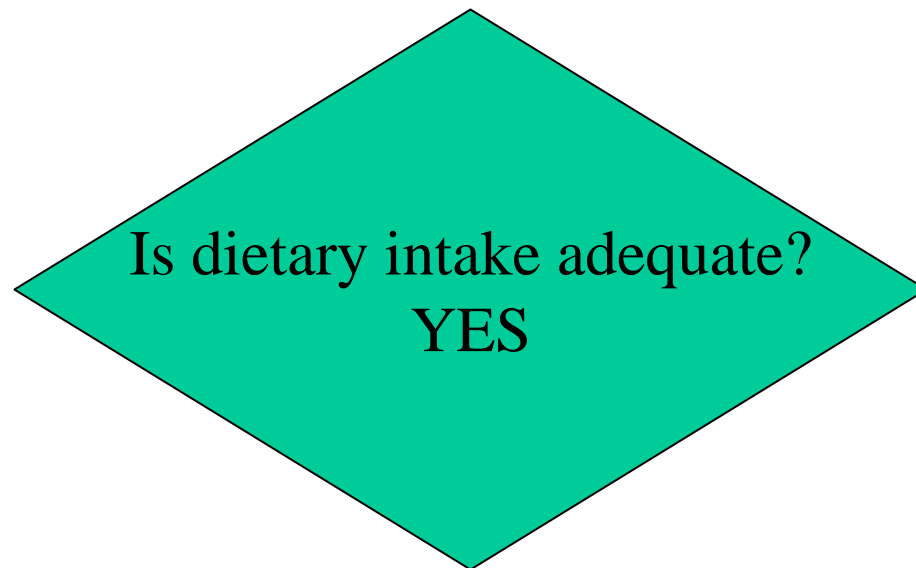
Nutritional Assessment Flow Chart



Nutritional Assessment Flow Chart

Oral nutritional supplements and
Assistance with eating
Restorative program

Nutritional Assessment Flow Chart



Nutritional Assessment Flow Chart



Periodic re-assessment

Nutritional Assessment Flow Chart

IF No, consider tube feeding.
If unable to provide adequate dietary
Needs, consider TPN, hospice

Looks great on paper....but HOW?

- What about the resident who
 - Refuses to eat
 - Won't allow you to feed them
 - Has swallowing difficulties
 - Has no appetite
 - Won't sit down to eat



Staff Role in Meeting Nutritional Needs

Strategies for Success

- Individualize plan
- Work as a team
- Good communication
- Don't give up!