

12. NUTRITIONAL STATUS

Review of Indicators of Nutritional Status

	<p>Current eating pattern – resident leaves significant proportion of meals, snacks, and supplements daily for even a few days</p>	<p>Supporting Documentation (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)</p>
<p>✓</p> <p><input type="checkbox"/></p>	<ul style="list-style-type: none"> • Food offered or available is not consistent with the resident’s food choices/needs <ul style="list-style-type: none"> — Food preferences not consistently honored — Resident has allergies or food intolerance (for example, needs lactose-free) — Food not congruent with religious or cultural needs — Resident complains about food quality (for example, not like what spouse used to prepare, food lacks flavor) — Resident doesn’t eat processed foods — Food doesn’t meet other special diet requirements 	
<p><input type="checkbox"/></p>	<ul style="list-style-type: none"> • Pattern re: food left uneaten (for example, usually leaves the meat or vegetables) 	
<p><input type="checkbox"/></p>	<ul style="list-style-type: none"> • Intervals between meals may be too long or too short 	
<p><input type="checkbox"/></p>	<ul style="list-style-type: none"> • Unwilling to accept food supplements or to eat more than three meals per day 	

<input checked="" type="checkbox"/>	Functional problems that affect ability to eat	Supporting Documentation (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)
<input type="checkbox"/>	<ul style="list-style-type: none"> Swallowing problem (K0100) 	
<input type="checkbox"/>	<ul style="list-style-type: none"> Arthritis (I3700) 	
<input type="checkbox"/>	<ul style="list-style-type: none"> Contractures (GG0115) 	
<input type="checkbox"/>	<ul style="list-style-type: none"> Functional limitation in range of motion (GG0115) 	
<input type="checkbox"/>	<ul style="list-style-type: none"> Partial or total loss of arm movement (GG0115) 	
<input type="checkbox"/>	<ul style="list-style-type: none"> Hemiplegia/hemiparesis (I4900, GG0115) 	
<input type="checkbox"/>	<ul style="list-style-type: none"> Quadriplegia/paraplegia (I5100, I5000) (GG0115) 	
<input type="checkbox"/>	<ul style="list-style-type: none"> Inability to perform self-care or mobility without significant physical assistance (GG0130, GG0170) 	
<input type="checkbox"/>	<ul style="list-style-type: none"> Inability to sit up 	
<input type="checkbox"/>	<ul style="list-style-type: none"> Missing limb(s) (GG0120D) 	
<input type="checkbox"/>	<ul style="list-style-type: none"> Vision problems (B1000) 	
<input type="checkbox"/>	<ul style="list-style-type: none"> Decreased ability to smell or taste food 	
<input type="checkbox"/>	<ul style="list-style-type: none"> Need for special diet or altered consistency which might not appeal to resident (K0520C, K0520D) 	
<input type="checkbox"/>	<ul style="list-style-type: none"> Recent decline in functional abilities (GG0130, GG0170) 	
<input checked="" type="checkbox"/>	Cognitive, mental status, and behavior problems that can interfere with eating	Supporting Documentation
<input type="checkbox"/>	<ul style="list-style-type: none"> Review Cognitive Loss CAA 	
<input type="checkbox"/>	<ul style="list-style-type: none"> Alzheimer's Disease (I4200) 	
<input type="checkbox"/>	<ul style="list-style-type: none"> Other dementia (I4800) 	
<input type="checkbox"/>	<ul style="list-style-type: none"> Intellectual disability/developmental disability (A1550) 	
<input type="checkbox"/>	<ul style="list-style-type: none"> Paranoid fear that food is poisoned 	
<input type="checkbox"/>	<ul style="list-style-type: none"> Requires frequent/constant cueing 	
<input type="checkbox"/>	<ul style="list-style-type: none"> Disruptive behaviors (E0200) 	
<input type="checkbox"/>	<ul style="list-style-type: none"> Indicators of psychosis (E0100) 	
<input type="checkbox"/>	<ul style="list-style-type: none"> Wandering (E0900) 	
<input type="checkbox"/>	<ul style="list-style-type: none"> Pacing (E0200) 	
<input type="checkbox"/>	<ul style="list-style-type: none"> Throwing food (E0200) 	
<input type="checkbox"/>	<ul style="list-style-type: none"> Resisting care (E0800) 	
<input type="checkbox"/>	<ul style="list-style-type: none"> Very slow eating 	
<input type="checkbox"/>	<ul style="list-style-type: none"> Short attention span 	
<input type="checkbox"/>	<ul style="list-style-type: none"> Poor memory (C0500, C0700–C0900) 	
<input type="checkbox"/>	<ul style="list-style-type: none"> Anxiety problems (I5700) 	

<input checked="" type="checkbox"/>	Communication problems	Supporting Documentation (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)
<input type="checkbox"/>	• Review Communication CAA	
<input type="checkbox"/>	• Comatose (B0100)	
<input type="checkbox"/>	• Difficulty making self-understood (B0700)	
<input type="checkbox"/>	• Difficulty understanding others (B0800)	
<input type="checkbox"/>	• Aphasia (I4300)	
<input checked="" type="checkbox"/>	Dental/oral problems	Supporting Documentation
<input type="checkbox"/>	• See Dental Care CAA	
<input type="checkbox"/>	• Broken or fractured teeth (L0200D)	
<input type="checkbox"/>	• Toothache (L0200F)	
<input type="checkbox"/>	• Bleeding gums (L0200E)	
<input type="checkbox"/>	• Loose dentures, dentures causing sores (L0200A)	
<input type="checkbox"/>	• Lip or mouth lesions (for example, cold sores, fever blisters, oral abscess) (L0200C)	
<input type="checkbox"/>	• Mouth pain (L0200F)	
<input type="checkbox"/>	• Dry mouth	
<input checked="" type="checkbox"/>	Other diseases and conditions that can affect appetite or nutritional needs	Supporting Documentation
<input type="checkbox"/>	• Anemia (I0200)	
<input type="checkbox"/>	• Arthritis (I3700)	
<input type="checkbox"/>	• Burns (M1040F)	
<input type="checkbox"/>	• Cancer (I0100)	
<input type="checkbox"/>	• Cardiovascular disease (I0300–I0900)	
<input type="checkbox"/>	• Cerebrovascular accident (I4500)	
<input type="checkbox"/>	• Constipation (H0600)	
<input type="checkbox"/>	• Delirium (C1310)	
<input type="checkbox"/>	• Depression (I5800)	
<input type="checkbox"/>	• Diabetes (I2900)	
<input type="checkbox"/>	• Diarrhea	
<input type="checkbox"/>	• Gastrointestinal problem (I1100–I1300)	
<input type="checkbox"/>	• Hospice care (O0110K1)	
<input type="checkbox"/>	• Liver disease (I8000)	
<input type="checkbox"/>	• Pain (J0300, J0800)	
<input type="checkbox"/>	• Parkinson's disease (I5300)	
<input type="checkbox"/>	• Pressure ulcers/injuries (M0210, M0300)	

(continued)

✓	Other diseases and conditions that can affect appetite or nutritional needs (continued)	Supporting Documentation (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)
<input type="checkbox"/>	• Radiation therapy (O0110B1)	
<input type="checkbox"/>	• Recent acute illness (I8000)	
<input type="checkbox"/>	• Recent surgical procedure (I8000, J2000, M1200F)	
<input type="checkbox"/>	• Renal disease (I1500)	
<input type="checkbox"/>	• Respiratory disease (I6200)	
<input type="checkbox"/>	• Thyroid problem (I3400)	
<input type="checkbox"/>	• Weight loss (K0300)	
<input type="checkbox"/>	• Weight gain (K0310)	
✓	Abnormal laboratory values	
<input type="checkbox"/>	• Electrolytes	
<input type="checkbox"/>	• Pre-albumin level	
<input type="checkbox"/>	• Plasma transferrin level	
<input type="checkbox"/>	• Others	
✓	Medications	Supporting Documentation
<input type="checkbox"/>	• Antipsychotics (N0415A)	
<input type="checkbox"/>	• Chemotherapy (O0110A1)	
<input type="checkbox"/>	• Cardiac medications	
<input type="checkbox"/>	• Diuretics (N0415G)	
<input type="checkbox"/>	• Anti-inflammatory medications	
<input type="checkbox"/>	• Anti-Parkinson's medications	
<input type="checkbox"/>	• Laxatives	
<input type="checkbox"/>	• Antacids	
<input type="checkbox"/>	• Start of a new medication	
✓	Environmental factors	Supporting Documentation
<input type="checkbox"/>	• Sufficient eating assistance	
<input type="checkbox"/>	• Availability of adaptive equipment	
<input type="checkbox"/>	• Dining environment fosters pleasant social experience	
<input type="checkbox"/>	• Appropriate lighting	
<input type="checkbox"/>	• Sufficient personal space during meals	
<input type="checkbox"/>	• Proper positioning in wheelchair/chair for dining	

Input from resident and/or family/representative regarding the care area. (Questions/Comments/Concerns/Preferences/Suggestions)

Analysis of Findings	Care Plan	Care Plan Considerations
Review indicators and supporting documentation, and draw conclusions. Document: <ul style="list-style-type: none"> • Description of the problem; • Causes and contributing factors; and • Risk factors related to the care area. 	Care Plan Y/N	Document reason(s) care plan will/ will not be developed.

Referral(s) to another discipline(s) is warranted (to whom and why): _____

Information regarding the CAA transferred to the CAA Summary (Section V of the MDS):

Yes No

Signature/Title: _____ Date: _____