



## Care Plan - Weight Loss at the End-of-Life

Mr. Smithers is 83 years old with Alzheimer's dementia and swallowing difficulty. He has recently had a decline in function due to progression to end stage Alzheimer's disease. He was previously offered finger foods when he began wandering but now spends most of his time in bed and is unable to come to the dining room for meals. He is a very slow eater and is fed in his room by staff. Previous interventions to prevent weight loss are no longer effective. Recently his meal intake has decreased to an average of 25%. Mr. Smithers is 6'5" tall and currently weighs 127lbs. He has experienced a 19-pound weight loss over the last 6 months (13%). The Registered Dietitian calculated his daily energy needs as 1986 kcals and 95 g protein. During a recent care plan meeting the IDT discussed palliative/hospice care options with family.

Date	Problem/Need	Goal/Outcomes	Interventions/Approaches	Team Members
07/20/2022	Potential for unavoidable weight loss related to: End-stage Alzheimer's disease and weight loss of 19 lbs. over 6 months (13%) despite interventions in place	Mr. Smithers will have his preferences honored and a pleasurable meal experience focused on quality of life and symptom relief	Offer pleasure feedings of 6 small meals per day  Offer preferred foods of chocolate pudding and mashed potatoes	Dietary, Nursing
			Provide careful slow hand feeding one small bite at a time and watch for swallowing  If Mr. Smithers is coughing and wait until normal breathing resumes to restart hand feeding  Discontinue weight monitoring	Nursing
			Review advance directives	Social Worker

**NOTE:** This is not an actual care plan and should not be copied for use in the facility. It is intended to provide examples of key elements of best practice regarding person-centered care planning for unintended weight loss related to depression.