

Long-Term Care Survey Alert

Survey, Clinical & Research News to Use

In a recent survey & cert memo, CMS says it "made changes to surveyor guidance for feeding tubes in Appendix PP of the SOM to provide clarification to nursing home surveyors when determining compliance with the regulatory requirements for feeding tubes" at F322. "The revision will be implemented on November 30," states the memo.

"Similar to other revised guidance, the changes in the F322 guidance provide more detail and updated clinical and best practices regarding the use of feeding tubes," **Evvie Munley**, senior health policy analyst for LeadingAge tells Eli.

Munley notes that several of LeadingAge's reviewers of the draft guidance "had been particularly concerned that resident's rights remain paramount in the decision-making process." She says the trade group was thus "pleased to see the emphasis included that a decision to use a feeding tube must 'be based on the resident's clinical condition and wishes, as well as applicable federal and state laws and regulations for decision making about life-sustaining treatments'" (see the language on page 4 of the survey memo at www.cms.gov/Surveycertificationgeninfo/downloads/SCLetter11_37.pdf).

Editor's note: For an in-depth article on the guidance, see the next Long-Term Care Survey & Compliance Alert.

Caring for patients receiving cancer chemo? "Certain food aromas really bother cancer patients who are taking [cytotoxic] chemotherapy," observes **Sarah-Jane Bedwell, RN, LDN**, in Nashville, Tenn. If that's the case, "serve certain foods with aromas that bother the person cold rather than hot -- for example, cold broccoli rather than hot," if the person likes that vegetable, Bedwell suggests.

"You have to find out what works for each person," Bedwell stresses. "Some smells may not bother one person but will another."

Another potential problem: "A lot of times food tastes also change when a person is getting chemotherapy," says Bedwell. For example, "certain foods may taste metallic."

Thus, "you may have to go back to a blander diet until you can figure out what tastes good to the person."

You should consider putting your patients who have diminished eyesight on the watch list for falls, suggest findings from a newly published study. Researchers at Trinity College Dublin in Dublin, Ireland compared "three groups: older adults who had fallen at least once in the past 12 months, older adults who had not fallen, and younger adults," states a release on the study.

The researchers published an article on the study, "Reduced Vision Impairs Spatial Cognition in Fall-Prone Older Adults," in a recent issue of *Insight: Research and Practice in Visual Impairment and Blindness*.

In the study, the researchers had the participants walk a course without and without vision-impairing goggles. When the younger adults and the older adults who hadn't fallen had reduced vision, they "reduced their walking speed," states the release. "They were compensating for their impairment by proceeding more slowly. The fall-prone group, however, did not walk more slowly. They also made more errors in returning to the starting point of the course," the release continues.

Conclusion: "The fall-prone older adults displayed an overreliance on visual information for spatial cognition, but at the same time they did not adjust their behavior to compensate for their lack of visual information," says the release. "Spatial cognition may be more greatly compromised among fall-prone older adults."

Read the release at http://allenpress.com/Publications/pr/AERJ4_3.

