NUTRITION, FOOD SERVICE & DINING IN LTC

The best practices within this document are recommendations to support regulatory compliance to Ontario LTC legislation, promote optimal nutrition and hydration care and support person centered care. It is important to note, however, that residents' rights and preferences are paramount and should be respected regardless of legislation or best practice. The best practice document is based on resources and expertise from industry professionals and where applicable, are evidence-based. This is a living document that will transition with the evolution of the industry over time.

SUBJECT: UNPLANNED WEIGHT CHANGES	**Revised: 2023-11-08**
ONTARIO REGULATION 246/22 made under the FIXING LONG-TERM CARE ACT, 2021	
Nutritional Care and Hydration Programs	

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1. Purpose & Scope

- This document is to provide a guide for assessment, monitoring, interventions and policy development for unplanned weight changes.

2. Key Concepts

- Unplanned weight loss in seniors is correlated with increased morbidity and mortality, functional decline, increased rates of hospitalization leading to increased infections, pressure ulcers, falls and bone fractures.

- Weight loss can be related to mental changes, eating challenges (e.g. shortness of breath, chewing and/or swallowing difficulties), cognitive decline (e.g. extensive oral processing of food), physical

disabilities (e.g. self-feeding challenges), and acute medical problems (e.g. cachexia associated with CHF), and can also be affected by depression, pain, loss of social networks, and chronic illness.

- Aging and medications can change the smell and taste of food, can depress appetite and can lead to dry mouth.
- Fluid intake and hydration status may also be responsible for fluctuations in body weight from month to month and should be considered as part of the nutrition and hydration assessment.

3. Practice Recommendations

a. Assessment, Monitoring and Documentation

- Standardized processes are in place for taking and recording accurate weights by nursing on admission, monthly unless otherwise specified in the plan of care, and upon return from hospital.
- Standardized processes are in place to record heights and to report methods used for obtaining height measurement. There are several methods to calculate estimated height while standing or lying down, such as ulna length and demi-span. (See http://www.rxkinetics.com/height_estimate.html for detailed information.)
- Maintain a record of all residents' heights and weights from the time of admission, and include methods of measurement.
- Monitor all residents' weights monthly, using standardized protocol, and more frequently for identified residents.
- There is a process for referring any resident with unplanned weight change, confirmed by reweigh, of 5% change in one month, 7.5% in three months or 10% over 6 months, if BMI is less than 18.5 kg or if BMI is greater than 35. The Registered Dietitian (RD) completes a nutrition assessment for these residents.
- Re-weigh residents if weight changes are significant from previous month (more than 2 or 2.5 kg, based on home specific policy), or if resident has returned from hospital. it is best to re-weigh immediately after a weight is taken if weight difference is significant (2 or 2.5 kg from previous month).
- Document all monthly weights and re-weights.
- Monitor each resident's food and fluid intake, and use this information to monitor and evaluate resident's status as needed.

- Monitor and assess possible weight changes due to edema and/or diuretic use.

b. Interventions

- Initiate appropriate nutrition interventions such as modifying the resident's diet, as required, based on the resident's current diet/menu, in consultation with the resident and/or power of attorney/substitute decision maker (POA/SDM) and interdisciplinary care team in order to better meet individual resident's needs.

- Identification of unplanned weight loss should lead to early intervention, which may correct reversible nutritional deficits. Examples of early interventions include:
  - Assistance with eating or use of assistive devices to increase independence
  - More liberalized diet to increase food and fluid variety
  - Focus on food preferences, appropriate food consistency, snacks
  - Offer high calorie/ protein interventions and/or additional snacks as initial interventions
  - Initiate oral nutritional supplements as needed
  - Family involvement with visits or assistance at meal times
  - Assessment for depression and dementia

4. Home Specific Policies, Roles & Responsibilities

- Utilize these best practices to guide your home specific policies, roles and responsibilities. Home specific policies take precedence over this document.

- A policy exists on when and how monthly weights are taken and documented, and when a re-weigh will be conducted.

- A policy exists that includes the referral process to RDs for residents with unplanned weight change.

- A policy exists for the calibration of weigh scales.

- A policy exists that addresses key points related to weight monitoring and changes:
  - Monitor weight a minimum of monthly and upon return from hospital stay.
  - Re-weigh immediately when weight is up or down more than 2 to 2.5 kg from previous month.
  - Wheelchairs are weighed and labeled for accurate resident weights.
  - Address any unplanned weight change up or down of 5% in one month, 7.5% in 3 months and/or 10% in 6 months.
  - Work with the interdisciplinary care team to establish root cause.
  - Take immediate action after unplanned weight loss is identified.

- Determine level of nutrition risk and need for further follow-up
- Document in progress notes
- Update nutrition and hydration plan of care.

- Communicate any changes to nutrition manager, food service and nursing staff and ensure interventions are implemented

5. Resources & Tools

- Causes of weight loss in older adults – MEALS ON WHEELS mnemonic (widely used in research literature) https://www.timeofcare.com/weight-loss-mnemonic-meals-on-wheels/

  Medications (e.g., digoxin, theophylline, SSRIs, antibiotics)
  Emotional (e.g., depression, anxiety)
  Alcoholism, older adult abuse
  Late life paranoia or bereavement
  Swallowing problems
  Oral factors (tooth loss, xerostomia)
  Nosocomial infections (e.g., tuberculosis, pneumonia)
  Wandering and other dementia-related factors
  Hyperthyroidism, hypercalcemia, hypoadrenalism
  Enteral problems (e.g., esophageal stricture, gluten enteropathy)
  Eating problems
  Low salt, low cholesterol, and other therapeutic diets
  Social isolation, stones (chronic cholecystitis)

- **9 Ds of Weight Loss in the Elderly**
  https://www.aafp.org/afp/2014/0501/p718.html

  Dementia, dentition, depression, diarrhea, disease [acute and chronic], drugs, dysfunction [functional disability], dysgeusia, dysphagia

6. Evidence & References

- American Family Physician. Unintentional Weight Loss in Older Adults
  https://www.aafp.org/afp/2014/0501/p718.html

- Nutritional Care and Hydration Programs, Weight Changes under the FIXING LONG-TERM CARE ACT, S.O. 2021, c. 39, Sched. 1

- RxKinetics. 2023. Estimating height in bedridden patients http://www.rxkinetics.com/height_estimate.html

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