

Flow Chart Reference Sheet

1. Triggers for Assessment of Eating/Feeding/Nutrition:

- Weight loss
- Decreased eating (> 25 % left uneaten after most meals) NOTE: Clinicians often overestimate % eaten
- Pressure ulcers
- Presence of enteral or parenteral feedings
- Apparent aspiration and/or dysphagia following, or in the setting of acute illness

2. Global Assessment (see Checklist for Global Assessment):

➤ Assess Parameters of Nutritional Status

- Weight change (1-2% or more in 1 week, 5% or more in one month, 7.5% or more in 3 months, 10% or > in 6 months)
- Account for possible fluid imbalance
- Body mass index of < 18.5 KG/meter squared
- Abnormal lab tests (albumin, pre-albumin, cholesterol, lymphocyte count)

➤ Identify Factors that Impede Ability to Take In Adequate Amounts of Food

- Physical limitations, visual problems
- Chewing problems (problems with mouth, teeth, dentures)
- Swallowing problems (feeding position, consistencies, bolus size, conducive environment, stimulus to swallow: verbal and tactile)
- Conditions that decrease nutrient intake (nausea, vomiting, constipation, cancer, shortness of breath, weakness)
- Alterations in taste secondary to medications, dry mouth, food options

➤ Identify Additional Problems in Relation to Nutritional Status

- Mental (dementia, depression, anxiety, delusions, apathy)
- Communication problems resulting in inability to make needs known
- Neurologic conditions

➤ Perform Medical Assessment

- Stage of illness, prognosis, pain
- Assess for constipation/fecal impaction
- Adverse medication effects
 - Address the use of medications that can adversely affect either the ability to eat or the desire to do so. Classes of such drugs include those that induce dry mouth, decrease attentiveness, provoke movement disorders and/or cause GI distress of esophagitis.
 - Specific drugs might include:
 - ❖ sedatives: lorazepam; clonazepam, etc.
 - ❖ major tranquilizers: abilify, risperidone, etc.
 - ❖ cholinergic drugs for Alzheimer's: donepezil, galantamine, rivastigmine; anticholinergics: tolterodine, oxybutynin chloride
 - ❖ GI irritants or anorexigenics: NSAIDs, COX IIs, bisphosphonates, opioids, digoxin, theophylline, antibiotics, iron, calcium, memantine, SSRIs

➤ Assess Hydration Status

- Urine output
- Orthostatic hypotension

3. Assessment of Knowledge, Values and Goals:

➤ Conversation with Relevant Individuals Should Include Discussion of

- their understanding of current illness, health status, functional ability
- advance directives or what the patient/individual would want if able to communicate
- hopes and concerns about future course of illness
- patient/resident values, preferences, cultural and spiritual concerns
- general goals of care (not technical options)
- all viable options for addressing nutritional problems
- placement, operation, care required of PEG
- for particular condition, proven benefits and burdens (and the likelihood of both) of placing PEG (see **Benefits and Burdens grid**)

4. Discuss/Describe Components of PEG:

➤ Discuss Time-limited Trial with Specific Goals of Care

- return to baseline level of consciousness
- acceptable level of functioning
- nutritional bridge during an acute illness
- weight gain
- healing of pressure sores
- improved biochemical markers of nutrition

➤ With All Appropriate Individuals, Discuss Who (and at What Interval) Will Revisit the Decision to Continue the PEG

5. Tube Feeding Worksheet (Should be Completed for each Patient/Resident):

6. Careful Attention to Comfort Care is Critical:

- Offer and assist eating if needed but do not force food
- Patient/resident preference should determine type and amount of food
- Excellent mouth care is important.

7. MOLST (Medical Orders for Life-Sustaining Treatment):

MOLST is a physician order form that helps health care providers honor the treatment wishes of their patients/residents. In some facilities, MOLST has replaced the DNR/DNI forms previously used. Page 2 of the MOLST form allows documentation of preferences about tube feeding. Use of one common, easily identifiable community-wide tool like MOLST (a bright pink form) leads to patients/residents receiving the care and treatment they prefer. To order MOLST forms, go to: www.compassionandsupport.org/MOLST.