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| **Policy Name:** | **Weight Assessment and Intervention Policy** |

1. **Policy Statement**

The multidisciplinary team will strive to prevent, monitor, and intervene for undesirable weight loss for our residents.

1. **Reason for Policy**

The goals of this policy are that the multidisciplinary team will prevent, monitor, and intervene for undesirable weight loss for residents receiving care at Serenity Care Center

1. **Who Should Read This Policy**

Registered Nurses, Licensed Practical Nurses, Certified Nurse Assistants, Respiratory Therapists, Occupational Therapists, Physical Therapists, Dietary/Nutrition

1. **Definitions**

The threshold for significant unplanned and undesired weight loss will be based on the following criteria

[where percentage of body weight loss = (usual weight – actual weight) / (usual weight) x 100]:

a. 1 week – 3 pounds is significant; greater than 3 pounds is severe.

b. 1 month – 5% weight loss is significant; greater than 5% is severe.

c. 3 months – 7.5% weight loss is significant; greater than 7.5% is severe.

d. 6 months – 10% weight loss is significant; greater than 10% is severe.

1. **The Policy**

**Weight Assessment**

1. Staff will measure resident weights on admission, the next day, and weekly for two weeks thereafter.

* If no weight concerns are noted at this point, weights will be measured monthly thereafter.

1. Weights will be recorded in each unit’s Weight Record chart or notebook and in the individual resident’s medical record.
2. Any weight change of 3 pounds or more in a 7 day period or 5% or more since the last weight assessment will be retaken the next day for confirmation.

* If the weight is verified, the treating medical provider and Dietician must be immediately notified.
* Verbal notification must be confirmed in writing.

1. The Dietitian will respond within 24 hours of receipt of written notification
2. The Dietitian will review the unit Weight Record by the 15th of the month to follow individual weight trends over time. Negative trends will be evaluated by the treatment team whether or not the criteria for “significant” weight change has been met.
3. If the weight change is desirable, this will be documented and no change in the care plan will be necessary

**Analysis**

Assessment information shall be analyzed by the multidisciplinary team and conclusions shall be made regarding the:

a. Resident’s target weight range (including rationale if different from ideal body weight);

b. Approximate calorie, protein, and other nutrient needs compared with the resident’s current intake;

c. The relationship between current medical condition or clinical situation and recent fluctuations in weight; and

d. Whether and to what extent weight stabilization or improvement can be anticipated.

The treating medical provider and the multidisciplinary team will identify conditions and medications that may be causing anorexia, weight loss or increasing the risk of weight loss. For example:

a. Cognitive or functional decline;

b. Chewing or swallowing abnormalities;

c. Pain;

d. Medication-related adverse consequences;

e. Environmental factors (such as noise or distractions related to dining);

f. Increased need for calories and/or protein;

g. Poor digestion or absorption;

h. Fluid and nutrient loss; and/or

i. Inadequate availability of food or fluids

**Care Planning**

1. Care planning for weight loss or impaired nutrition will be a multidisciplinary effort and will include the treating medical provider, nursing staff, the Dietitian, the Consultant Pharmacist, and the resident or resident’s legal

surrogate.

2. Individualized care plans shall address to the extent possible:

a. The identified causes of weight loss;

b. Goals and benchmarks for improvement; and

c. Time frames and parameters for monitoring and reassessment.

**Interventions**

1. Interventions for undesirable weight loss shall be based on careful consideration of the following:

a. Resident choice and preferences;

b. Nutrition and hydration needs of the resident;

c. Functional factors that may inhibit independent eating;

d. Environmental factors that may inhibit appetite or desire to participate in meals;

e. Chewing and swallowing abnormalities and the need for diet modifications;

f. Medications that may interfere with appetite, chewing, swallowing, or digestion;

g. The use of supplementation and/or feeding tubes; and

h. End of life decisions and advance directives.

2. The Dietitian will discuss undesired weight gain with the resident and/or family.

3. Interventions for undesired weight gain should consider resident preferences and rights. A weight loss regimen should not be initiated for a cognitively capable resident without his/her approval and involvement.

4. If a resident declines to participate in a weight loss goal, the Dietitian will document the resident’s wishes, and those wishes will be respected.