

## MDS Alert

### Dietary Assessment: Resident Dropping Pounds Or Not Eating Well?

**These MDS items may hold the answers.**

The MDS can red-flag residents whose nutritional status is in jeopardy - or help explain why a resident is shedding weight.

Assessment parameters to identify residents at risk of significant weight loss include the following:

1. Section K. K4a looks at whether the resident complains about the taste of the food. K4c flags a resident who leaves 25 percent or more of her food uneaten at most meals. "K5 looks at therapeutic diets, mechanically altered diet, etc.," says **Norma Jean LaPoint, RN**, MDS coordinator for **United Helpers Nursing Home** in Ogensburg NY.

"Also look at Section K1 to see if the person has a problem with dentures, mouth sores or pain," LaPoint advises.

2. Section E. Behaviors and mood coded in this section can be a risk factor for poor meal intake. Dementia is a risk factor for poor nutrition.
3. Section G. Limitations in functional status, especially ability to eat independently, can cause a resident to miss out on adequate meal intake, if she doesn't receive adequate assistance.
4. Pain in Section J. Pain can interfere with a resident's appetite or ability to eat.
5. Section I (diagnoses). "Sometimes a person with cancer will eat normally and still lose weight," says LaPoint. Other diagnoses associated with potential for poor appetite and/or weight loss include depression, CVA with dysphagia or dysphasia, hyperthyroidism, renal failure, COPD, diabetes mellitus, recurrent pneumonia, congestive heart failure, arthritis or liver disease.
6. Section O (medications). "If the person isn't eating well or is losing weight, we look to see if the physician has added or stopped a medication recently," says LaPoint. "Some psychotropic medications can cause weight loss or gain. Yet sometimes we do a psychotropic med reduction, and find someone becomes more resistant to eating due to anxiety or behaviors."