

MDS Alert

Clinical Care: Resident Not Eating Enough? Here's How to Get Intake Back on Track

The remedy may be simpler than you think, says expert.

You don't want the first indication that a resident hasn't been eating well to show up as avoidable weight loss on an MDS assessment.

Potential problem: The MDS 3.0 has made identifying residents at risk for weight loss more challenging because the tool doesn't include the item for percentage of meal intake in Section K, observes **Lisa Holbein, RN, RACCT, MSCN**, manager of clinical consulting for VCPI (Virtual Care Provider Inc.).

Solutions: Diligently track and analyze daily meal intakes to spot even subtle changes in a resident's eating patterns, Holbein advises. You can use a paperbased tracking system, but it can be "cumbersome and laborious" to analyze the data in order to identify changes. On the other hand, automated tracking allows you to "assimilate data and produce reports alerting staff to sudden changes," Holbein adds.

Determine Why a Resident Isn't Eating

Facilities not only have to identify residents whose meal intake is on the decline -- they also have to "discern the root cause to prevent a potential weight loss," says Holbein. The "root causes might include infection, delirium, or swallowing problems, which can possibly be reversed with appropriate and early interventions," she points out.

Engage the frontline staff in the nutrition assessment and care planning, advise **Becky Dorner, RD, LD**, principal of Becky Dorner & Associates in Akron, Ohio. These individuals "see what the resident eats every day, what their issues are at mealtime, when they have trouble chewing, or when they are having a bad day."

The nursing staff can also help determine when a resident needs a referral to another discipline to address issues such as depression, which might be affecting his appetite and health, says Dorner.

Look for Easy Answers

There can be a slew of reasons why someone isn't eating, some of which are relatively simple to address, says **Annette Kobriger, RD, MPH, MPA**, in Chilton, Wis. For example, "is the person at the dining table near them eating in a way that turns off their appetite?" Other questions you might ask, she advises, include:

- Is the person sitting down long enough to eat very much? If not, why?
- Is the CNA or dietary aid delivering the meal tray providing set up help? Is the resident getting enough assistance to eat?

Also take a look at a person's use of liquid nutritional supplements (shakes), which Kobriger notes the Institute of Medicine referred to in a recent publication as "the fast food of the long-term care industry."

"If a resident consistently won't drink them or isn't drinking them," take a closer look and come up with an alternative, she advises.

Clinical tip: Facilities should use a team approach to looking at supplement use by patients with abnormal lab values, advises Kobriger. She recounts how one facility decided to push calories and supplements for a wound-care patient who had a low serum albumin, which clinical staff viewed as being a sign of under-nutrition. But the patient, who loved

sweets, actually had diabetes, and his low albumin was caused by his blood glucose levels being out of control, she says. By drinking the 16-ounce supplements TID, the resident ended up in ketoacidosis, Kobriger warns.

Consider Liberalizing the Diet

Facilities might also rethink their approach for someone who repeatedly refuses different menu options and is losing weight, in Kobriger's view. She recalls one resident who refused to eat anything but untoasted English muffins, Twinkies, and milk. "So that's what we gave her. We made sure she drank big glasses of milk and got a multi-vitamin." Kobriger says she's "not averse to putting chocolate syrup on things. The goal is to get residents to eat and enjoy their life." Surveyors may question why you're allowing someone to eat something that's not nutritional, Kobriger says. Her response to that type of question:

"That's what the person will eat and it makes him happy and his weight is OK," she says. "And if he stops eating, as he had despite interventions to get him to eat enough calories, he could get a pressure ulcer."