



# Nutritional Needs for Older Adults













































































































































## ***Case Study 1 Review***

### **Domains of Practice:**

- Health-care facilities and relevant staff should ensure plans of care are evidence-based, established, implemented, updated, and monitored based on care recipients' preferences and assessed needs.
- Health-care facilities and relevant staff should ensure the planning, development, implementation/execution, monitoring, and evaluation of nutritional needs and preferences of care recipients.
- Health-care facilities and relevant staff should ensure the planning, development, implementation/execution, monitoring and evaluation of dining experiences meet the needs and preferences of care recipients.

### **Which of the aforementioned domains of practice may be the most relevant to the patient in Case 1?**

All three of the aforementioned domains of practice are relevant to the patient, however the first two domains of practice may be the most relevant to the patient based on the scenario highlighted in the case study.

### **Where the aforementioned relevant domains of practice applied to the patient in Case 1?**

It appears an evidence based plan of care was not effectively established, implemented, updated, or monitored. Also, the patient's nutritional preferences and needs were not effectively assessed or met.

### **How did a lack of the relevant domain(s) of practice impact the patient?**

The patient in Case 1 has a history of arthritis, hypertension and non-insulin dependent diabetes. However, no attempts were made by the nursing facility to adjust her nutrition and diet to meet the requirements of her disease states, resulting in the following signs and symptoms of poor glycemic control: frequent headaches, increased thirst and fatigue. Also,



the patient noted a gluten intolerance and that she tries to avoid dairy products whenever possible. No attempts were made by the nursing facility to adjust her meals accordingly. The patient was given "standard meals" by the nursing facility resulting in stomach bloating, gas and overall discomfort.

### **How could have the application of the aforementioned relevant domains of practice impacted the patient's care?**

First, an assessment could have been used to determine the patient's body mass index (BMI). BMI may refer to a measure of weight in kilograms (kg) relative to height in meters squared ( $m^2$ )<sup>3</sup>. BMI is considered a reasonably reliable indicator of total body fat, which is related to the risk of disease and death<sup>3</sup>. BMI determination is essential for the administration of nutrition-related care to older adult patients. BMI values can be used to establish a healthy weight for a patient.

Secondly, a patient assessment could have been used to establish an evidence based plan of care to manage the patient's arthritis, hypertension and non-insulin dependent diabetes. Lastly, an evaluation of the nutritional needs and preferences of the patient could have been used to establish an appropriate and adequately nutritious diet plan, which accommodated the patient's disease states as well as her gluten intolerance and desire to avoid dairy products.

If the relevant domains of practice were applied to the patient's care in Case 1, the patient, potentially, could have avoided the complications associated with poor glycemic control as well as the stomach bloating, gas and overall discomfort she experiencing as result of eating meals that were not tailor made or customized to meet her requirements and/or preferences. In what other ways could the application of the relevant domains of practice impact the patient's care?

### ***Case Study 2***

An 82-year-old male resident of an assisted living facility begins to request "different types of meals". The patient is not specific about his request, although he is admit about receiving what he continues to refer to as "different types of meals." The patient has a history of hyperlipidemia,

hypertension, glaucoma and asthma. The patient is 5'10" and weighs approximately 63.5 kg. He has no known food or drug allergies. After the patient's initial request for "different types of meals", he becomes agitated regarding his meals. He voices his discontent, however the patient continues to receive what he refers to as the "same old food." Prior to the patient's recent agitation, the patient never complained about his surroundings or his comfort level - although, it was observed and documented by the patient's health care team that he was eating less than he had been in the previous 12 months. Approximately three weeks pass from the patient's first request for "different types of meals". In the aforementioned time period, the patient lost 2.2 kg, became less active and reported extended bouts of dry mouth, confusion, lightheadedness and dizziness. Additionally, the patient has become increasingly agitated and anxious, especially around meal times. The patient's agitation and anxiety have also begun to interfere with his medication therapy. The patient often refuses to take medications because he believes "they are making him feel worse." No changes have been made to the patient's meals.

## ***Case Study 2 Review***

### **Domains of Practice:**

- Health-care facilities and relevant staff should ensure plans of care are evidence-based, established, implemented, updated, and monitored based on care recipients' preferences and assessed needs.
- Health-care facilities and relevant staff should ensure the planning, development, implementation/execution, monitoring, and evaluation of nutritional needs and preferences of care recipients.
- Health-care facilities and relevant staff should ensure the planning, development, implementation/execution, monitoring and evaluation of dining experiences meet the needs and preferences of care recipients.

### **Which of the aforementioned domains of practice may be the most relevant to the patient in Case 2?**

All three of the aforementioned domains of practice are relevant to the

patient - however, the last of the three domains of practice may be the most relevant to the patient based on the scenario highlighted in the case study.

### **Where the aforementioned relevant domains of practice applied to the patient in Case 1?**

It appears the patient's dining experience was not effectively evaluated to determine the patient's needs and/or preferences.

### **How did a lack of the relevant domain(s) of practice impact the patient?**

The patient in Case 2 made requests for what he referred to as "different types of meals". However, the assisted living facility the patient resides in made no effort to further evaluate the patient's dining experience to determine what the patient meant by "different types of meals." The patient continued to receive what he referred to as the "same old food," resulting in patient agitation and eventual anxiety. Initially the patient's agitation and anxiety was limited to meal times. However, as the case progressed, the patient's agitation and anxiety began to increase and intensify until they ultimately began to negatively impact his medication therapy. By the end of the case study, the patient's overall demeanor was altered and he was refusing medication therapy, putting his health and overall well-being in jeopardy. Additionally, the patient was eating less, losing weight and experiencing dry mouth, confusion, lightheadedness and dizziness, all of which possess the potential to further jeopardize the patient's health and overall well-being.

### **How could have the application of the aforementioned relevant domains of practice impacted the patient's care?**

First, an assessment/evaluation could have been used to determine if the patient's hyperlipidemia, hypertension, glaucoma and asthma were being adequately treated. Also, an assessment could have been used to identify what the patient meant by "different types of meals" and "same old food." Furthermore, an assessment could have been carried out to determine the patient's dining experience needs and preferences.

Secondly, the patient should have been more effectively monitored and evaluated for weight loss. The patient lost 2.2 kg in three weeks. Weight loss can be detrimental to an older adult's health, especially if the patient is close to being underweight. Weight loss can lead to decreased energy levels, activity and overall mobility. Weight loss can also effect an older adult patient's cognitive function and overall demeanor<sup>1,3</sup>. It is vital for older adults to maintain a healthy weight. Older adult resident's weight should be routinely monitored and efforts should be made if a patient is losing a considerable amount of weight, or gaining a considerable amount of weight.

BMI values can help determine a healthy weight for a patient. A BMI value less than 18.5 kg/m<sup>2</sup> can mean a patient is underweight<sup>3</sup>. A BMI value of 18.5 to 24.9 kg/m<sup>2</sup> can mean a patient is maintaining a normal or health weight<sup>3</sup>. A BMI value of 25.0 to 29.9 kg/m<sup>2</sup> can mean a patient is overweight and a BMI value of 30.0 kg/m<sup>2</sup> or greater can mean the patient is obese<sup>3</sup>. The terms overweight and obese may refer to ranges of weight that are greater than what is considered healthy, while the term underweight may refer to a weight that is lower than what is considered healthy<sup>3</sup>.

Lastly, a patient evaluation could have been carried out to address the patient's reported dry mouth, confusion, lightheadedness and dizziness, all of which are signs and symptoms of dehydration.

Dehydration may refer to a condition characterized by an excessive loss of fluid, which disrupts the human body's normal function<sup>5</sup>. Dehydration may be caused by several different factors including: diarrhea, vomiting, sweating, increased urination and decreased fluid intake<sup>5</sup>. Symptoms of dehydration may include: dry mouth, confusion, lightheadedness and dizziness as well as thirst, dry skin and dark-colored urine<sup>5</sup>. Dehydration is concerning and dangerous for individuals of all ages, however it is especially concerning and dangerous for older adults.

Dehydration is especially concerning for older adults because older adults are more susceptible to dehydration, the reason being is related to the human body's aging process. As the human body ages, it loses its ability to regulate its fluid balance, conserve water and sense thirst. Additionally,

older adults typically suffer from multiple disease states such as diabetes and dementia as well as reduced kidney function, which may contribute to dehydration. Furthermore, older adults are often on medication therapies which may also increase the potential for dehydration. With that said, dehydration is especially dangerous for older adults because if left untreated, dehydration could lead to heart injury, decreased kidney function, seizures, shock, coma and death<sup>5</sup>. Thus, older adults must be routinely monitored and evaluated for signs and symptoms of dehydration as well as fluid intake. It is recommended that older adults take in approximately 5 - 6 8-ounce glasses of water per day to maintain adequate hydration<sup>5</sup>.

If the relevant domains of practice were applied to the patient's care in Case 2, the patient, potentially, could have avoided the agitation and anxiety which may have led to his weight loss and interruptions in therapy. Also, the patient could have avoided potentially dangerous dehydration signs and symptoms. Essentially, if the nutrition-related domains of practice were applied to the patient he could have averted a chain of events, which eventually resulted in a decline in health, overall well-being and quality of life. In what other ways could the application of the relevant domains of practice impact the patient's care?

### ***Case Study 3***

A 74-year-old male patient enters a nursing facility after undergoing surgery and rehabilitation for a broken hip. The patient is 5'9" tall and weighs 68 kg. The patient has no food or drug allergies and is currently taking warfarin to help prevent deep vein thrombosis (DVT). The patient is lucid, and as he puts it "eager to return to his active life and hobbies." Fortunately for the patient, through rehabilitation, he has regained much of his function and mobility. However, the patient is required to continue his rehabilitation in order to further improve upon his function and mobility. The patient is also ordered to continue his warfarin therapy. A few weeks pass and the patient has successfully acclimated to his new surroundings and therapy. He expresses his contentment for his surroundings and reports he enjoys talking with his nurses. The patient also reports he is "moving much easier now" and has "less pain." Overall the patient is doing quite well, although recently his diet has been very inconsistent and his

team of health care professionals reports his latest international normalized ratio (INR) values are non-therapeutic.

### ***Case Study 3 Review***

#### **Domains of Practice:**

- Health-care facilities and relevant staff should ensure plans of care are evidence-based, established, implemented, updated, and monitored based on care recipients' preferences and assessed needs.
- Health-care facilities and relevant staff should ensure the planning, development, implementation/execution, monitoring, and evaluation of nutritional needs and preferences of care recipients.
- Health-care facilities and relevant staff should ensure the planning, development, implementation/execution, monitoring and evaluation of dining experiences meet the needs and preferences of care recipients.

#### **Which of the aforementioned domains of practice may be the most relevant to the patient in Case 3?**

All three of the aforementioned domains of practice are relevant to the patient - however, the last two domains of practice may be the most relevant to the patient based on the scenario highlighted in the case study.

#### **Where the aforementioned relevant domains of practice applied to the patient in Case 3?**

It appears the patient's team of health care professionals established and implemented an evidence-based plan of care for the patient, which included further rehabilitation and the continuation of warfarin therapy for DVT prevention. It also appears the patient was being monitored based on the report regarding his INR values. Although, it also appears the patient's nutritional needs and preferences may not have been adequately established and perhaps his dining experience was not effectively implemented, monitored, and/or evaluated, resulting in his inconsistent diet.

## **How did a lack of the relevant domain(s) of practice impact the patient?**

Overall, the patient is doing quite well. He is acclimating to his new surroundings, he is getting along with his health care team and his rehabilitation is progressing to the point where the patient reports that he is "moving much easier now" and that he is experiencing "less pain." However, the patient's diet has been very inconsistent, potentially resulting in the non-therapeutic INR values.

## **How could have the application of the aforementioned relevant domains of practice impacted the patient's care?**

A patient evaluation could have been used to determine why the patient's diet is inconsistent. Perhaps the patient has specific dietary needs and preferences that are not being met, resulting in his inconsistent diet. It is important to note the patient's inconsistent diet because, as previously alluded to, it could be impacting his warfarin therapy.

Warfarin is an anticoagulant or blood thinner. It is often used to prevent blood clots. Although, warfarin does not require a specific diet, some foods and beverages can affect warfarin and make it less effective in preventing blood clots<sup>6</sup>. One group of foods that can be especially concerning to the effectiveness of warfarin are those foods rich in vitamin K. Foods that are rich in vitamin K include the following: kale, spinach, parsley, broccoli, cabbage and Brussels sprouts.

The best way to manage and balance the intake of foods rich in vitamin K with warfarin therapy is to keep a patient's diet consistent. For example, if a patient enjoys eating spinach and broccoli, that patient should eat spinach and broccoli on a consistent basis. The patient should not eat large amounts of spinach and broccoli one week and then have little to no spinach and broccoli the next week. A large increase in vitamin K could lower the patient's INR and decrease the overall effectiveness of warfarin, leading to the potential formation of dangerous blood clots<sup>6</sup>. On the other hand, a large decrease in vitamin K could increase the patient's INR and make it harder for the patient's blood to clot, leading to the potential for bleeding and/or uncontrolled bleeding, which may be fatal<sup>6</sup>. Thus, it is

best to keep a patient's diet consistent regarding vitamin K intake in order to keep his or her INR within a therapeutic range and to avoid the potential formation of dangerous blood clots, bleeding and/or uncontrolled bleeding<sup>6</sup>.

It is important to further note that the bleeding and/or uncontrolled bleeding associated with warfarin therapy can be fatal. Warfarin does possess a bleeding risk warning. The bleeding risk warning associated with warfarin therapy may be found in Figure 6. Assisted living and nursing home administrators should keep the bleeding risk warning associated with warfarin in mind when developing facility specific policies and procedure related to the nutritional needs of residents receiving warfarin therapy.

***Figure 6: Warning: Bleeding Risk Associated with Warfarin (Coumadin)<sup>6</sup>***

- Coumadin can cause major or fatal bleeding.
- Perform regular monitoring of INR in all treated patients.
- Drugs, dietary changes, and other factors affect INR levels achieved with Coumadin therapy.
- Instruct patients about prevention measures to minimize risk of bleeding and to report signs and symptoms of bleeding.

Assisted living and nursing home administrators should also keep in mind the herbal products and food recommendations associated with warfarin therapy. Warfarin related herbal products and food recommendations may be found in Figure 7.

***Figure 7: Herbal products and Food Recommendations Associated with Warfarin (Coumadin)<sup>6</sup>***

- Exercise caution when botanical (herbal) products are taken concomitantly with Coumadin. Few adequate, well-controlled studies evaluating the potential for metabolic and/or pharmacologic interactions between botanicals and Coumadin exist. Due to a lack of manufacturing



standardization with botanical medicinal preparations, the amount of active ingredients may vary. This could further confound the ability to assess potential interactions and effects on anticoagulation.

- Some botanicals may cause bleeding events when taken alone (e.g., garlic and Ginkgo biloba) and may have anticoagulant, antiplatelet, and/or fibrinolytic properties. These effects would be expected to be additive to the anticoagulant effects of Coumadin. Conversely, some botanicals may decrease the effects of Coumadin (e.g., co-enzyme Q10, St. John's wort, ginseng). Some botanicals and foods can interact with Coumadin through CYP450 interactions (e.g., echinacea, grapefruit juice, ginkgo, goldenseal, St. John's wort).
- Monitor the patient's response with additional INR determinations when initiating or discontinuing any botanicals.

In addition to warfarin, other specific medications or medications belonging to specific medication classes may require dietary considerations. For example, medications belonging to the class of medications referred to as ACE inhibitors may require dietary considerations. The reason being is that ACE inhibitors, such as lisinopril and captopril, may increase the amount of potassium in a patient's body<sup>6</sup>. The aforementioned potential effect of ACE inhibitors is important to note because too much potassium in the human body may lead to an irregular heartbeat and heart palpitations, both of which can be dangerous<sup>6</sup>. Therefore, it is recommended that individuals taking ACE inhibitors should avoid eating large amounts of foods high in potassium such as: bananas, oranges, green leafy vegetables and salt substitutes that contain potassium<sup>6</sup>. A diet consisting largely of foods high in potassium while taking ACE inhibitors may lead to dangerously high potassium levels and the complications that come with them. With the previous information in mind, assisted living and nursing home administrators should ensure the residents of their facilities undergo routine medication reconciliations to identify specific medications that may require dietary considerations. Assisted living and nursing home administrators should also ensure the residents of their facilities undergo routine nutrition/diet-related evaluations and monitoring as well as nutrition/diet-related adjustments, if needed, to ensure residents are meeting their dietary needs.

If the domains of practice were applied to the patient in Case 3, perhaps adjustments could have been made to the patient's diet to avoid the inconsistency which may have eventually lead to non-therapeutic INR values. In what other ways could the application of the relevant domains of practice impact the patient's care?

## Section 3: Summary

Section 1 and Section 2 of this course highlighted the first two key aspects of care which should be reviewed by assisted living and nursing home administrators to ensure their facility is meeting the nutritional and dietary requirements of their residents. As previously indicated, the first two key aspects of care include: the food and nutrition services provided by the facility and the actual nutritional value of the food and meals provided by the facility to residents. With that said, the third key aspect of care which should be reviewed by assisted living and nursing home administrators relates to nutrition-related policies and procedures and/or guidelines of a specific facility. When reviewing nutrition-related policies and procedures and/or guidelines, assisted living and nursing home administrators should ensure their facility's policies and procedures/guidelines include specific domains of practice. Domains of practice, as they relate to this course, may refer to clearly defined standards, responsibilities and guidelines which establish continuity of care among health care-related staff in order to ensure the delivery of safe and effective care and/or adequate nutrition to patients. The specific domains of practice, related to adequate nutrition, which should be interwoven and included in specific facilities' nutrition-related policies and procedures/guidelines include the following: health-care facilities and relevant staff should ensure plans of care are evidence-based, established, implemented, updated, and monitored based on care recipients' preferences and assessed needs; health-care facilities and relevant staff should ensure the planning, development, implementation/execution, monitoring, and evaluation of nutritional needs and preferences of care recipients; health-care facilities and relevant staff should ensure the planning, development, implementation/execution, monitoring and evaluation of dining experiences meet the needs and preferences of care recipients. By verifying their facility's nutrition-related policies and procedures/guidelines include the aforementioned domains of practice, assisted living and nursing home administrators can help ensure

the individual residents of their facility are firmly placed at the center of their nutritional care, maintaining patient autonomy, and that they are receiving the adequate nutrition they require to maintain their health, overall well-being and quality of life.

### **Section 3: Key Concepts**

- The nutrition-related policies and procedures and/or guidelines of a specific facility can serve as the means and methods to outline and guide the delivery of adequate nutrition to older adult residents.
- The specific domains of practice, related to adequate nutrition, which should be interwoven and included in specific facilities' nutrition-related policies and procedures/guidelines include the following: health care facilities and relevant staff should ensure plans of care are evidence-based, established, implemented, updated, and monitored based on care recipients' preferences and assessed needs; health care facilities and relevant staff should ensure the planning, development, implementation/execution, monitoring, and evaluation of nutritional needs and preferences of care recipients; health care facilities and relevant staff should ensure the planning, development, implementation/execution, monitoring and evaluation of dining experiences meet the needs and preferences of care recipients.
- In order to maintain patient autonomy, nutrition-related care should be based on a resident's preferences and assessed needs.
- Domains of practice can help ensure health care facilities and relevant staff evaluate and monitor older adult residents to determine vital elements of care such as: a patient's BMI, a healthy weight for a patient, dehydration, disease state and medication-related requirements as well as the individual resident's specific nutritional and dietary preferences.
- Domains of practice can help ensure older adult residents receive the adequate nutrition they require to maintain their health, overall well-being and quality of life.

## Section 3: Key Terms

**Domains of practice (as they relate to this course)** - clearly defined standards, responsibilities and guidelines which establish continuity of care among health care-related staff in order to ensure the delivery of safe and effective care and/or adequate nutrition to patients

**Patient autonomy** - the individual patients' ability and right to all information regarding their current and future health care options, diagnosis, treatments, interventions and/or strategies, including both potential benefits and risks, in order to formulate their own informed decisions regarding their own personal health care; patient autonomy grants patients the sole right to make decisions regarding their own health, health care and personal well-being<sup>4</sup>

**Body mass index (BMI)** - a measure of weight in kilograms (kg) relative to height in meters squared (m<sup>2</sup>); BMI is considered a reasonably reliable indicator of total body fat, which is related to the risk of disease and death<sup>3</sup>

**Overweight and obese** - ranges of weight that are greater than what is considered healthy<sup>3</sup>

**Underweight** - a weight that is lower than what is considered healthy<sup>3</sup>

**Dehydration** - a condition characterized by an excessive loss of fluid, which disrupts the human body's normal function<sup>5</sup>

## Section 3: Personal Reflection Question

How may nutrition-related domains of practice impact older adult residents of assisted living and nursing home facilities?

## Course Review

The following questions are presented below to further review the concepts found in this course. By reviewing the following questions, assisted living and nursing home administrators can obtain practical knowledge, which may be used to ensure older adult residents receive adequate nutrition.

### **What does the Final Rule, section §483.60 Food and Nutrition Services outline?**

The Final Rule, section §483.60 Food and Nutrition Services outlines federal regulations and requirements related to the food, nutrition and dietary services provided by long-term care facilities.

### **According to the Final Rule, section §483.60 Food and Nutrition Services a facility must provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service. What does “sufficient support personnel” mean?**

“Sufficient support personnel” means having enough dietary and food and nutrition staff to safely carry out all of the functions of the food and nutrition services. This does not include staff, such as licensed nurses, nurse aides or paid feeding assistants, involved in assisting residents with eating.

### **What are the Final Rule, section §483.60 Food and Nutrition Services key requirements regarding meal frequency?**

Each resident must receive and the facility must provide at least three meals daily, at regular times comparable to normal mealtimes in the community or in accordance with resident needs, preferences, requests, and plan of care. Additionally, there must be no more than 14 hours between a substantial evening meal and breakfast the following day, except when a nourishing snack is served at bedtime, up to 16 hours may elapse between a substantial evening meal and breakfast the following day if a resident group agrees to this meal span.

**According to the Final Rule, section §483.60 Food and Nutrition Services, are paid feeding assistants permitted to assist residents who have complicated eating problems?**

Paid feeding assistants are not permitted to assist residents who have complicated eating problems, such as (but not limited to) difficulty swallowing, recurrent lung aspirations, or who receive nutrition through parenteral or enteral means. Nurses or nurse aides must continue to assist residents who require the assistance of staff with more specialized training to eat or drink. Paid feeding assistants may assist eligible residents to eat and drink at meal times, snack times, or during activities or social events as needed, whenever the facility can provide the necessary supervision.

**According to the Dietary Guidelines for Americans 2015 - 2020, what is an eating pattern?**

An eating pattern may refer to the combination of foods and beverages that constitute an individual's complete dietary intake over time; an eating pattern may describe a customary way of eating or a combination of foods recommended for consumption. Individuals should consume a healthy eating pattern that accounts for all foods and beverages within an appropriate calorie level.

**According to the Dietary Guidelines for Americans 2015 - 2020, what are the key recommendations for the daily intake of sugars, saturated fats and sodium?**

- Individuals should consume less than 10 percent of calories per day from added sugars.
- Individuals should consume less than 10 percent of calories per day from saturated fats.
- Individuals should consume less than 2,300 milligrams (mg) per day of sodium.

**According to the Dietary Guidelines for Americans 2015 - 2020, what is a nutrient dense food option?**

Nutrient dense is a characteristic of foods and beverages that provides

vitamins, minerals, and other substances which contribute to adequate nutrient intakes or may have positive health effects, with little or no solid fats and added sugars, refined starches, and sodium, i.e. nutrient dense indicates the nutrients and other beneficial substances in a food have not been “diluted” by the addition of calories from added solid fats, sugars, or refined starches, or by the solid fats naturally present in the food<sup>1</sup>.

Examples of nutrient dense food options include the following: vegetables, fruits, whole grains, seafood, eggs, beans and peas, unsalted nuts and seeds, fat-free and low-fat dairy products, and lean meats and poultry - when prepared with little or no added solid fats, sugars, refined starches, and sodium<sup>1</sup>.

### **According to the Dietary Guidelines for Americans 2015 - 2020, what is a key strategy to align menus with health eating patterns?**

Menus should offer more vegetables, fruits, whole grains, low-fat and fat-free dairy, and a greater variety of protein foods that are nutrient dense, while also reducing sodium and added sugars, reducing saturated fats and replacing them with unsaturated fats, and reducing added refined starches.

### **What is the DASH Dietary Pattern?**

The DASH Dietary Pattern is a type of diet which encourages the consumption of vegetables, fruits, low-fat dairy products, whole grains, poultry, fish, beans, and nuts and is low in sweets, sugar-sweetened beverages, and red meats. It is low in saturated fats and rich in potassium, calcium, and magnesium, as well as dietary fiber and protein. It also is lower in sodium than the typical American diet. The DASH Dietary Pattern may be beneficial for individuals suffering from hypertension.

### **According to the Dietary Guidelines for Americans 2015 - 2020, what are the estimated calorie intake per day recommendations for individuals ages 66 - 70 years?**

- Males who are sedentary should take in approximately 2,000 calories. Males who are moderately active should take in approximately 2,200 calories. Males who are active should take in approximately 2,600 calories.

- Females who are sedentary should take in approximately 1,600 calories. Females who are moderately active should take in approximately 1,800 calories. Females who are active should take in approximately 2,000 calories.

**What are the requirements of administrators regarding the following domain of practice: health care facilities and relevant staff should ensure the planning, development, implementation/execution, monitoring, and evaluation of nutritional needs and preferences of care recipients; health care facilities and relevant staff should ensure the planning, development, implementation/execution, monitoring and evaluation of dining experiences that meet the needs and preferences of care recipients?**

- The previous domains of practices require administrators to ensure the care recipient's nutritional needs are met in accordance with their individualized needs and preferences while simultaneously meeting all physicians prescribed orders.

- The previous domains of practices require administrators to ensure dining services are resident-centered and meet the nutritional needs paralleled with the recipient preferences.

## **Conclusion**

Nutrition and diet are important determinants of health in older adult populations. A nutritious diet customized to meet the health-related needs of older adults can help them maintain their weight, activity level as well as their physical and mental health. On the other hand, a poor diet without significant nutritional value can lead to a host of different health-related issues including: weakened immune systems, decreased energy levels as well as obesity, malnutrition, dehydration, impaired cognitive function, dementia, type 2 diabetes, hypertension, heart disease, stroke and osteoporosis<sup>1</sup>. In other words, poor nutrition can devastate an older adult's health, overall well-being and quality of life. Thus, it is essential for assisted living and nursing home administrators to ensure older adults residing in their facilities receive the nutrition they require. To do so assisted living



and nursing home administrators should review three key aspects related to their facility's care, which include: food and nutrition services, the actual nutritional value of the food and meals provided by the facility to residents and nutrition-related policies and procedures and/or guidelines.

As previously mentioned, the first of the three key aspects of care which should be reviewed by assisted living and nursing home administrators is food and nutrition services - more specifically food and nutrition service related to the regulations outlined in the Final Rule, section §483.60 Food and Nutrition Services. The Final Rule, section §483.60 Food and Nutrition Services outlines federal regulations and requirements related to the food, nutrition and dietary services provided by long-term care facilities. It is essential for assisted living, nursing homes and other types of long-term care facilities to meet the federal regulations and requirements outlined in the Final Rule, section §483.60 Food and Nutrition Services. Therefore, assisted living and nursing home administrators should review the food, nutrition and dietary services provided by their specific facility to ensure they meet federal requirements. By reviewing the aforementioned services assisted living and nursing home administrators can help ensure their facility is meeting the provisions of the federal government, as well as the nutritional and dietary requirements of their residents.

The second key aspect of care that assisted living and nursing home administrators should review is the actual nutritional value of the food and meals provided to residents. Nutritional value may refer to the understanding of the contents of food in terms of carbohydrates, fats, proteins, minerals, additives, enzymes, vitamins, sugar intake, cholesterol, fat as well as salt and how those contents impact the human body<sup>3</sup>. In other words, nutritional value defines the potential impact of food on the human body. To effectively review the actual nutritional value of the food and meals provided to residents, assisted living and nursing home administrators should take note of the recommendations included in the Dietary Guidelines for Americans 2015 - 2020.

The Dietary Guidelines for Americans 2015 - 2020 outlines guidelines, recommendations and essential elements of healthy eating. One of the goals of the Dietary Guidelines for Americans 2015 - 2020 is to provide evidence-based recommendations regarding the components of a healthy

and nutritionally adequate diet, while promoting disease prevention, healthy eating patterns and methods of eating to promote health. Due to the importance and the potential impact of the Dietary Guidelines for Americans 2015 - 2020, assisted living and nursing home administrators should review its contents to ensure their facility is providing residents with a nutritionally adequate diet consisting of foods and meals with significant nutritional value.

Finally, the last of the three key aspects of care which should be reviewed by assisted living and nursing home administrators relates to the nutrition-related policies and procedures and/or guidelines of their specific facility. It is vital that assisted living and nursing home administrators review their facility's policies and procedures/guidelines because they can serve as the means and methods to outline and guide the delivery of adequate nutrition to older adult residents.

When reviewing nutrition-related policies and procedures and/or guidelines, assisted living and nursing home administrators should ensure their facility's policies and procedures/guidelines include specific domains of practice. Domains of practice may refer to clearly defined standards, responsibilities and guidelines which establish continuity of care among health care-related staff in order to ensure the delivery of safe and effective care and/or adequate nutrition to patients. The specific domains of practice, related to adequate nutrition, which should be interwoven and included in specific facilities' nutrition-related policies and procedures/guidelines include the following: health-care facilities and relevant staff should ensure plans of care are evidence-based, established, implemented, updated, and monitored based on care recipients' preferences and assessed needs; health-care facilities and relevant staff should ensure the planning, development, implementation/execution, monitoring, and evaluation of nutritional needs and preferences of care recipients; health-care facilities and relevant staff should ensure the planning, development, implementation/execution, monitoring and evaluation of dining experiences meet the needs and preferences of care recipients. The aforementioned domains of practice should be incorporated into health care facilities' nutrition-related policies and procedures/guidelines because they can help maintain patient autonomy as well as ensure health care facilities and relevant staff

evaluate and monitor older adult residents to determine vital elements of care such as: a patient's BMI, a healthy weight for a patient, dehydration, disease state and medication-related requirements. Furthermore, they can help determine the individual resident's specific nutritional and dietary preferences. Essentially, the aforementioned domains of practice along with the previously outlined three key aspects of care can, ultimately, ensure older adult residents of assisted living facilities and nursing homes receive the adequate nutrition they require to maintain their health, overall well-being and quality of life.

When older adults enter a health care facility, they place their health and overall well-being in the hands of health care staff and the administrators who guide their care. Thus, it is of the utmost importance for assisted living and nursing home administrators to provide older adult residents with the care they require and rely on, which should include adequate nutrition.

## References

1. Aziz et al. Assessing the Nutritional Status of Hospitalized Elderly. Clin Interv Aging. 2017 Oct 4;12:1615-1625. doi: 10.2147/CIA.S140859. eCollection 2017.
2. The Final Rule/Federal Register/Vol. 81, No. 192/Tuesday, October 4, 2016/Rules and Regulations, www.gpo.gov
3. "Dietary Guidelines for Americans 2015 - 2020," <https://health.gov>
4. Bhanji SM. Health Care Ethics. J Clin Res Bioeth 4:142. (2013). doi:10.4172/2155-9627.1000142.
5. Kayser-Jones, J, and ES Schnell. "Factors contributing to dehydration in nursing homes: inadequate staffing and lack of professional supervision." Journal of the American Geriatrics Society. 47.10: 1187-94. Web. 14 May. 2013.
6. [www.fda.gov](http://www.fda.gov)



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