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: SKIN & WOUND MANAGEMENT	**Revised: 2026-06-01**
ONTARIO REGULATION 246/22 made under the FIXING LONG-TERM CARE ACT, 2021	
Nutritional Care and Hydration Programs	

Table of Contents:

1. Purpose & Scope

- Older adults may be prone to skin breakdown due to decreased mobility, poor blood flow, loss of skin elasticity and muscle mass, resulting in increased exposure to pressure and ulceration. Poor food and fluid intake and increased metabolic needs can lead to malnutrition and dehydration, which present a risk for skin breakdown.

- Residents at primary risk include those who are incontinent or who are bed-bound or in wheelchairs and cannot reposition themselves. Residents with peripheral vascular disease, stroke and diabetes may be slower to heal.

- Residents who require skin and wound care management include those that may be at risk of skin breakdown, may have already developed skin breakdown, or may have delayed wound healing.

2. Key Concepts

- Nutrition considerations for skin health at initial screening and ongoing nutrition assessments include potential for weight loss, low body weight, potential for dehydration, need for assistance with meals and snacks, and overall reduced or compromised food and fluid intake.

- The registered dietitian (RD) participates as a member of the Interdisciplinary Skin and Wound Care Team and contributes to the overall program for skin health and the development and implementation of best practice protocols.

3. Practice Recommendations

a. Assessment & Monitoring

- There is a process to screen each resident at admission, at each routine assessment and when there is a change of nutritional status. The screening includes risk of malnutrition and developing or worsening skin breakdown which can be identified by InterRai outcome scales such as the Pressure Ulcer Risk Scale (PURS).

- Referrals are sent to the RD for nutrition assessment and care planning when a resident exhibits a skin condition that is likely to require or respond to nutrition intervention (pressure injuries, surgical wounds, burns, foot ulcers) or a worsening skin condition.

- RD collaborates with the interdisciplinary care team to identify residents at risk of developing or worsening skin breakdown. This may include clinical rounding and interdisciplinary case review. Residents with malnutrition, dementia, cancer, renal failure, dysphagia, pneumonia, cardiovascular disease, diabetes, a suppressed immune system, an autoimmune disease, poor blood flow and hypoxia are at higher risk for skin breakdown or worsening skin breakdown.

- RD assesses each resident's adequacy of total nutrient intake, with awareness of nutrients affecting skin health, such as calories, protein, fluids, and micronutrients.

- Goals and interventions can include:
    - 30 to 35 Calories per kilogram body weight
    - Prevent weight loss including for obesity during healing
    - 1.2 to 1.5 grams protein per kilogram body weight with additional 1.5-3g/100ml wound exudate if on negative pressure wound therapy (VAC)
    - 1ml/Calorie or 30 ml fluids per kilogram body weight

- Provide additional fluids for elevated ambient temperature, fever, vomiting, diarrhea, profuse sweating, negative pressure wound therapy and significant fluid loss from wounds
- Correct known or suspected vitamin/mineral deficiencies which may be identified through blood work, analysis of intake and/or physical assessment; such as Vit A, Vit C, Zinc, Vit D, B12, Folate, Iron, omega 3 fatty acids.
- Offer probiotic to help reduce risk of infection and reduce healing time

- The resident's progress is monitored, through evaluation of skin integrity/wound healing, as well as food and fluid intake, and treatments and interventions are re-evaluated and adjusted, as indicated.

- After the wound heals nutrition should continue to be optimized and interventions tapered as appropriate.

b. Interventions

- Interventions are established to address the residents' increased needs for energy, protein, fluid and vitamins/minerals, as individually required to promote wound healing.

- An individualized nutrition and hydration care plan is developed in collaboration with the SDM, resident and care team, as required, for residents at risk of developing or having worsening skin breakdown.

- Fortified or nutrient dense foods and/or oral nutritional supplements may be provided if nutritional requirements are not achieved through meals and regular snacks. An example of a fortified food is the use of skim milk powder blended into milk, to provide extra calories, protein and micronutrients.

- For residents who require assistance with eating and drinking, focus on appropriate feeding techniques to ensure that adequate foods and fluids are offered in a safe and desirable manner.

- Protein items maybe encouraged first, with sips of fluids between bites of food to ensure adequate fluid intake.

- Vitamin/mineral supplementation may be recommended when dietary intake is poor or when deficiencies are confirmed or suspected.

- Interventions are documented as per home policies.

4. Home Specific Policies, Roles & Responsibilities

- Use these Best Practices to guide your home specific policies, roles and responsibilities. Home specific policies take precedence over this document.

- Policies, procedures and protocols are developed for the RD as a member of the skin and wound care team, for assessment, care planning and establishment of hydration and nutrition interventions. This includes the following key points:

    - Establish resident's skin status upon admission and at minimum quarterly, in order to identify anyone at risk of skin breakdown.
    - Ensure there is a system in place to notify the RD and nutrition manager (NM) if a resident is at risk of skin breakdown.
    - Assess residents with pressure injuries, foot ulcers, surgical wounds, burns or worsening skin conditions as deemed appropriate.
    - Work with the interdisciplinary health care team to establish root cause.
    - Implement individualized interventions.
    - Determine level of nutrition risk and need for further follow-up.
    - Document as per home policy.
    - Update nutrition and hydration care plan as appropriate.
    - Communicate any changes to SDM, resident and necessary team members for implementation.

- Policy may include a notation that referral to RD may not be required for simple skin tears, stage 1 wounds, rashes, mosquito bites, bruises, and other blemishes on skin surfaces, due to lack of evidence that nutritional interventions impact these skin issues and can impact RD time to focus on high risk nutritional issues.

5. Resources/Tools

BC Dietitians Wound Sub-Committee, British Columbia. 2024.
https://www.clwk.ca/get-resource/nutrition-for-wound-prevention-management-guideline-for-dietitians/

Braden Scale
https://www.in.gov/health/files/Braden_Scale.pdf

RNAO November 2024. Best Practice Guideline – Pressure injury management: Risk assessment, prevention and treatment 4th edition.
file:///Users/admin/Downloads/Pressure%20Injury%20Mgmt_Final_Web%20(1).pdf

Wounds Canada. 2025. Skin Health and Wound Management: Best Practice Recommendations 2025. https://www.woundscanada.ca/health-care-professional/publications/bpr-new

6. Evidence & References

Dodd, K. 2021. The Geriatric Dietitian: Nutrition and Healing Wounds. https://thegeriatricdietitian.com/healing-wounds/

NPIAP, EPUAP, Pan Pacific Pressure Injury Alliance. 2025. Prevention and Treatment of Pressure Ulcers/Injuries: Quick Reference Guide Prevention Recommendations., The International Guidelines, 4th edition. https://internationalguideline.com/the-international-guideline

Prevention and Treatment of Pressure Ulcers/Injuries: Clinical Practice Guidelines. The International Guidelines. Emily Haesler (Ed.) EPUAP/NPIAP/PPPIA: 2025. https://internationalguideline.com/

DC PEN, 2018. Wound Care and Pressure Injuries: Summary of Recommendations and Evidence https://www.pennutrition.com/KnowledgePathway.aspx?kpid=7871&trcatid=42&trid=7859

Munoz N, Posthauer M,EmanueleM, et al.The Role of Nutrition for Pressure Injury Prevention and Healing: The 2019 International Clinical Practice Guideline Recommendations. https://journals.lww.com/aswcjournal/fulltext/2020/03000/the_role_of_nutrition_for_pressure_injury.3.aspx

Seth, I. Lim, B. et al. 2024. Impact of nutrition on skin wound healing and aesthetic outcomes: a comprehensive narrative review, JPRAS Open 39 (2024), 291-302 https://pmc.ncbi.nlm.nih.gov/articles/PMC10874171/

Canadian Institute for Health Information. Long-Term Care Outcome Scales: A Comparison [job aid]. Ottawa, ON: CIHI; 2023. https://secure.cihi.ca/free_products/interrai-ltcf-outcome-scales-ref-guide-manual-en.pdf