AUGUST 1, 2021 VOL. 13

THE NETWORK NEWSLETTER

Connecting Consultants of S & S Nutrition Network Inc.

IN THIS ISSUE

Convention in Review

It was so great to see everyone that was able to make it to this year's S & S Annual Meeting and IHCA Summer Convention! There were some great presentations and discussions. We have included several snippets in the following pages as well as some fun photos from our days together.

If you haven't already, please provide feedback and ideas for future meetings at the link here: S & S Annual Meeting Survey.

Sarah Bair

End-Of-Month Reports

It is imperative that S & S RDNs are filling out a monthly report at the end of each month. A monthly report is used as a communication tool with our facilities to help them with quality assurance by identifying potential issues/concerns and recommendations to help solve them. No facility is perfect and we should be able to provide feedback for our facilities on ways they can improve. A report should be completed in its entirety (front and back). A copy should be provided to the Administrator, Dietary Manager, DON during the verbal sit down exit each month and emailed to Deanna. Reports also need to be completed monthly for facilities where S & S is providing temporary and/or remote coverage. See examples below for excellent reports completed by S & S RDNs:

Consulting Dietitian's Report

S & S Nutrition Network, Inc.

Exit with/provide copies to Administrator, Dietary Manager, Director of Nursing. Send copy to S & S Administrative Assistant

Facility Name: [redacted] **Month of Visit:** [redacted]

Consultant: [redacted] **Consultant:** _____

Progress Made Since Month/Report?
Ensign acquisition 6/1

Repeat Concerns: Re-weights not being obtained/entered in a timely manner

Were Dietitian's Recommendations Followed From Last Month?
Most were not followed
(Please see reports and recommendations left at the time of each visit)

Date and Issues from Last State/Federal Survey: F692, F803, F806, F812
Are the Issues Resolved? All but F812

Areas Covered During Visit — **Date of Visit (Indicate "R" for Remote Visit)**

	7/1	7/6	7/8	7/13R	7/15R	7/20	7/22R	7/27	7/29
Hours Billed Are Hours within Budget/Contract?	5.5Y	7Y	6Y	4.5Y	6.5Y	8.5Y	3Y	8Y	9Y
Review/Approval of Comprehensive, Annual, Significant Change Assessment (completed by CDM)									
New/Comprehensive Assessment	1	4	1	4	3	5	1	4	4
Annual/Significant Change Assessment	1	2	2					1	
Quarterly Assessment									
MDS	2	9	3	4	3	6	1	6	
CAA	2	6	2	1	2	3	1	5	
Care Plan	2	7	4	3	3	5	1	5	
Monthly/High Risk	4		2			3			6
Nutrition at Risk Preparation			x		x		x		x
Nutrition at Risk Meeting Attendance	x		x		x		x		x
Weight Review (PCC Weight Board)	x	x	x	x	x	x	x	x	x
Consults/Calorie Counts			1						
Sanitation & Safety Audit Last Month's Score: 81 %								68%	
Dining Room Observation Last Month's Score: 90 %						47%			
Test Tray Evaluation Last Month's Score: 74 %								76%	
Tray Line Observation Last Month's Score: 83 %								77%	
Quarterly Audit Last Score: 91 %									
Inservice Provided/Attended (if yes list topic)	Sent Vicky Handwashing in-service for 7/30								

Other Areas Covered: 7/1: message Roma regarding res; 7/15: conversation with Vicky regarding section K; 7/29: dialysis RD convo and follow up; 7/29: res concern brought up to social services

Consulting Dietitian's Report

S & S Nutrition Network, Inc.

Exit with/provide copies to Administrator, Dietary Manager, Director of Nursing. Send copy to S & S Administrative Assistant

Facility Name: [redacted] **Month of Visit:** July 2021

Consultant: [redacted] **Consultant:** _____

Progress Made Since Month/Report?
Residents are thrilled with the meals! Resident council raved about the food this month. Test tray score improved this month.

Repeat Concerns: Weights not taken per orders. Maintenance work in kitchen is still left over from June.

Were Dietitian's Recommendations Followed From Last Month?
Yes
(Please see reports and recommendations left at the time of each visit)

Date and Issues from Last State/Federal Survey: April 2019 Deficiency free for food & Nutrition services
Are the Issues Resolved? tag 684 (quality of care) was issued d/t weights not taken as ordered (weekly & daily weights)

Areas Covered During Visit — **Date of Visit (Indicate "R" for Remote Visit)**

	7/01/202	7/7/202	7/9/2021	7/15/2021	7/16/2021	7/21/21	7/23/2021	7/26/2021	7/28/202
Hours Billed Are Hours within Budget/Contract?	5 (R)	6	6 .5	7	2.5	7	4	5	7
Review/Approval of Comprehensive, Annual, Significant Change Assessment (completed by CDM)	3								
New/Comprehensive Assessment	3	1	1	2			2	3	
Annual/Significant Change Assessment	1								
Quarterly Assessment	2	1	10						
MDS	8	3	3	17			2		
CAA	3	2	2				2	3	
Care Plan		4	4				2	3	
Monthly/High Risk					x				
Nutrition at Risk Preparation		x		x		x			
Nutrition at Risk Meeting Attendance		x		x		x			x
Weight Review (PCC Weight Board)		x		x		x	x		x
Consults/Calorie Counts									
Sanitation & Safety Audit Last Month's Score: 86 %						80%			
Dining Room Observation Last Month's Score: 84 %									
Test Tray Evaluation Last Month's Score: 68 %									88%
Tray Line Observation Last Month's Score: 87 %							80%		
Quarterly Audit Last Score: ____ %									
Inservice Provided/Attended (if yes list topic)								QPI	

Other Areas Covered: Weight audits completed most visits. Additional trayline observations throughout month. Dining room has been closed since 7/14 due to COVID outbreak. Dining room audit was not completed for July due to closure of dining room.

Number of Residents Diagnosed with Malnutrition: 7 recs **Weight Loss %** 0 **Facility Census:** 83
Weight loss calculated from Quality Indicator or RDN Calculations? QI
Is Skin Report Available and Reviewed Each Week? No **Pressure Injury %** 1.2

Issues/Concerns:	RDN Recommendation/Plan:
Dinner tray line observation-- tray line took ~1.5 hours to finish, started 15 minutes late. Some residents on first floor didn't get their tray until nearly 7 pm. PM cook observed thinning soup, gravy, pureed item with hot water so that he would not run out	Time management on tray line needs to be discussed with night staff, Vicky planning to discuss this with staff
RD not receiving skin report	Can Tayler print the report for me?
Dining observation--Not a single resident was in the assisted dining room at dinner time, residents in need of assistance or observation observed alone in their room	Kris has a plan to resolve this issue. Will follow up again in August with dinner dining observation
Significant decrease in safety and sanitation audit--Poor handwashing and glove use during tray line observation, missing UBD/labels in fridge and freezer, kitchen in need of TLC	RD provided handwashing in-service for Vicky to go over with staff
Pest control--Continues to be a concern but looking much better than it has in the past	Continue with pest control and documentation of pest control visits until resolved
RD recs are not being typically being followed. Re-weighs aren't being obtained. Robin states that wts are being taken and logged in shower book but are not being entered	Is there a better way to communicate RD recs so that they are followed?
RD order writing--any update?	

Exit With: [redacted] **Date/Time:** [redacted]
Consultant's Signature [redacted]
Consultant's Signature: _____

Number of Residents Diagnosed with Malnutrition: 8 **Weight Loss %** 4.7 (2 res) **Facility Census:** 42
Weight loss calculated from Quality Indicator or RDN Calculations? RDN calculations
Is Skin Report Available and Reviewed Each Week? yes, reviewed in NAR **Pressure Injury %** 14% (6 residents)

Issues/Concerns:	RDN Recommendation/Plan:
Sanitation 80% (tag 812) Light covers need cleaned, on needs replaced Base board near handwashing sink needs replaced Dust and grease build up on sprinkler heads	CDM reports referral was made to maintenance the end of June. Sawyer, can you please check into this?
Sanitizer bucket concentration too weak gaps on fridge/freezer/dish temperature logs	Sanitzer buckets need to be dumped every two hours and/or when dirty. CDM encouraged cooks to dump their buckets before trayline starts and to refresh them when they start a new round of cleaning. Becky, consider doing random bucket checks throughout the day
Trayline audit 80% (tag 805 & 812)) Incorrect portion sizes for mechanically altered diets no shredded salad for the dental soft diets temperatures not taken for cold items Milk not on ice	Education regarding scoops was conducted on day of audit. Also reviewed proper texture for dental soft diets with cook (Lorrie). Becky says kitchen will start keeping milk on ice once they have the milk in individual bottles (next week)
Test tray 88% (tag 805--IJ level) Chunks of meat in puree food	Cooks need to be marking sure all mechanically altered diets pass the IDDSI tests before they are served. Frequent education on mechanically altered diets to continue in August.
Clinical Weights are not being taken per orders: Residents with orders for weekly weights are not being weighed weekly. Eleven residents have not been weighed this month. Nurses are passing over the weight orders in the MAR or	Daniell is transitioning all monthly weights to be taken on the first of every month. Please work on getting weights taken the first part of the day, when residents are already up for meals/cares/etc. I will review wkly wt orders, & change to monthly if approp
using the previous weights taken	Please review the importance of taking weights at next nursing inservice. I am more than happy to help with that. All nurses need to be reminded, if weights are populating in the MAR, it is a doctor's order. If they are not taking those weights, they are not following doctors orders.
Meal Monitor Charting: It is not uncommon to see only two meals charted for a day, rather than three	Brian and Daniell, will you please review the CNAs. Is there a monthly CNA meeting? I am happy to talk to them about this too.

Exit With: [redacted] **Date/Time:** [redacted]
Consultant's Signature: _____
Consultant's Signature: [redacted]

A big Welcome to these additions to the S & S family

Tim Ankenman
Nichole Burch
Marlene Castro
Teri Chinn
Terri Perez
Malik Terry
Brittany Venci
Ben VonLudman

Let's Celebrate this Quarter's Anniversaries!

>5 Years
Julie Richardson (8 years)

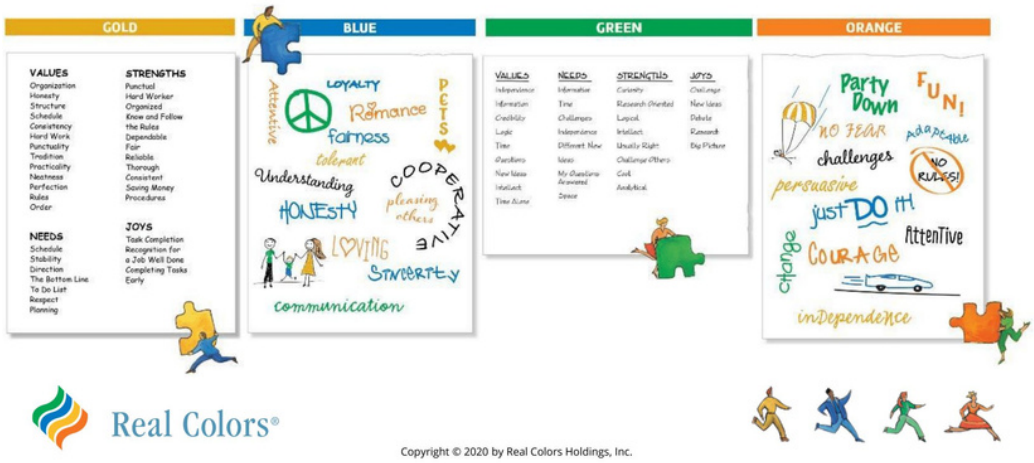
>10 Years
Leslie Bell (12 years)
Rebekah Ramsey (12 years)
Kelly Dimond (15 years)
Jamie Zabel (17 years)

Some Highlights from the S & S Annual Meeting

Real Colors

Rank the images on a scale of 1-4 with 4 being the **most** like you and 1 being the **least** like you.

Blue: **Gold:** **Green:** **Orange:** .



S & S Menu Update

CURRENT MENU PACKAGE

IDDSI Reference Book

4 Alphabetized Recipe Books w/IDDSI Help on Recipe

Week at a Glance (WAG)

Daily Diet Spreadsheets

Daily Production Sheets

21 Alternates/6 Always Available

Help Sheets

S & S Nutrition Network INC

Consulting RD Self Evaluation

Self-evaluation *is a procedure to systematically observe, analyze and value your own professional action and its results in order to stabilize or improve it*

Please answer the questions below and for every *No* answer explain

1. Are you up to date on your background clearance?
2. Have you completed abuse and neglect training per facility policy?
3. Are you keeping the facility up to date on scheduled visits?
4. Are you back to routine onsite visits?
5. Do you conduct an in-person monthly (at a minimum) with the ED, DON, and CDM to review end of month reports or immediate concerns?
6. Are you routinely attending NAR/RAR/NIT meetings?
7. Are you communicating if your recommendations are not being followed on your end of month report?
8. Are you providing in-services each quarter or as requested by the facility/corporation?
9. Are you completing physical assessments?
10. Are you completing compressive monthly audits and completing a thorough monthly end of month report with recommendations.

Communication Success: Tips and Tricks

Presented by Marissa Rudley, MS, RDN, LD palousenutritionllc@gmail.com

1. **Our seat at the table – the nutrition expert:** We are the residents' advocates for all things food and nutrition. Take the lead as the expert by being confident in our role, speaking up and asking questions, and being the nutrition leader in the facility.
2. **Understand what motivates your team:** Focus on a common goal as a team, such as "serving the best quality food with dignity and respect to our residents." Communicate this objective to all facility staff so the message is that we are on the same team. Pros: makes you more approachable, decreases resistance to change, buy-in from staff.
3. **Be a problem solver:** Listen to concerns, take action, be part of the solution. Step back and brainstorm strategies with your employees for creative solutions to problems – they may already have ideas and need support to drive change. Use open-ended questions to elicit responses and eliminate defensiveness or resistance. Follow up in writing on your weekly report, by email, and end of month report for accountability. Set aside time to communicate with team.
4. **Know your Interdisciplinary Team:** QAPI Nurse, ED, Dietary Manager, Director of Nursing, MDS Nurse, Medical Records, Dietary Aides, CNAS, Speech Therapist. Each of these team members can provide valuable insight and information. Check in with each of these team members each week and ask, "anything I should have on my radar this visit?" Team members can help drive change.
5. **Give feedback openly, honestly and at point of contact:** Provide feedback during audits to your staff. Know your facility policies and procedures and communicate these. Provide in-services and document trainings. Use the end of month reports, audits, emails, and weekly reports to give feedback in a variety of ways. Exit with facility management monthly, or more frequently if needed.

CDM SCOPE OF PRACTICE

- *Resident interviews: food preferences, ask weight history, GI problems, review diet order*
- *Data collection: meal intakes, supplement acceptance, weights and weight calculations*
- *Document in medical record*
- *Participate in IDT meetings, and QAPI, resident care conferences*

SAMPLE VERBIAGE FROM CDM JOB DESCRIPTIONS

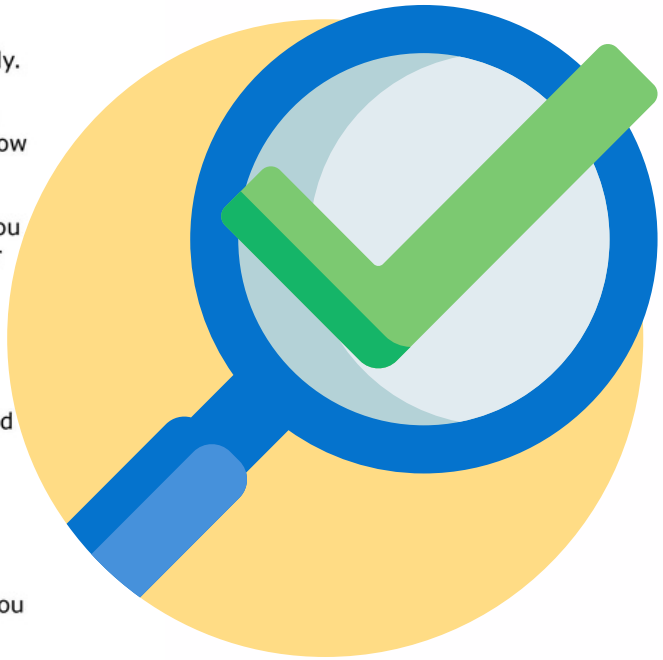
- *Completes the assigned MDS section according to required timeline.*
- *Determines resident diet needs and develops appropriate dietary plans in cooperation with registered dietician and in compliance with physician's orders.*
- *Reviews plan of care related to nutritional status. Documents concerns that can be resolved, improved, or addressed to improve the resident's nutritional status and eating function.*
- *Reviews, revises, and implements, in cooperation with the interdisciplinary team the resident's nutritional assessment and plan of care.*
- *Supports Registered Dietitian duties as needed.*

- *The director of food and nutrition services will participate in:*
  - *Care plan meetings*
  - *QAPI meetings and ethic trainings*
  - *Weight committee and/or nutrition at risk committee meetings*
  - *Regular meetings with the registered dietitian nutritionist*

Criminal History and Background Check with Fingerprints

Bottom Line: All contract consultants must have a current background check on file with each of their facilities they are providing service to and proof or attestation of compliance filed with S&S Nutrition Network, Inc. prior to providing onsite services.

The burden of the background check completion lies with the facility or agency, however, each RDN should do their part to ensure compliance for their facilities.



If you don't have a background check, please start the process immediately.

If you have a background check and have not connected your background check with the agency (facility) with which you provide service, please follow the process to get this completed.

Each state has slightly different rules for background checks, however if you work in a health care facility or agency working with vulnerable children or adults, the basic compliance rules are directed by CMS and they include interpretation of every person working in a facility must have a current background check.

In Idaho for example, the background check must have been done within the past 3 years, unless the facility/agency chooses to accept a background check from someone with an older check.

Example: Idaho Background Check Rules for SNF's
http://adminrules.idaho.gov/rules/2012/16/0506.pdf

Here is an outline of the process:

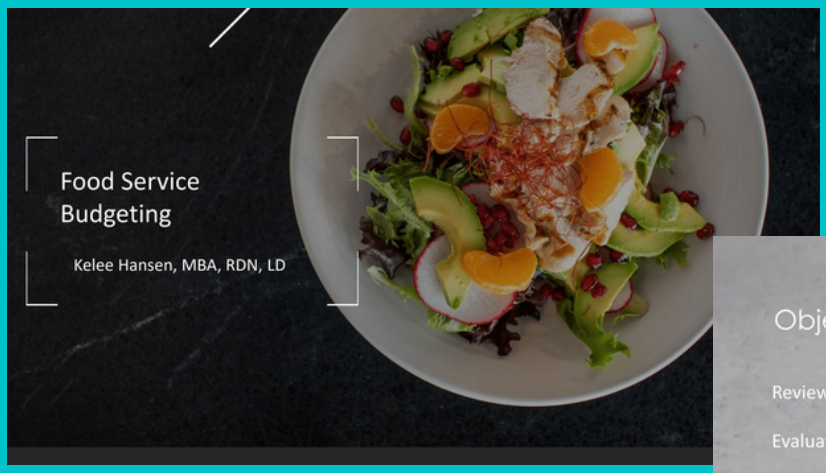
1. Obtain the 4-digit "Agency Code" for each of the facilities with which you provide services one of the Lead Dietitians can help provide this information
2. Apply for a background check online (for Idaho) at http://healthandwelfare.idaho.gov/AboutUs/CriminalHistoryBackgroundChecks/tabid/851/Default.aspx then access the Criminal History Unit link. (Please consult your own states' background check website for more details).
3. Include ALL your facility 4 digit agency codes into the application when prompted. These can be added later for a cost of $20/facility. It is easier to do it upfront and saves money.
4. Submit your application
5. Choose a date to get your fingerprints done and schedule your appointment. An alternate approach is to get your fingerprints done separately and submit the application and the prints together.
6. After the fingerprints have been done, it generally takes 3-4 working days to clear your background check, but can take up to 2 weeks. (If there are any issues with your application or your fingerprints - i.e. because you held too many hot pans or you washed your hands a lot over the years, it can take up to 18 calendar days to get this back) Fingerprints done >180 days ago are no longer valid for use with a new background check.
7. Access the website again to check on your application status, print your confirmation of clearance, etc.
8. Print and submit your background clearance confirmation to Deanna and/or sign the Attestation for our file.

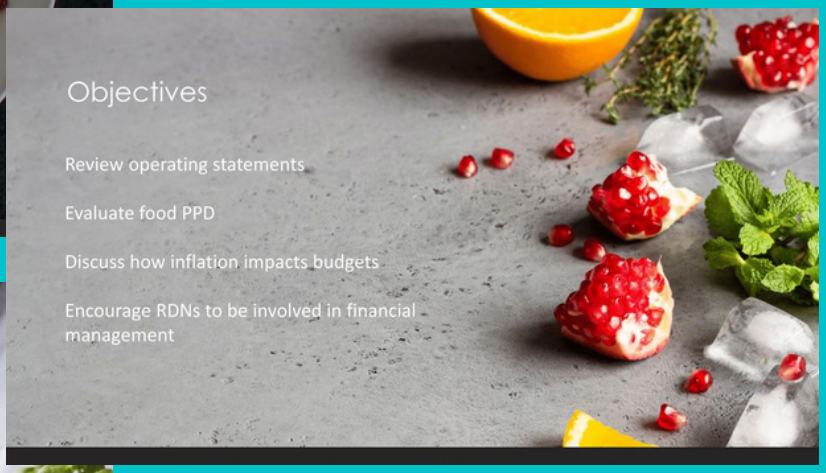
If you have a current background check but the facility (agency) in which you work do not have your check tied to their facility, you can remedy this in a couple of ways:

1. Ask the facility for their 4 digit agency number and either call or email H&W Criminal History Unit (access on website above) to ask them to connect your background check with the facility.
2. Facility office staff can contact the H&W Criminal History Unit and have them access your background check and connect it with the facility.
3. Please remember to do this every time you start working in a new facility/agency.

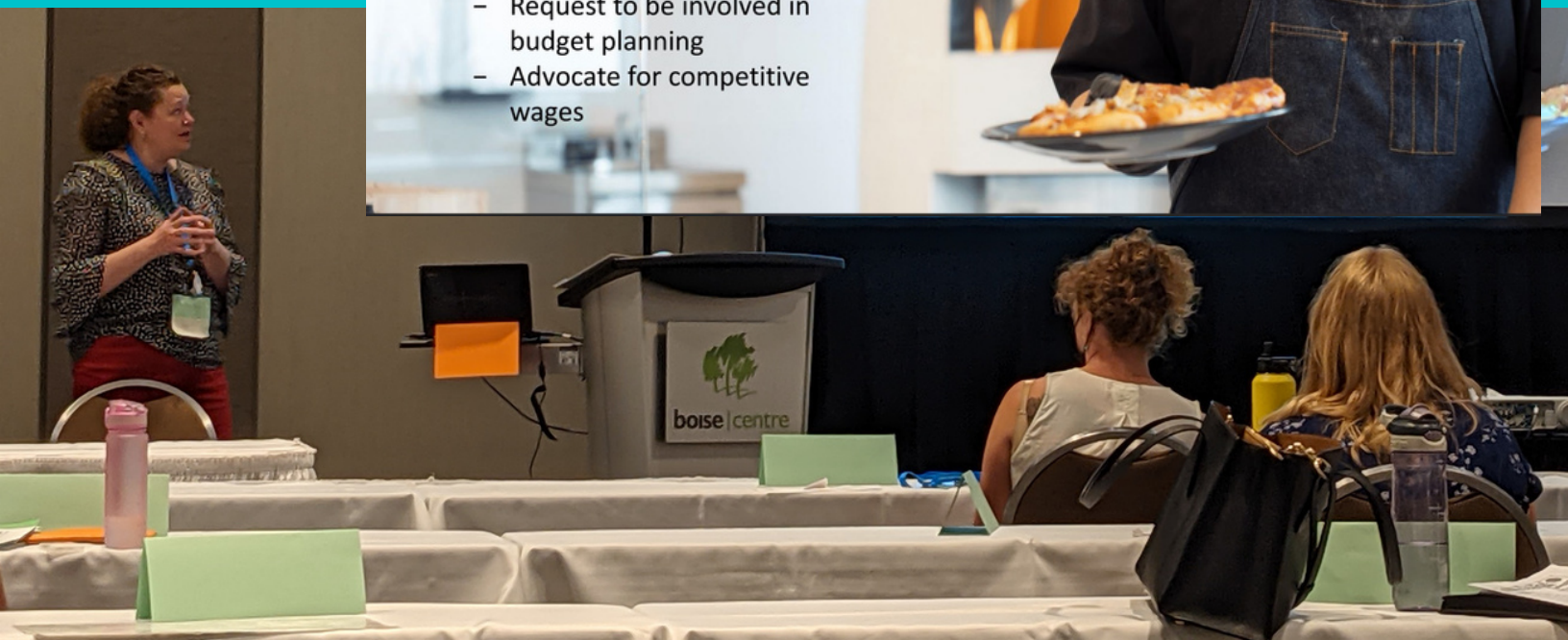
For more questions, please contract Rachell Larsen, Leslie Bell or Ellen Turk

Thanks!!





	Month Ending 03/31/2021			Year To Date 03/31/2021		
	ACTUAL PPD	BUDGET PPD	VARIANCE	ACTUAL PPD	BUDGET PPD	VARIANCE
FOOD PPD						
Red Willow	10.13	8.00	2.13	8.27	8.00	0.27
Yellow Pine	6.63	7.50	-0.87	6.25	7.50	-1.25
Purple Oak	7.34	7.25	0.09	7.44	7.25	0.19
Green Aspen	9.11	8.50	0.61	7.97	8.50	-0.53



Enteral Nutrition Refresher

Writing the Tube Feeding Order

Written orders for enteral formula require the following:

- Name of the formula
- Dosage
- Frequency of administration
- Route of administration
- Free water flushes

Example: Jevity 1.5, 2 cartons TID at mealtimes via G-tube. Bolus feed the TF via 50mL syringe, 1 carton over 15-30 minutes. Flush G-tube with 30mL room temp tap water before and after the 2-carton administration.

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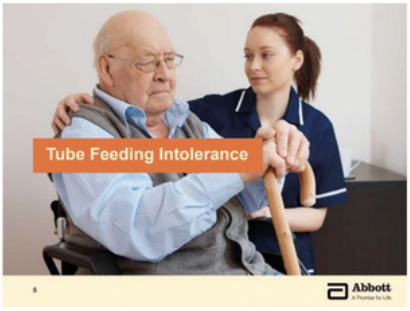

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Types of Intolerance

- Diarrhea (12–68%)
- Absence of Bowel Sounds
- Nausea and vomiting
- Abdominal distention (13%)
- Increased gastric residuals
- Aspiration

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Variables Impacting Tolerance

- Clinical status
- GI function
- Location of feeding tube
- Method of delivery
- Concurrent medication administration
- Preparation and handling of formula

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Assessing Tolerance

- Stool Patterns
- Abdominal Distention
  - Measure iliac crest to iliac crest
- Abdominal cramping, pain
  - Is the TF too cold?
- Nausea, Vomiting
- Bowel Sounds
- Gastric Residual Volume (GRV)

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Diarrhea

- Most frequent form of intolerance (12–68%)
- Most widely accepted definition
  - ≥ 3 loose stools/day
- Formula is unlikely cause, unless contaminated
- Usually indicates GI tract malfunction

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Pivot® 1.5 Cal

Peptide-based, High Protein, Therapeutic Nutrition for Metabolic Stress

- Provides very high protein (93.8 g/L, 25% of calories) to support protein synthesis, tissue repair and wound healing.
- Provides 1.5 Cal/mL—concentrated calories for fluid-restricted patients.
- Immune support
  - Arginine (13 g/L, 3.5% of calories) to support proliferation and function of immune cells.
  - Glutamine (inherent) (7.6 g/L) for GI tract integrity and energy for immune cells.
  - Omega-3 fatty acids (EPA, 2.6 g/L; DHA, 1.1 g/L) to help modulate inflammation and support immune function.
- Tolerance:
  - Advanced blend of hydrolyzed protein, structured lipid, and prebiotic (NutraFlora® scFOS®†) to promote absorption and tolerance.
  - Hydrolyzed, peptide-based protein system.
  - MCT/fish oil structured lipid, a well-tolerated and absorbed next generation fat to promote absorption of fatty acids.
  - 1.8 g of NutraFlora scFOS/L® 8 oz (7.5 g/L). scFOS are prebiotic soluble fibers that stimulate the growth of beneficial bacteria in the colon.

For tube feeding. For sole source nutrition. Not for IV use.

NutraFlora

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Nutrition for Wound Healing

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NUTRIENTS FOR WOUND HEALING

Nutrient	Role in Skin Integrity and Healing	Dietary Recommendation	Benefit
Calories	Energy source	30–35 kcal/kg body weight[1,2]	Provide energy; preserve lean body mass (LBM)
Protein	Tissue maintenance and repair	1.25–1.5 g/kg body weight[1,2]	Builds LBM. Supports new tissue and wound strength
Collagen	Tissue maintenance and repair	No specific daily recommended amount	Stimulates internal collagen production
Arginine	Regulates many metabolic and physiologic functions involved in wound healing and tissue repair	14 - 25 g of arginine per day[3]	Supports protein synthesis needed for wound healing
Glutamine	Tissue repair and cell proliferation	0.5 g/kg is the daily suggested maximum[3]	Supports protein synthesis and offsets muscle glutamine depletion
HMB	May inhibit breakdown of LBM	3 g CaHMB, along with arginine and glutamine, support collagen deposition[4]	Helps maintain and rebuild lean body mass

1.Doctor R, Posthauer ME, Thomas D. The role of nutrition in pressure ulcer prevention and treatment: National Pressure Ulcer Advisory Panel white paper. Adv Skin Wound Care. 2008;21(1):22-32. 2. National Pressure Ulcer Advisory Panel, European Pressure Ulcer Advisory Panel and Pan Pacific Pressure Injury Alliance. Prevention and Treatment of Pressure Ulcers: Clinical Practice Guideline. Emily Haesler (Ed.). Cambridge Media: Osborne Park, Western Australia: 2014. 3. Mirtallo JM. Nutrition and Wound Healing. CNE Press. 2007. 4. Williams JZ, Abumrad N, Barbul A. Effect of a specialized amino acid mixture on human collagen deposition. Ann Surg. 2002;236:369-74.

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What's in Juven?

Key Ingredients

7g Arginine
7g Glutamine
1.5g CaHMB
2.5g Protein (hydrolyzed collagen)*
9.5 mg Zinc*
300 mg Vitamin C*
15 mg Vitamin E*
1.2 mcg Vitamin B12*

Flavors

95 kcal Fruit Punch
90 kcal Orange
80 kcal Unflavored

2 PER DAY

*New ingredients. Formulation as of 2017

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Use under medical supervision in addition to a complete, balanced diet.

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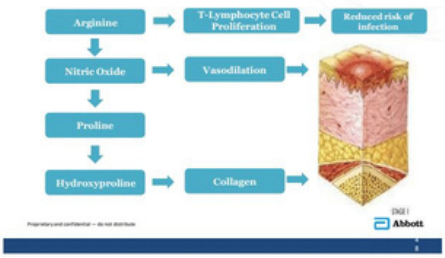
Arginine – A Conditionally Essential Amino Acid with multiple pathways supporting tissue repair



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Malnutrition and Nutrition Focused Physical Exam

Definition of Malnutrition

- "decline in lean body mass with the potential for functional impairment" at multiple levels (ie, molecular, physiologic, and/or gross motor).
- Any Nutrition imbalance
- Lack of adequate calories, protein, or other nutrients
- Patient-specific definition based on etiology
  - Social and environmental
  - Chronic illness
  - Acute illness

This is **independent of BMI**

What is NFPE and Why is it Important?

- Systematic head-to-toe examination of a patient's physical appearance and function
- Helps determine nutrition status:
  - By uncovering signs of malnutrition
  - Nutritional deficiencies
  - Or nutrient toxicities
- The NFPE reveals more about a patient's nutritional status than a dietary recall ever could by identifying:
  - Loss of muscle mass
  - Loss of subcutaneous fat
  - Localized fluid accumulation
  - Decreased functional status

Nutrition Focused Physical Findings

- HAIR : thin, sparse, dull dry; IF easily pluckable **COULD BE:** chemotherapy, vitamin C, Protein Deficiency
- EYES: pale, dry, poor vision **COULD BE:** vitamin A, zinc or riboflavin deficiencies
- LIPS: swollen, red, dry, cracked **COULD BE:** Dehydration, riboflavin, pyridoxine, niacin deficiencies
- TONGUE: smooth, slick, purple, white coating **COULD BE:** Vitamin B, Folate, or Iron deficiencies
- GUMS: sore, red, swollen, bleeding **COULD BE:** Vitamin C deficiency
- TEETH: missing, loose, loss of enamel **COULD BE:** Calcium deficiency or poor intake
- SKIN: pale, dry, scaly **COULD BE:** iron, folic acid and zinc deficiency
- NAILS: brittle, spoon–shaped **COULD BE:** iron or protein deficiency

Potential Support for Cachexia

- Omega 3 fatty acids – ELA suggests that 1.2g – 2.2g of EPA per day resulted in weight gain and/or weight stabilization in cachectic patients
  - However, the nutritional interventions are more likely to be effective when given early prior to even reaching the cachexia point.
- Exercise – effects of exercise include enhancing muscle protein synthesis, attenuating the catabolic effects of cachexia and modulating levels of inflammation.
  - Offering it early in the course of disease, at lower intensities and in different forms

How to Interpret the Braden Score

- 19-23 – not at risk
- 15-18 – preventative
- 13-14 – moderate risk
- 10-12 – high risk
- 6-9 – very high risk

- Remember there is only one very basic question about nutrition…
- Since this is widely used, suggest referencing the score in your assessment

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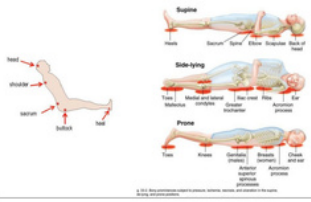
Pressure Points



Nutrition Intervention for PI
Fluid

- Promotes perfusion and oxygenation of wound tissue
- Prevents skin breakdown
- 30-35 mL/kg or 1500mL per day minimum
- Needs may increase with high protein diet, high fluid loss from wounds, wound VAC, air fluidized beds, diarrhea, ostomy

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MORE FLUIDS WITH MEDICATIONS

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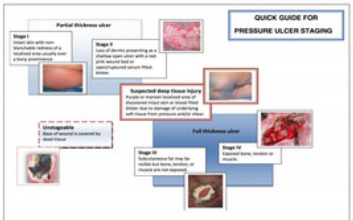
Pressure Injury Staging is as Easy as Apple P.I.E.

QUICK GUIDE FOR PRESSURE ULCER STAGING



Staging goes up - never down!
ie: Stage III will always be a "healing Stage III" until completely healed

Nutrition Intervention for PI
Supplementation

Offer high calorie, high protein nutritional supplements in addition to the usual diet if malnourished or at risk for malnutrition if nutritional requirement cannot be achieved by normal intake.
>Between meals not with meals
>Small volume, higher calorie (1.5-2.4 kcal/ml)
>Added arginine, zinc, antioxidants, enteral considered
>At least 4 weeks or until complete healing

Pressure Injury and Wound Prevention

Nutrition Intervention for PI
Supplementation

- Multivitamin with Minerals - Routine for high risk of pressure injury or for actual wounds
- Vitamin C - if deficiency suspected/exists
- Zinc - short term use if deficiency suspected/ exists
- Vitamin A - consider with corticosteroid use
- Arginine - if unable to heal with "food first" or high calorie high protein nutritional supplements

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Nutrition Intervention for PI
Vitamin C

- Necessary for collagen formation, angiogenesis, and fibroblast formation
- Helps prevent wound infection
- Individuals at risk for deficiency include drug abusers, alcoholics, severely injured, elderly, smokers
- Recommended supplementation if suspect deficiency or for severely injured/ malnourished
  >500-1000 mg/day
  >No more than 60-100 mg/day for individuals with renal failure

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Nutrition Intervention for PI
Arginine

- Role: "Semi" essential amino acid. Sole substrate for nitric oxide synthase – critical for wound collagen accumulation. Also a precursor to proline & has immune enhancing properties
  Although moderate Arginine supplementation for uninfected adult/ elderly patients has been deemed safe, improved wound healing is inconclusive.
- Recommendations:
  - If no sepsis exists for the patient, doses of 17-25 grams Arginine can be used for <30 days then reassess
- Use of specialty supplements – Juven, Peritive, Arginaid
- Limitations/Considerations:
  - Caution for patients/residents with sepsis
  - Arginine could lead to excess nitric oxide production producing systemic inflammatory response with possible negative outcomes
  - Not recommended for hepatic or renal failure

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Nutrition Intervention for PI
Glutamine

- **Plays indirect role due to improving nitrogen balance, fueling cells, & maintain gut integrity. If used, .57 grams/kg body wt should be trial for 30 days with specific outcome parameters.**
- **Contraindicated in patients with hepatic failure, chronic renal failure, or those taking methotrexate**

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Nutrition Intervention for PI
Zinc

- Essential trace mineral needed for cell replication & growth
- Immune system role with antibody properties
- Important for taste and smell, increased needs with malabsorption, diarrhea, hyper metabolic state
- Recommended supplementation only if deficiency present - (40 mg elemental zinc or 220 mg zinc sulfate daily for no longer than 2-3 weeks)
- No good test for zinc deficiency
- Deficiency signs include: Lowered alkaline phosphatase, hair loss, white spots on fingernails, taste changes, impaired healing
- Zinc toxicity leads to copper def, impairs wound healing, weakens immune system.

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Nutrition Intervention for PI
Vitamin A

- Stimulates the immune system
- Enhances epithelialization
- Increases formation of collagen
- Limit to use for those with corticosteroid use
- Inhibits damaging effects of steroids, chemo, radiation, DM and excessive vitamin E intake
- 10,000-50,000 IU orally for ≤10 days
  - High risk for toxicity in individuals with malnutrition or abnormal hepatic/renal function
  - Use of serum levels to monitor toxicity - not recommended
  - Implement cautiously!

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Evidence-Based Nutritional Goals for Pressure Injury Prevention & Healing

- Assess nutrition status & individualize care plan
- Provide adequate energy and protein
- Ensure 100% of the DRI of vitamins & minerals
- Provide adequate hydration
- Use food first
- Fortified foods and/or supplements and snacks as needed to support adequate intake
- Liberalize diet

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Monitoring & Evaluation

- Intake - either by mouth or nutrition support
- Weights
- Labs - baseline and monthly or PRN is results would change course of action
- Wound stage and size
- Changes in Braden Scale
- NFPA and interview of the resident
- Hydration status (I&O's, BUN/Creat, HCT)
- Observation - Wound, overall physical assessment and dining
- DOCUMENT!

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Conquering Weight Loss

Ellen Turk RD,LD

F 692: Interventions for Unintended Weight Loss

- Interventions related to a resident's nutritional status must be individualized to address the specific needs of the resident. Examples of care plan development considerations can include, but are not limited to:
  - Diet Liberalization
  - Weight Related Interventions
  - **Environmental Factors**
  - Disease Process
  - Functional Factors
  - Food Intake
  - Medications
  - Maintaining Fluid and Electrolyte Balance
  - Feeding Tubes
  - TPN

F692: Care Planning

The care plan must address, to the extent possible, identified causes of impaired nutritional status, reflect the resident's personal goals and preferences, and identify resident-specific interventions and a time frame and parameters for monitoring

Examples of goals may include, but are not limited to:

- A target weight range.
- Desired fluid intake.
- The management of an underlying medical condition (e.g. diabetes, kidney disease, wound healing, heart failure, or infection.)
- The prevention of unintended weight loss or gain

F692 : Interventions Functional Factors

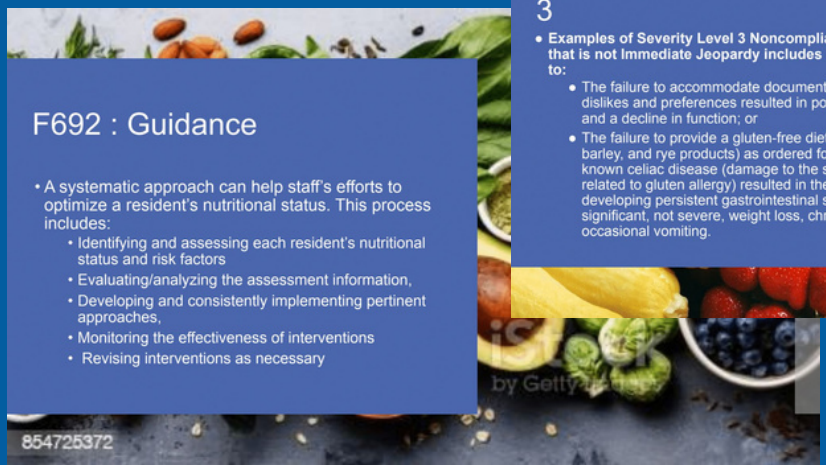
- Functional Factor Interventions Include:
  - Adaptive Equipment
  - Glasses
  - Hearing Aides
  - Ensuring Dentures are Securely Placed
  - Restorative Eating Program
  - Meal Assistance
  - Ensuring Food and Drinks Easily Accessible

F692-Elements of Noncompliance: Severity Level 3

- **Examples of Severity Level 3 Noncompliance: Actual Harm that is not Immediate Jeopardy includes but are not limited to:**
  - The failure to accommodate documented resident food dislikes and preferences resulted in poor food/fluid intake and a decline in function; or
  - The failure to provide a gluten-free diet (one free of wheat, barley, and rye products) as ordered for a resident with known celiac disease (damage to the small intestine related to gluten allergy) resulted in the resident developing persistent gastrointestinal symptoms including significant, not severe, weight loss, chronic diarrhea, and occasional vomiting.

F692 : Guidance

- A systematic approach can help staff's efforts to optimize a resident's nutritional status. This process includes:
  - Identifying and assessing each resident's nutritional status and risk factors
  - Evaluating/analyzing the assessment information,
  - Developing and consistently implementing pertinent approaches,
  - Monitoring the effectiveness of interventions
  - Revising interventions as necessary




STAY
awhile


STAY
awhile