



HOMES AND SENIOR SERVICES

POLICY & PROCEDURE NUMBER: 4.12

DEPARTMENT: *Dietary*

**SUBJECT: *Chronically Low Food
And Fluid Intakes***

APPROVAL DATE: July 2018

REVIEW DATE: Oct 2019; Dec. 2020

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POLICY:

Residents who chronically consume low amounts of food and fluid will be routinely assessed by the Registered Dietitian and the inter-disciplinary care team for these issues however their care plan will be reflective, that even after multiple attempts, interventions were unsuccessful to increase their oral intake for various and documented reasons.

OBJECTIVES:

To communicate using a posted list at an inter-disciplinary level, the knowledge that the care team (including the Registered Dietitian) is aware of the fact that a resident has chronically low food and/or fluid intakes.

PROCEDURE:

1. The Registered Dietitian (RD) will maintain a list of residents which will be posted at each nursing station communicating which residents are known to have chronically low food and/or fluid intakes.
2. The resident's low intake and reasons identified by the interdisciplinary care team is documented in the resident's care plan.
3. Reassessment of nutrition and hydration status and nutrition and hydration risk level will occur at a quarterly basis at minimum or more frequently as determined by the RD.
4. When a resident is mentally competent and has chronically low intakes, the care team respects the resident's decision, completes the appropriate documentation, supports the resident, and provides guidance and emotional support to the family, as needed.
5. When a resident is not mentally competent and has chronically low intakes, the care team assesses the factors that may be contributing, reviews the situation with the Substitute Decision Maker (SDM), determines how to best manage the resident and provides guidance and emotional support, as needed and completes the appropriate documentation.



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6. Residents considered to be at end of life are managed according to the Home's palliative/end of life care program and will also be noted on the list.
 7. In any situation where the resident has chronically low intakes, underlying conditions related to intakes are investigated by the care team and interventions such as anti-depressant medication, investigation of swallowing ability, clinical tests to rule out concomitant illnesses and/or pain management may be implemented in conjunction with the multi-disciplinary care team.
 8. The dining environment is assessed to ensure that the resident is placed in a dining room setting that best suits his/her individual needs to promote optimal intake.
 9. If the resident is on a therapeutic diet, the risks and benefits of the diet are reviewed by the RD and the diet is revised, as appropriate.
 10. Families are encouraged to make food/feeding suggestions and every effort is made to provide favourite foods for the resident.
 11. The use of enteral nutrition may be considered, when appropriate, based on the resident's plan of care goals. The decision is based on input from all members of the care team, the family and the resident or SDM, as appropriate.

References:

Ontario Regulation 79/10 made under the Long-Term Care Homes Act, 2007, Sections 26 and 73.

"Resident Centred Care: When a Resident Refuses to Eat", Long Term Care, November/December, 2001.

"Ethical Issues and Nutrition Care – The Right to Choose", BB&A information brochure for residents and families, 2007.