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| Subject: Nutritional & Hydration Assessment | Effective Date:  Revised Date:  Revised Date:  Revised Date: |
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POLICY:

Based on a patient’s comprehensive assessment, the facility will ensure that a patient maintains acceptable parameters of nutritional status, such as body weight and protein levels; unless the patient’s clinical condition demonstrates that this is not possible.

Nutritional and hydration includes nasogastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, as well as enteral fluids.

PROCEDURE:

# If the swing bed patient admission was transferred from this hospital’s acute bed and the patient had no nutritional issues, the dietician will note such in the SB chart progress note. [Note here if you require a nutritional assessment regardless of internal or external admission to SB].

# If the swing bed patient was admitted from an external hospital or if the patient was under a dietician’s care in acute, then he/she will document a new assessment once in swing bed.

# The dietician may be consulted as a result of any of the following situation:

## Based on the outcome of the nursing admission assessment which includes a nutrition trigger.

## A physician’s order.

## A patient who was already under the dietician’s services during his/her acute admission immediately prior to the skilled admission.

## At the request of any member of the interdisciplinary team.

## If the patient was admitted from an external hospital to obtain a baseline.

# The program will have a nutritional need trigger assessment completed by nursing if the registered dietician is not assigned to see all admissions to the program.

# If there is an identified need for a registered dietician consultation, she/he will review the chart and interview the patient/family as needed to make recommendations for diet type, supplement, calorie need etc.

# Regardless of a requirement to be seen by a dietician or not, there will be a patient interview regarding food likes and dislikes and such will be maintained in the dietary department and used to prepare their meals.

# The dietician or designee participates in all interdisciplinary team meetings to discuss patients’ progress and makes recommendations as needed to the extent of their practice. If the dietician or designee cannot attend the IDT meeting, she/he will discuss active patient nutritional status with the care manager prior to the meeting. Info will be shared at the IDT meeting by said care manager.

# Meals are served on a regular schedule. Nutritious snacks are available in between meals and evenings. Supplements may be added based on each patient’s needs.

# Given the longer than acute length of stay, the dietary department will have access to a seasonal rotating menu for at least 2 weeks or there will always be another option which is more than soup and sandwiches or the like to ensure variety.

# [Hospital name] will do everything possible to meet patients’ food preferences due to beliefs or preferences.

# Families are encouraged not to bring food from home unless they have checked with nursing or dietician for authorization because the patient may be on a special diet or the texture needs to be less than solid.