#### A picture containing diagram  Description automatically generatedShape, circle  Description automatically generatedNUTRITION / HYDRATION RISK IDENTIFICATION TOOL

|  |  |
| --- | --- |
| Resident Name:  | **Date** |
| **HIGH NUTRITION / HYDRATION RISK**  |
| Significant weight change 5% - 1 mo., 7.5% - 3 mo., 10% - 6 mo. (reweigh confirm) or <79 />130% Goal/UBW |  |
| Severely underweight or BMI 18.5 or less (in most elderly individuals)  |  |
| Severely overweight or BMI > 30.0(in most elderly individuals) |  |
| Chronically / newly poor food intake of <50% at meals/snacks  |  |
| Chronically / newly poor fluid intake (<50% recommended daily fluid intake) and / or s/s of dehydration, hypodermoclysis  |  |
| Active / chronic disease with pain and/or behaviour significantly affecting intake |  |
| Advancing dementia significantly affecting intake |  |
| Physical signs of malnutrition or anorexia/failure to thrive |  |
| Uncontrolled diabetes |  |
| Renal disease with dialysis and / or nutrient restrictions |  |
| Liver disease with nutrient restrictions |  |
| Enteral feeding  |  |
| Dysphagia, newly diagnosed or unstable |  |
| GI concerns e.g. diarrhea, nausea, emesis>3 days, not well managed |  |
| Skin and Wound Management– pressure injuries stage 2+, unstageable/ delayed wound healing  |  |
| Total assistance for meals (in combination with other risk factors) |  |
| Significant decline in ADLs related to eating and/or mobility |  |
| Recurrent infections including UTIs/URIs |  |
| Abnormal lab values indicative of significant nutrition risk  |  |
| Palliative care – unstable PPS of 30% or less; CHESS score of 4 or higher  |  |
| Multiple or combined diet orders with complex concerns |  |
| Comments:  |  |
| **MODERATE NUTRITION / HYDRATION RISK**  |
| Unplanned weight change (< above) or BMI 18.6 - 22.9 or 80-89 % or 111-129% of Goal/UBW  |  |
| Underweight or overweight but stable for 3 months or more |  |
| Food intake 51 –75% at most meals/snack/fair appetite |  |
| Using oral nutrition supplements / missing 1 whole food group |  |
| Poor or changed fluid intake (<75% but >51%) daily fluid requirement, no s/s of dehydration as per Nursing assessment |  |
| Food allergies/food intolerances affecting intake |  |
| New medical diagnosis requiring dietary intervention |  |
| Diagnosis of dementia with moderate effect on intake |  |
| Hypertension, edema, CHF, COPD with fluid restriction |  |
| Controlled diabetes mellitus /renal disease / liver disease |  |
| Dysphagia – stable, no recent URI |  |
| Chronically/newly occurring constipation |  |
| Chronic diarrhea; diverticular disease; changed bowel habits |  |
| Poor skin integrity/recurring skin tears or wounds |  |
| Difficulty feeding self / needs aids / limited assistance with feeding |  |
| Abnormal lab values indicative of moderate nutrition risk  |  |
| Comments:  |  |
| **LOW NUTRITION / HYDRATION RISK** |
| No significant weight change or weight stable or weight > 90-110% goal / usual body weight or BMI 23-29.9  |  |
| Food intake> 76% at meals/snacks |  |
| Fluid intake>76% recommended daily fluid requirement |  |
| Regular bowel function with current plan of care in place |  |
| Eats independently or with minimal assistance / no feeding concern |  |
| Medical conditions stable per MD  |  |
| Comments:  |  |
| **RISK LEVEL is assessed as:**  |
| **RD SIGNATURE:**  |
| **DATE :** |

**Assessing Nutrition / Hydration Risk** \*

**The registered dietitian (RD) is responsible for assessing nutrition and hydration risk at minimum:**

* Upon admission for all residents
* Quarterly for high nutrition risk residents
* Significant change in status or annually thereafter for all residents
* According to home policy

**The nutrition manager (NM) responsible for:**

* Re-assessment of nutrition risk level for residents at low to moderate nutrition/hydration risk

These tasks are specified to the RD and NM in the individual LTC home’s clinical policies.

**Definitions of Level of Nutrition / Hydration Risk:**

High Nutrition / Hydration Risk – resident experiences numerous indicators that place them at a high level of risk for malnutrition/dehydration or has a diagnosis of malnutrition/dehydration or where nutrition intervention is a *major* component of the medical treatment. RD establishes nutrition care plan on admission and reassesses the resident frequently (minimum quarterly), making changes to the care plan as required.

Moderate Nutrition / Hydration Risk – resident experiences some risk factors related to malnutrition/dehydration or residents whose diagnoses include nutrition intervention as a component of the medical treatment. RD establishes nutrition care plan on admission and reassesses the resident as required (delegating stable residents to be followed by NM as able - minimum quarterly) making changes to the care plan as required.

Low Nutrition / Hydration Risk – resident is considered stable by the physician, has no significant weight concerns, no recent history of needing special diet or diagnosis of malnutrition; and does not have any current medical concerns that are likely to impact on overall nutrition and hydration status or overall health outcomes. RD establishes nutrition care plan on admission and delegates monitoring of residents to NM as able (minimum quarterly).

**Using this Tool:**

RD reassesses the nutrition / hydration risk level using this tool as a guide along with RD’s clinical judgment.

Every three months, nutrition / hydration risk level can be reviewed as part of the quarterly nutrition assessment; if the resident’s condition is stable and indicators have remained stable, the level of nutrition / hydration risk remains the same.

A resident’s level of nutrition and hydration risk can change quickly – processes must be in place to inform the RD *whenever* there are health changes/status changes so that the nutrition risk level can be reassessed.

*Other* indicators that need to be addressed when determining nutrition and hydration risk levels include - concerns from family/staff, recent surgery, infection, hospitalization, change in dental status, medical status, etc. – RD assesses **all** factors individually to determine their overall impact on nutrition and hydration status.

Each indicator by itself does not necessarily determine risk level – risk of malnutrition and dehydration is multi-factorial. RD must use ***professional judgment*** to determine final risk level and re-evaluate risk levels whenever resident’s status changes

Plan of Care must be updated whenever there is a change in a resident’s nutrition / hydration risk level. It is recommended to indicate nutrition risk level, goals and interventions to mitigate those risks in the plan of care.

**Determining Healthy Weight Ranges:**

Healthy weight ranges: BMI 23 – 29.9 considered healthy weight for most elderly.

 BMI < 18.5 and > 30 *may* be associated with health problems in some elderly.

BMI must be taken into consideration with other weight parameters – height and weight tables for the elderly, weight changes, usual versus ideal body weights, ethnic differences. Use of Usual Body Weight (UBW) is the most important factor in assessing weight changes

Revised by Ontario Seniors Nutrition Advocacy Committee March 2023

Adapted from Long Term Care Action Group, Dietitians of Canada / Barker, Blagrave & Associates Dietetics Professional Corporation 2015