

What We Know

- › Residents of nursing homes face many challenges; one of the most important ones is maintaining adequate nutritional status^(4,12,13,21)
 - Investigators report that 30–75% of older adults residing in institutional settings are malnourished or at risk of malnutrition
 - Individuals in nursing home settings are generally considered at risk for malnutrition when they consume less than 75% of meals provided^(12,13)
 - Compromised dietary intake can lead to increased morbidity, higher risk for mortality, and reduced quality of life
 - Factors that can contribute to poor nutrition in nursing home residents include chronic and acute diseases, cognitive impairment, poor dentition, and receiving care in a setting with inadequate staffing
- › Upon admission to a nursing home, a nutritional assessment should be performed to obtain baseline information for continuing care. Using a standardized tool in combination with information gleaned from assessment by the dietitian/nutritionist can help the care team develop comprehensive, individualized nutritional plans. Several tools have been developed to help caregivers evaluate nutritional status^(5,7,11)
 - The Nutritional Risk Screening 2002 (NRS) and the Malnutrition Universal Screening Tool (MUST) have been shown to be effective, but the Mini Nutritional Assessment (MNA) is specifically developed for use with older individuals without the need for biochemical testing⁽⁷⁾
 - The original long form of the MNA is comprised of 18 sections and requires approximately 15 minutes to complete. Depending on the number of points given for each answer, the patient/resident is given a screening score. The score correlates with “normal nutritional status,” “at risk nutritional status,” or “malnourished”^(15,20)
 - The short form of the MNA takes approximately 5 minutes to complete. The most recent version of the short form contains screening questions concerning food intake, weight loss, mobility, stress/disease, neuropsychological problems, and body mass index (BMI). It also includes an option to measure calf circumference if BMI is not available^(9,15,20)
 - The MNA and the MNA-Short Form can be accessed at https://www.mna-elderly.com/mna_forms.html and can be incorporated into some electronic medical records
 - A complete guide to completing the short form can be accessed at https://www.southwesthealthline.ca/healthlibrary_docs/B.8.2.NutritionAssmtGuide.pdf
 - A lower body mass index (BMI) and MNA score is positively associated with sarcopenia, which impacts functionality as evaluated by activities of daily living (ADL)⁽⁶⁾
- › Individuals arrive at nursing homes with a variety of needs that can affect their ability to maintain adequate nutritional status⁽²¹⁾
 - Anorexia (i.e., loss of or diminished appetite) can develop due to⁽¹⁷⁾
 - changes in energy expenditure related to aging
 - alterations in taste and smell

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- use of certain medications that suppress appetite
- Oral health, quality of teeth and/or dentures, and various degrees of swallowing difficulty can affect the ability to consume healthy foods. Individuals might be apt to choose certain foods based on firmness, texture, and consistency rather than on nutritional content, which can lead to less nutritional food choices^(1,2)
- For residents with swallowing difficulties, mealtime can be tiresome and stressful. Offering the main meal of the day when they are most rested can be helpful in promoting adequate intake. Using texture-modified foods and thickeners can also enhance the eating experience⁽²⁾
- Note: Residents consuming pureed diets or thickened liquids are susceptible to dehydration; particular attention is necessary to promote adequate fluid intake and monitor for signs of dehydration⁽¹⁶⁾
- Decreased physical mobility can compromise the ability to eat. Correct positioning of the resident is essential for safe food consumption (e.g., prevention of aspiration) and proper manipulation of utensils⁽¹⁹⁾
- Ability and/or desire to eat may be reduced in residents recovering from recent surgical or medical procedures⁽¹⁹⁾
- More time spent with a dietitian has been positively associated with protein intake⁽¹⁴⁾
- › A basic, 3-step guide can be used to assist clinicians in providing adequate nutrition to patients/residents, as follows:^(8,18)
 - Step 1: Review the menu; consider the cultural needs of the client group; include all major food groups as part of the menu planning process; incorporate high calorie, high protein options; provide snacks in between meals; include finger foods in the menu
 - Step 2: Fortify foods where appropriate
 - Step 3: Consider nutritional supplements where appropriate
 - In malnourished patients, oral nutrition supplements can increase overall nutritional intake and improve quality of life more effectively than nutrition advice alone⁽¹⁸⁾

What We Can Do

- › Become knowledgeable about the increased risk for malnutrition in nursing home residents and about methods of evaluating nutritional status, so you can accurately assess your residents' individualized nutritional needs; share this information with your colleagues
- › Collaborate with other members of the healthcare team to
 - identify and manage any physical/medical conditions which could contribute to impaired nutritional status⁽¹⁰⁾
 - enhance residents' experience when eating
 - Help residents maintain their dignity while consuming meals; allow as much independence as possible while maintaining a safe environment⁽⁴⁾
 - Provide a variety of high calorie, highly nutritious foods/liquids from all food groups in appealing, palatable forms⁽¹²⁾
 - Encourage residents to express desires and expectations for their meal plans⁽⁴⁾
 - Provide essential food containers and utensils to make eating less difficult and more enjoyable⁽⁴⁾
 - Provide a clean, safe environment for residents to consume meals
 - Encourage colleagues and assistive staff members to view mealtime as a time of enjoyment, rather than as a task to be checked off a list⁽¹⁹⁾
- › Participate in the development and implementation of regularly scheduled programs to monitor residents' nutritional progress (e.g., rescreening using the original screening tool, obtaining weekly/monthly weights, tracking BMI over time)^(10,20)
 - Recognizing and documenting early weight loss can improve nutritional care⁽³⁾

Coding Matrix

References are rated using the following codes, listed in order of strength:

M Published meta-analysis	RV Published review of the literature	PP Policies, procedures, protocols
SR Published systematic or integrative literature review	RU Published research utilization report	X Practice exemplars, stories, opinions
RCT Published research (randomized controlled trial)	QI Published quality improvement report	G General or background information/texts/reports
R Published research (not randomized controlled trial)	L Legislation	U Unpublished research, reviews, poster presentations or other such materials
C Case histories, case studies	PGR Published government report	CP Conference proceedings, abstracts, presentation
G Published guidelines	PFR Published funded report	

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