

# Long Term Care Dietitian Cheat Sheet

## NUTRITIONAL ASSESSMENT TOOLS

MNA-SF (Mini Nutritional Assessment - Short Form): Identifies malnutrition risk; includes questions on appetite, weight loss, mobility, psychological stress, neuropsychological problems, and BMI.

Anthropometric Measurements: Regularly track weight, height (or ulna length if height can't be measured), BMI, and weight changes.

Biochemical Data: Focus on albumin (nutritional status), hemoglobin A1c (diabetes control), electrolytes (hydration status), and lipid profile.

Dietary Intake Analysis: 24-hour recalls, food frequency questionnaires, and direct observation to assess intake adequacy.

## IDENTIFYING NUTRITIONAL ISSUES

Malnutrition: Look for signs such as muscle wasting, poor wound healing, and frequent infections. Utilize interventions like high-calorie and high-protein diets, fortified foods, and oral nutritional supplements.

Dehydration: Identify risk factors like reduced fluid intake, diuretic medications, and fever. Encourage regular sips of water, offer preferred beverages, and monitor hydration markers.

Dysphagia: Collaborate with speech-language pathologists for assessments. Modify diet textures and thicken liquids to ensure safe swallowing and adequate nutrition.

Chronic Conditions: Tailor diets for conditions like diabetes (consistent carbohydrate diet), hypertension (DASH diet), and renal disease (limiting phosphorus, potassium, sodium).

## DIETARY INTERVENTIONS AND MENUS

Regular Diet: Basis for customization; adapt for personal preferences, religious beliefs, and ethical considerations.

Texture-Modified Diets: Include detailed standards for pureed, mechanically altered, and soft diets, emphasizing flavor and presentation to enhance appeal.

Specialized Therapeutic Diets: Provide guidelines for carbohydrate control, heart-healthy options, and low-sodium choices, always balancing therapeutic needs with resident preferences.

Nutrition Supplementation: Indicate specific scenarios for using supplements, including protein powders, high-calorie shakes, and vitamin/mineral supplements, considering potential interactions with medications.

## CARE PLANNING AND MONITORING

Setting Goals: Include SMART (Specific, Measurable, Achievable, Relevant, Time-bound) goals for each resident based on their nutritional assessment.

Monitoring Progress: Define timelines for reviewing nutritional interventions' effectiveness, adjusting as needed based on feedback, weight changes, and lab markers.

Documentation: Highlight the importance of detailed documentation in medical records, including dietary changes, resident feedback, and outcomes.

## RESIDENT EDUCATION AND ENGAGEMENT

Nutrition Education: Offer topics relevant to the elderly population, such as healthy aging, managing chronic diseases with diet, and the importance of hydration.

Engagement Activities: Suggest cooking demonstrations, themed meals, and nutrition trivia games to increase interest in nutrition and healthy eating.

## PROFESSIONAL DEVELOPMENT AND RESOURCES

Continuing Education: List resources for online courses, webinars, and national conferences focused on geriatric nutrition and long-term care regulations.

Professional Organizations: Recommend membership in organizations like the Academy of Nutrition and Dietetics and its Dietetics in Health Care Communities DPG for networking and professional support.

**REGULATORY COMPLIANCE AND QUALITY IMPROVEMENT**

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Compliance: Detail the need for ongoing education on federal and state regulations affecting dietary services in long-term care.

Quality Improvement: Encourage participation in facility-wide quality improvement projects that involve nutritional care, such as reducing pressure ulcers or improving resident satisfaction with meals.