

Evidence-Based Best Practices

Management of Unintended Weight Loss

Assessment

- Perform risk assessment to identify individuals at high risk for unintended weight loss on admission
- Obtain food preferences at admission and update with significant changes or changes to diet order
- Screen for malnutrition using a validated assessment tool
- The RD completes a full nutrition assessment with estimated nutrition and fluid needs and conducts a Nutrition Focused Exam (NFPE) looking for signs of nutrient deficiencies and malnutrition

Weight Monitoring System

- Obtain initial weight and height for all within 48 hours of admission or re-admission and then weekly for 3 weeks from admission to establish baseline weight
- Set a specific timeframe for obtaining and documenting monthly and weekly weights
- Obtain weight accurately, in the same manner (Hoyer vs standing vs wheelchair) and at the same time of day
- Obtain and document re-weights within 72 hours if significant weight change occurs ($\geq 5\%$ body weight in 30 days or less, $\geq 7.5\%$ in 90 days or less, $\geq 10\%$ in 180 days or less)
- Notify the person/representative, provider, and RD within 48 hrs. following verified significant weight change
- Implement interventions to prevent further significant weight change within 1 week of verifying a significant weight change
- Calibrate scales routinely
- Complete competency check-offs with all staff who obtain weights upon hire and at least annually



- Review/revise policies and procedures annually and include all elements of evidence-based best practice guidelines in policy
- Establish an IDT for monitoring and responding to weight trends and significant weight changes

Care Plans

- Include at minimum diet order, food texture, and drink thickness in baseline care plan
- Care plan the presence or potential for unintended weight loss and/or malnutrition within 48 hours of identification
- Include diet order, food preferences, religious and cultural preferences, dining preferences, food allergies or intolerance, and significant weight change when identified in comprehensive care plan
- The care plan includes individualized and SMART goals and individualized interventions from the assessments and the dietitian recommendations

Facility-Wide Systems and Strategies

- Offer snacks to all residents between meals
- Offer snacks and beverages during activities and socials
- Consider liberalizing diet to maintain acceptable parameters of nutritional status
- Provide people with their food preferences before using supplementation
- Offer supplements between or after meals and not before meals
- Offer a nutritionally equivalent alternate meal to those who refuse the main meal
- Document meal intake accurately
- Establish a preventative program to monitor residents with consistent poor meal intake

Meals on Wheels Mnemonic – Treatable Causes of Weight Loss

Medications

Emootional (depression)

Alcoholism, anorexia tardive, abuse

Late life paranoia

Swallowing problems

Oral problems

Nosocomial infections, no money

Wandering, dementia

Hyperthyroidism, hypercalcemia, hypoadrenalism

Enteric problems (malabsorption)

Eating problems (e.g., tremors)

Low salt, low cholesterol diet

Shopping and meal preparation problems, stones (cholecystitis)

Resources

- [Mini Nutritional Assessment \(MNA\) - Short Form](#)
- [Malnutrition Screen Tool \(MST\)](#)
- [Malnutrition Universal Screening Tool \(MUST\)](#)
- [CDC Adult BMI Calculator](#)
- [Malnutrition Quality Improvement Initiative](#)
- [Alliance for Aging Research Malnutrition Info](#)
- [ASPEN Malnutrition Solution Center](#)
- [Abbott Nutrition Health Institute](#)
- [Defeat Malnutrition Today](#)
- [National Blueprint: Achieving Quality Malnutrition Care for Older Adults](#)
- [Pioneer Network Food and Dining Clinical Standards Task Force](#)
- [Abbott Nutrition Focused Physical Exam Course](#)