

DIETARY CONSIDERATIONS IN DEMENTIA CARE

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CMS Regulations

F800—Provided Diet Meets Needs of Each Resident

“The facility must provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs, **taking into consideration the preferences of each resident.**”

F804—Nutritive Value/Appear, Palatable/Prefer Temp

F805—Food in Form to Meet Individual Needs

F808—Therapeutic Diet Prescribed by Physician

F561—Self Determination

F578—Request/Refuse/Discontinue Treatment

F692—Nutrition/Hydration Status Maintenance

Restrictive Diets

Therapeutic/Modified texture

- Contributes to undernutrition
- Reduces resident choice
- Lack of supporting evidence—risk vs benefit
- Impact quality of life



Best Practice Guidelines for Older Adults

Hgb A1c—American Diabetes Association guidelines

7-7.5%	Few complications and cognitively intact
7.5-8%	3 or more non-diabetic comorbid conditions and/or mild functional and cognitive impairment
8-8.5%	End-stage medical condition or moderate to severe dementia, or severe function impairment, or resident in a long-term nursing facility

*Comorbid conditions include osteoarthritis, hypertension, chronic kidney disease stages 1-3, or stroke. End-stage medical condition include metastatic cancer, oxygen dependent lung disease, end-stage kidney disease including dialysis, and advanced heart disease.

Diet Liberalization/Regular Diet

- Default to Regular Diet
- Real food first
- Wholesome, raw and fresh foods
- Support of individual informed choice
- Increasing foods that are naturally pureed consistency
- Promote enjoyment of food
- Individualized
- Least restrictive—advance diet as tolerated

Tips for Improving Dietary Intake

- Social interaction
- Normalize dining experience
- Colored dinnerware (Bright colors)
- Place items in visual range
- Providing assistance
 - hand-under-hand (active participation)
- Adaptive equipment
- Finger foods
- Small, frequent meals
- Good oral care





Prescriptive/Modified Diet

Minimal benefit
Refuses food/fluids
Weight loss
Anger/behavior problems

Liberalized Diet

Promote enjoyment
Resident choice and
self-determination
Quality of life

Resources

S&C: 13-13-NH Date: March 1, 2013

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-13-13.pdf>

New Dining Practice Standards

<http://pioneernetwork.net/Data/Documents/NewDiningPracticeStandards.pdf>

Organizations Agreeing to the New Dining Practice Standards

- American Association for Long Term Care Nursing (AALTCN)
- American Association of Nurse Assessment Coordination (AANAC)
- American Dietetic Association (ADA)
- American Medical Directors Association (AMDA)
- American Occupational Therapy Association (AOTA)
- American Society of Consultant Pharmacists (ASCP)
- American Speech-Language-Hearing Association (ASHA)
- Dietary Managers Association (DMA)
- Gerontological Advanced Practice Nurses Association (GAPNA)
- Hartford Institute for Geriatric Nursing (HIGN)
- National Association of Directors of Nursing Administration in Long Term Care (NADONA/LTC)
- National Gerontological Nursing Association (NGNA)

4Ms: Mentation



Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.



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Thank You!

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Questions?

