



MALNUTRITION AND DEHYDRATION

Nutritional well-being is an important part of successful aging. Malnutrition and dehydration can lead to a number of serious health problems. A few examples are infections, confusion, and weight loss. Severe dehydration can be fatal. Malnutrition is costly, lowers the quality of nursing home residents' lives, and is often completely avoidable.

NUTRITION AND THE NURSING HOME REFORM ACT OF 1987

A federal law requires nursing homes to assess the nutritional status of residents -- both at the time of admission and every three months thereafter. Based on the assessment, the facility must take steps to ensure that the resident maintains good nutritional health and must provide residents with a "well-balanced, palatable meal" which is attractive and served at the proper temperature. The facility must offer substitutes of similar nutritive value to residents who refuse food served. Although the law would seem to guarantee adequate nutrition for residents, studies show that 40% of nursing home residents are still malnourished. It is important for consumers to become informed on this important issue.

CAUSES OF MALNUTRITION AND DEHYDRATION IN NURSING HOMES

Many things contribute to malnutrition and dehydration in nursing home residents. The following list indicates factors that may interfere with getting an adequate amount of the vitamins, minerals, protein, calories, and liquids needed to maintain strength and health.

Physical and psychological causes of malnutrition and dehydration in nursing homes can include: illness, especially congestive heart failure, chronic lung diseases, and kidney diseases; adverse drug effects, such as nausea, vomiting, diarrhea, cognitive disturbances, or sleepiness; food and drug interactions, which decrease the ability of the body to absorb vitamins and minerals; depression and loneliness; swallowing disorders; mouth problems,

such as tooth loss, dentures that do not fit properly, mouth sores, and mouth pain; and tremors, dementia, or agitation which affect the residents' ability to feed themselves.

Malnutrition and dehydration in nursing homes can also result from environmental causes, including inadequate attention from staff for residents who need assistance eating; lack of individualized care, as many residents may lose their appetites from a lack of exercise, exposure to fresh air, or sensory or mental stimulation; staff who are uneducated about proper ways to assist residents with eating and drinking, including proper positioning; reliance on liquid supplements instead of making sure residents eat enough food to get the vitamins and minerals they need; special diets or pureed food, which are often unappetizing or regular food that is served cold; cultural differences that occur when the nursing facility does not serve foods that a resident is accustomed to eating; an unpleasant, chaotic dining room environment, which distracts residents and increases agitation; tube feedings not being administered; absence of fresh water within reach at the bedside and failure to open cartons of milk, juice, and supplements that are left out of reach; and not providing oral health care prior to meals.

PINPOINTING THE PROBLEM

If you suspect that your family member or friend is not getting enough to eat or drink, ask yourself these questions: Does s/he:

- Seem to be losing weight?
- Have clothes that fit more loosely than Usual?
- Have dry, cracked lips or a pale-looking mouth?
- Have difficulty speaking due to a dry mouth?

- Often complain of thirst and ask for water?
- Urinate infrequently and have dark yellow urine?
- Have skin that feels dry and warm to the touch?
- Have a dry, bright red, and furrowed tongue?
- Complain that her false teeth no longer fit?
- Have any mouth tenderness, sores or tooth loss?
- Have thinning hair or hair that is growing sparser?
- Have wounds that seem to take longer to heal?
- Appear weak or disoriented?
- Have skin that is breaking down or seems loose and looks or feels drier than usual?

WHAT SHOULD YOU DO?

First, determine if:

- Your family member or friend can feed him or herself;
- S/he is allowed to eat their meal when and where s/he prefers to have it;
- It takes a long time for them to eat or is rushed through meals;
- S/he seems to eat more when you are there to assist them in eating;
- S/he is uninterested in food/has lost their appetite;
- S/he can choose from a menu or foods that they used to eat at home;
- Healthy snacks are readily available to residents;
- S/he likes the food in the facility and if alternative foods or beverages are offered;
- S/he is on a special diet and if it is necessary;
- Staff routinely monitors his/her weight.

Second, you should share what you found with the staff of the nursing facility. Let them know that you noticed your loved one's clothes are looser than they used to be, that they look smaller sitting in their favorite chair, or any other observations you have made. Make sure to mention any physical symptoms that you found, such as dry skin and cracked lips. Ask the doctor about a blood test to check for nutritional deficiency or dehydration.

Third, ask for a care planning conference right away. The nursing home should have informed you about your loved one's weight loss. Find out if the staff knows about their loss of weight. Draw up a care plan with the resident and the staff of the nursing facility. It should include what will be on their meal plan, how it will be served, and who will assist them at each meal.

Ask staff to develop a hydration program to make sure that your relative/friend drinks 1,500 mL (six to seven 8 ounce glasses) each day. Make sure that they are provided with glasses and cups that are not too heavy for them to handle. Check to see if straws are available at mealtime and at the bedside. You may want to help by sometimes bringing them favorite foods and juices to the home. During hot weather, be on the lookout for excessive loss of fluid, and make sure the resident is drinking an adequate amount of fluid. If they perspires heavily, they will need additional fluids

Loss of appetite and weight loss can indicate depression, so be sure that someone on staff will assess your loved one for this illness. If there is no one on staff who can assess for depression, ask for a psychiatric evaluation. Since medications may also interfere with nutritional well-being, ask if the physician or pharmacist can review all of the resident's medicines for possible interactions. Many medications cause dryness of the mouth and loss of appetite, which make it difficult to eat. If your relative is on a special diet such as a low salt diet, ask the doctor if s/he can be on a regular diet. Eating adequately may be more important than restricting salt intake. Finally, if you suspect the resident has any dental or swallowing problems that may interfere with her ability to eat, ask for a dental and dysphasia (difficulty or inability to swallow) exam.

Fourth, monitor your family member or friend to see if they get the care they need. You should start to see weight gain and signs of malnutrition and dehydration disappear. Attend the next care planning conference so that you, your loved one, and the staff can evaluate their progress together.

Fifth, give positive feedback to the CNAs and other staff who take the time to make sure that your relative eats and drinks adequately. Work with the staff to develop a program to ensure that s/he drinks 6-7 glasses of fluid each day. Also, ask them to measure their intake and output as carefully as possible. If they are incontinent, ask if they can check the color of their urine to determine if s/he is getting adequate fluids. The urine should be light yellow in color.

IF ALL ELSE FAILS...

Get help from your local ombudsman. Contact the State Office on Aging for the name and number of the long term care ombudsman program nearest you. Ombudsmen are empowered by law to serve as advocates for nursing home residents and can assist you. You can also call a citizens' advocacy group in your area.

**For more information and resources on malnutrition and dehydration,
go to www.theconsumervoice.org.**

National Consumer Voice for Quality Long-Term Care (formerly NCCNHR) is a nonprofit organization founded in 1975 by Elma E. Holder to protect the rights, safety and dignity of American's long-term care residents.

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