

Standardised care process (SCP): unplanned weight loss

health

Topic

Response to unplanned weight loss

Objective

To promote evidence-based practice in the response to unplanned weight loss

Rationale

Undernourishment and weight loss are common in older people and have a detrimental impact on the health and well-being of the individual. It is therefore important that unplanned weight loss is detected and acted upon.

Definitions

Unplanned weight loss: weight loss of more than 5% of body weight in one month or more than 10% in six months where the resident is not trying to lose weight (University of Texas School of Nursing, 2006).

Body Mass Index (BMI): a weight to height ratio calculation which assists the assessment of the resident's nutritional status. The BMI is calculated using the following formula:

$$\text{BMI} = \frac{\text{Weight in kilograms}}{\text{Height in metres}^2}$$

(Wilson & Giddens, 2001).

A BMI of less than 20 is likely to indicate underweight in older people (Sampson, 2009).

Team

Manager, RNs, ENs, PCAs, resident and/or family, GP, dietician, pharmacist

Evidence base for this SCP

Amella EJ 2007, *Assessing nutrition in older adults*, retrieved 9 March 2012, <http://consultgerirn.org/uploads/File/trythis/try_this_9.pdf>.

DiMarie-Ghalili RA 2012, Nutrition, in M. Boltz, E. Capezuti, T. Fulmer, D. Zwiker (Eds.), *Evidence-based geriatric nursing protocols for best practice*, 4th edition, Springer, New York.

Joanna Briggs Institute 2007, *Effectiveness of interventions for undernourished older patients in the hospital setting*, Best Practice Information Sheet Vol 11 Issue 2, Australia.

Sampson G (2009), 'Weight loss and malnutrition in the elderly – the shared role of GPs and APDs', *Australian Family Physician* 38(7).

University of Texas School of Nursing 2006, *Unintentional weight loss in the elderly*, University of Texas School of Nursing, Austin.

Brief SCP: unplanned weight loss

Recognition and assessment	<p>On admission conduct a nutritional assessment including:</p> <ul style="list-style-type: none">• dietary history• medical history• physical examination• functional ability• weigh the resident monthly and if the resident's weight has decreased by more than 5% in one month or by more than 10% over six months repeat the above assessment.
Interventions	<p>Interventions should be implemented if:</p> <ul style="list-style-type: none">• weight loss is detected or the BMI is less than 20• the resident leaves more than a quarter of their food uneaten at two of the three meals over a seven-day period.
Referral	<ul style="list-style-type: none">• GP• Dietician• Speech pathologist• Pharmacist• Dentist for management of decayed or broken teeth or ill-fitting dentures
Evaluation and reassessment	<ul style="list-style-type: none">• Weigh the resident monthly• If weight loss detected repeat assessment as above• Review interventions
Resident involvement	<ul style="list-style-type: none">• Discuss food and mealtime preferences• Provide the resident and/or family with information on nutrition and maintaining nutritional status
Staff knowledge and education	<ul style="list-style-type: none">• Nutrition in older people• Risk factors for malnourishment

Full SCP: unplanned weight loss

Recognition and assessment

On admission conduct a nutritional assessment including:

- dietary history:
 - food preferences, usual number and type of meals, times meals were taken, preferred temperature of food
 - changes in appetite (for example, loss of appetite, increase in appetite)
 - changes in taste sensation
- medical history:
 - cognition using the Psychogeriatric Assessment Scales (PAS)
 - depression screen using the Cornell Scale for Depression in dementia (see SCP: identifying and responding to symptoms of depression)
 - weight history (for example, overweight; underweight; past fluctuations in weight, changes in clothing sizes)
 - check medications to assess their potential for causing current or future problems as some medicines can impact on nutritional intake (for example, alter taste, reduce appetite, cause nausea)
- physical examination:
 - weight
 - Body Mass Index (BMI)
 - nutritional screen using the Mini-Nutritional Assessment (MNA) (Amella, 2007)
 - oral and dental assessment (see SCP: assessment and management of oral and dental hygiene)
 - functional ability (for example, ability to eat and drink, what assistance is required with meals)
 - any loss of subcutaneous fat or muscle wasting
- Weigh the resident monthly and if the resident's weight has decreased by more than 5% in one month or by more than 10% over six months repeat the above assessment.

Interventions should be implemented if:

- weight loss is detected or the BMI is less than 20
- the resident leaves more than a quarter of their food uneaten at two of the three meals over a seven-day period.

Note: even in overweight older people, unintentional weight loss has been shown to increase mortality. Only older people who are healthy should attempt weight loss.

Interventions

- Refer to GP for medical review seeking underlying causes
- In consultation with GP, treat any underlying causes
- In consultation with GP and pharmacist, check medications to assess their potential for causing current or future problems
- Refer to dietician for nutritional advice
- Discuss food preferences with the resident and/or their family
- Increase calorie and protein intake
- Offer preferred foods
- If possible, in consultation with GP and dietician, limit dietary restrictions (for example, salt, sugar, fats and oils)
- Offer small meals more frequently
- Provide nutritious finger foods

Interventions	<ul style="list-style-type: none"> • Minimise meal time interruptions • Provide appropriate mealtime aids and/or physical assistance with meals (for example, full assistance with feeding, opening packages, ensure food is within reach, regular/frequent prompting) • Ensure adequate fluid intake (see SCP: dehydration and SCP: constipation) • Maintain adequate oral and dental hygiene (see SCP: assessment and management of oral and dental hygiene) • Promote a relaxed and social dining environment • Encourage the resident to eat in the company of others (for example, in the dining room, staff being with the resident at mealtimes or asking family to be present at meal times) • Ensure appropriate positioning for meals. At a table is ideal but if the resident needs to rest in bed ensure he/she is sitting upright and is supported in this position • In consultation with the dietician and GP, provide nutritional supplements. Note: nutritional supplements should be given between meals as they may reduce the appetite and food intake at mealtimes if given with meals • Encourage exercise within the resident's abilities to stimulate appetite and promote muscle strength
Referral	<ul style="list-style-type: none"> • GP • Dietician • Speech pathologist • Pharmacist • Dentist for management of decayed or broken teeth or ill-fitting dentures
Evaluation and reassessment	<ul style="list-style-type: none"> • Weigh the resident monthly • If weight loss detected repeat assessment as above • Review interventions
Resident involvement	<ul style="list-style-type: none"> • Discuss food and mealtime preferences as above • Provide the resident and/or family with information on nutrition and maintaining nutritional status
Staff knowledge and education	<ul style="list-style-type: none"> • Nutrition in older people • Risk factors for malnourishment

Disclaimer: This Standardised Care Process (SCP) was prepared by the Department of Health and then subject to a pilot program to determine its suitability for use in public sector residential aged care settings. The research that informs this document was conducted from 2008 to 2009. This document is a general resource only and should not be relied upon as an exhaustive or determinative clinical decision-making tool. All decisions in relation to resident/patient care should be made by appropriately qualified personnel in each case. The Department of Health and the State of Victoria do not represent or warrant that the content of this document is accurate, current, or suitable for the use to which it may be put. To the extent allowed by law the Department of Health and the State of Victoria disclaim all liability for any loss or damage that arises from any use of this SCP.

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