



NUTRITION SERVICES: DEMENTIA UNIT

Nutrition Services Training Guide

Last Updated: 08/2015

OUTLINE

Why the Need?

Goals of Nutrition Program

Programs and Policies

- Meal Manager Program
- Family-Style Dining
- Dishware
- Music in the Dining Room
- Finger Foods Diet
- Beverage Station
- Vitamin Supplementation



SENIOR CARE
CENTERS

WHY A NEED FOR A NUTRITION PROGRAM?

Dementia units are now becoming a focus for state surveyors. These surveys are performed in addition to the annual surveys.

What they look for:

- Menus
- Meal Service
- Resident Council Meeting
- Care Plans
- Hydration Cart
- Snacks
- Therapeutic Diets
- Adaptive Equipment



GOALS OF NUTRITION PROGRAM

Use dishware that is appropriate for resident needs and shown, through research, to increase food intake

Programs and policies that enhance the dining experience for things such as: when a resident enters the dining room, tray service and dining atmosphere

Clinical supplementation that has been shown to help slow the rate of progression for dementia



PROGRAMS AND POLICIES

[Meal Managers Program](#)

[Family-Style Dining Program](#)

[Dining Ware](#)

[Grooming Station](#)

[Music in the Dining Room](#)

[Finger Foods Diet](#)

[Beverage Station](#)

[Vitamin Supplementation](#)



SENIOR CARE
CENTERS



MEAL MANAGERS PROGRAM

Policy 7.01

WHAT THE POLICY STATES

A meal manager will be assigned to each meal to ensure that each meal service runs smoothly.



WHAT THE POLICY PROCEDURE IS

The administrator will develop a rotating schedule to include all departments, except for the DON and FSM

- The Administrator
- Business Office Manager
- Other Office Staff
- Activities Director
- Social Services Director

**Meal Manager for Saturday and Sunday may be the RN on duty



WHAT THE POLICY PROCEDURE IS

Prior/During meal service, the assigned meal manager will do the following:

- Arrive 5-10 minutes prior to meal service
- Ensure that Dining Room and Hall Trays are checked by licensed nurse
- Assist with cleaning face and hands as well as assist resident to dining room table, **if needed**
- Ensure that music selection and volume are appropriate
- Assist with passing meal trays and removing items from tray, **if needed**
- Assist with meal preparation (i.e. cut meat, open any covered food items, etc.), **if needed**



WHAT THE POLICY PROCEDURE IS

After meal service, the assigned meal manager will do the following:

- Assist with cleaning face and hands as well as assist resident out of the dining room table, **if needed**
- Notify nursing staff of alternates or substitutes offered to residents, **if needed**
- Assist with disposing of pre-moistened wash cloths, **if needed**
- Ensure that containers that pre-moistened towels were in, are properly cleaned following meal service, **if needed**
- Complete the Meal Manager Checklist**
 - Rank 1- 5 (1 = poor and 5 = excellent)
 - Sign
 - Return to administrator to place in Meal Manager Program Binder

****Must complete**



Meal Manager Checklist

Please complete the below chart and return to the Administrator or designee to p
Manager Program Binder. When scoring each observation, 1 = Poor and 5 = Ex

Date: _____ Meal (please circle): Breakfast Lunch Dinner Signature: _____

OBSERVATION	SCORE	CC
Assigned staff present in dining room prior to meal service.	1 2 3 4 5	
Adequate staff is available to assist with meal service	1 2 3 4 5	
Music is on and volume level is appropriate	1 2 3 4 5	
Grooming station is set up with clean and dirty area specified	1 2 3 4 5	
Residents are offered water prior to meal service	1 2 3 4 5	
Meal and Alternate is posted and readable to residents	1 2 3 4 5	
Licensed Nurse checks all hall trays and dining room trays prior to serving	1 2 3 4 5	
Food presentation looks pleasing and well accepted	1 2 3 4 5	
Trays are passed one table at a time. Items are removed from serving tray and staff assists in meal preparation if needed	1 2 3 4 5	
Trays are passed timely (within 45 minutes)	1 2 3 4 5	
Alternate meal offered if resident eats less than 50%. Substitute meal is offered if resident eats less than 50%	1 2 3 4 5	
Resident's hands and face are clean and clothes are not soiled after meal. If soiled, notify nursing staff.	1 2 3 4 5	
Staff documents meal acceptance on tray card or system in place	1 2 3 4 5	
Grooming station is properly cleaned up (i.e. FSM removes bins to be cleaned)	1 2 3 4 5	

Meal Manager Schedule							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Breakfast XX:XX – XX:XX am							
	Department:	Department:	Department:	Department:	Department:	Department:	Department:
Lunch XX:XX – XX:XX pm							
	Department:	Department:	Department:	Department:	Department:	Department:	Department:
Dinner XX:XX – XX:XX pm							
	Department:	Department:	Department:	Department:	Department:	Department:	Department:

Week of: ____/____ - ____/____

NOTES ABOUT PROGRAM

Administrators will be provided with a template to schedule rotations

There should be several copies of the blank Meal Managers Checklist in the binder

Meal Manager Checklist will be kept for 30 days

Meal Manger Program Checklist is to be reviewed at the Monthly Quality Improvement Meeting

Administrators should review the binder often to ensure assigned managers performed duties



FAMILY-STYLE DINING PROGRAM

Policy 7.02

WHAT THE POLICY STATES

The facility will provide residents a family-style dining experience which includes an eating and social experience while providing nutrition and hydration during meals.



INTERDISCIPLINARY TEAM

The family-style dining program involves all of the interdisciplinary team. Each committee member is involved in making the program a success:

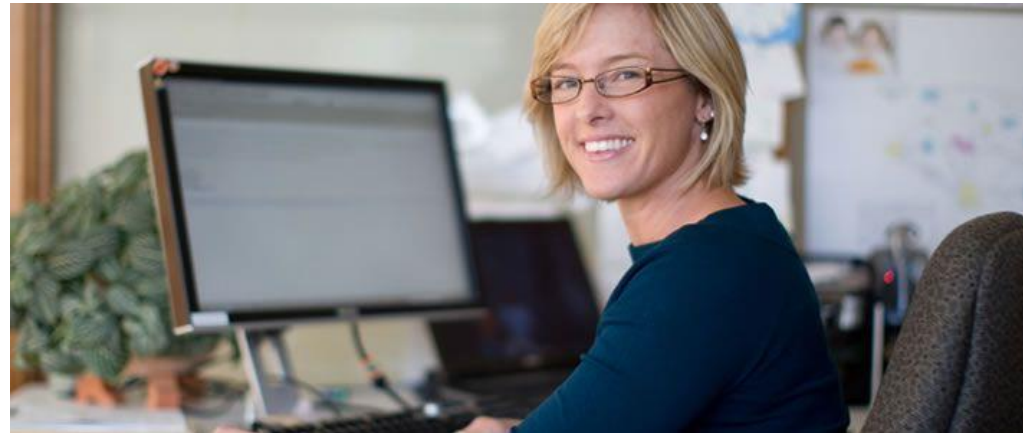
- The Administrator
- Director of Nursing
- Food Service Manager
- Meal Manager
- Restorative Nursing
- Staff Nurse
- Nursing Assistant
- Therapy
- Dietitian Consultant
- Housekeeping



INTERDISCIPLINARY TEAM

Administrator

- Assigns Meal Manager (see [policy 7.01](#))
- Observes dining services progress
- Checks equipment needed to implement the program is available
- Assists in maintaining a positive dining room experience



INTERDISCIPLINARY TEAM

Director of Nursing

- Oversees the program related to nursing
- Checks adequate nursing staff for meal delivery and service
- Monitors that proper policies are followed by nursing staff
- Assists in maintaining a positive dining room experience



INTERDISCIPLINARY TEAM

Food Service Manager

- Oversees the program related to Nutrition Services
- Checks that time of delivery of meal is appropriate for residents
- Monitors tray accuracy of meals including adaptive equipment
- Communicates daily alternate meal to nursing and posts in or near dining room
- Ongoing system of updating food preferences including dislikes
- Ensures that Nutrition Services properly cleans towel bins
- Attend Monthly Quality Improvement Meetings to discuss meal program
 - Checklist



INTERDISCIPLINARY TEAM

Meal Manager ([see policy 7.01](#))

- Ensures music selection is playing at appropriate noise levels
- Checks that residents receive correct diet, condiments and adaptive equipment, **if needed**
- Assists with bussing tables and removing dirty dishes from in front of resident, **if needed**
- Checks that meal and alternate meal is posted in dining room
- Checks that meal service begins on time as scheduled
- Assists with grooming station ([see policy 7.04](#)), **if needed**



INTERDISCIPLINARY TEAM

Restorative Nursing

- Identifies residents appropriate for restorative programs – feeding
- Checks residents identified are in fact participating in programs
- Assists in feeding
- Monitors for any changes in residents feeding ability
- May partake in meal experience with residents as long as they are engaging and interacting with residents



INTERDISCIPLINARY TEAM

Staff Nurse

- Assists with feeding by providing appropriate cues to residents (refer to their cognitive level)
- Checks all residents are served at the same time at the same table
- Monitors residents with adaptive equipment orders
- Limits med pass in dining room; no med carts in dining room
- May partake in meal experience with residents as long as they are engaging and interacting with residents



INTERDISCIPLINARY TEAM

Nursing Assistant

- Assists with feeding by providing appropriate cues to residents (refer to their cognitive level)
- Social interaction with residents
- Transports residents to dining room prior to service if needed
- Assist with grooming station upon residents arrival to dining room
- Document % meal intake



INTERDISCIPLINARY TEAM

Therapy

- Monitor proper adaptive equipment use
- Provide education as needed to nursing for: feeding, positioning and/or ambulating
- Enhance ability of resident to self-feed



INTERDISCIPLINARY TEAM

Dietitian

- Supports the program and committee members
- Completes dining room checklist periodically to ensure program is running smoothly
 - See Dining Room Checklist
- Monitors tray accuracy of meals including adaptive equipment, specialized diets, etc.
- Review Monthly Quality Improvement Meetings for meal program



DINING ROOM CHECKLIST

Date: _____ Signature: _____

	<u>YES</u>	<u>NO</u>
Are residents assisted to sit in dining room chairs?	_____	_____
Are residents offered a warm moist towel before/after meal service?	_____	_____
Is a Meal Manager present and assisting with meal service?	_____	_____
Are there med carts in dining room?	_____	_____
Are there pre-meal activities going on in dining room?	_____	_____
Are menu choices posted?	_____	_____
Is food served on approved dining ware? No paper plates?	_____	_____
Are the tables pre-set with linens, cutlery, coffee cups, <u>beverage glasses</u> , water? Seasonal centerpieces present?	_____	_____
Are all residents at same table served something to eat at the <u>same time</u> ?	_____	_____
All residents are served prior to serving other areas in facility?	_____	_____
Are trays passed immediately once sent out from dietary?	_____	_____
Are trays on time?	_____	_____
Are residents receiving assistance after tray delivered?	_____	_____
Is dining room staffed with a nursing staff member?	_____	_____
Do diet cards match diet and assistive devices sent?	_____	_____
Is music playing that is generational and at proper volume?	_____	_____
Is the TV set turned off?	_____	_____
Is lighting adequate?	_____	_____
Are menus being followed?	_____	_____
Clothing is protected?	_____	<input type="checkbox"/>
Any other problems noted in dining room?	_____	_____

INTERDISCIPLINARY TEAM

Housekeeping

- Clean dining room after meal service
- Launder all pre-moistened towels and return to dietary services for next meal service



INTERDISCIPLINARY TEAM

Any staff who partakes in eating with residents (i.e. staff who assist with feeding) should obtain a Food Handler's Certificate per requirements of the facility's local county health department.



MEAL SERVICE

Dining room tables will be set with clean linens and centerpieces by dining services

Residents are assisted to dining room, offered a warm moist towel, then assisted to table

Residents are offered a beverage upon being seated by meal service staff

Residents at one table will be served prior to moving to another

All residents in one dining location will be served prior to moving to another

Residents who cannot eat (i.e. enteral feeding) will not be present in dining room

Residents will be offered one to two items at a time

MEAL SERVICE

When resident is finished with the food item(s) in front of them, dirty dishes will be removed prior to serving next item(s)

If less than 50% of meal is consumed, resident will be offered the alternate. If less than 50% of the alternate is consumed, resident will be offered a substitute

Nursing will provide appropriate cues to residents to continue eating

- Refer to cognitive levels chart/clinical pathways

All staff present in dining room will be engaged with residents, providing a social atmosphere

After meal service, residents will be offered a warm towel prior to being assisted out of the dining room

EQUIPMENT NEEDED

Approved dishes (see [policy 7.03](#))

- Stoneware
- Melamine
- Divided Plate
- Tumblers

Linens

Linen Clamps (if needed)

Seasonal Centerpieces

Silverware



NOTES ABOUT PROGRAM

During implementation of new program, interdisciplinary members are to meet weekly to discuss progress

- Take minutes/notes

After 1 month of implementation, interdisciplinary team members to discuss meal program at the Monthly Quality Improvement Meeting

Dietitian will be provided a Dining Room Checklist

- This checklist is to be given to the Food Service Manager to be discussed during Monthly Quality Improvement Meetings
- Refer to end of policy in the Nutrition Services Policy and Procedure Manual for blank checklist



DINING WARE

Policy 7.03

WHAT THE POLICY STATES

Nutrition Services will use approved dishware for residents based on cognitive level and Therapy evaluation. The approved dishware has been selected based on research and will be used to fit the needs of individual needs.



WHAT THE POLICY PROCEDURE IS

Nutrition Services will order the following for the dementia unit:

- Stoneware
- Melamine
- Adaptive Equipment
- Tumblers

When ordering, Nutrition Services will do the following:

- Determine how many licensed beds are in the unit?
 - How many residents have orders by Therapy for adaptive dishware?
- Fill out the invoice order form
- Submit order form to Regional Director of Dining Services or Senior Regional Dietitian for review



WHAT THE POLICY PROCEDURE IS

Residents without orders for adaptive equipment will be provided stoneware

- These can be placed on heat chargers

Residents with orders for adaptive equipment will be provided melamine

- These cannot be placed on heat chargers
- These cannot be placed in the microwave



WHAT THE POLICY PROCEDURE IS

Approved tumblers will be purchased for all residents in unit and will have the look and feel of glass.

- Facilities are eligible for the Dinex Free Goods Program
 - Agree to purchase Dinex lids for one year and facility will be provided with the tumblers
 - See contract



INVOICE ORDER FORM



Dementia Invoice

Today's Date 8/10/2015

Facility Code	
Facility Name	
Administrator	
# of Dementia Patients in Unit	

Product No.	QTY/Pack	Cost/Pack	Description	# of Packs Needed	Cost
<i>Red Melamine Dinnerware</i>					
33000	12	\$57.60	10.5 " 3-Compartment Plate		\$0.00
33004	24	\$99.60	9 " Dinner Plate		\$0.00
33008	48	\$131.04	6.5 " Pie Plate		\$0.00
33038	24	\$65.52	10 oz 5.38 " Rimmed Nappie Bowl		\$0.00
SN-1040RSP	24	\$107.04	G.E.T Enterprises Mug 8 oz		\$0.00

<i>Red Concentrix Dinnerware (Stoneware)</i>					
82668	24	\$138.74	9 " Plate		\$0.00
82671	24	\$99.58	9 oz Grapefruit Bowl		\$0.00
82672	24	\$56.04	4 1/2 oz Fruit Dish		\$0.00
87363	24	\$79.98	6 1/4 " Plate		\$0.00
82674	24	\$101.22	8 oz Gala Mug		\$0.00
82670	24	\$70.44	7 1/2 oz Bouillon		\$0.00

<i>Clear Louis Tumblers**</i>					
DX5806	24	\$0.00	6 oz Louis Tumbler		\$0.00
DX5810	24	\$0.00	10 oz Louis Tumbler		\$0.00

Total \$0.00
Rebate \$0.00

**Please refer to the Free Goods Agreement. Facility must agree to purchase disposable lids for 1 year in order to receive tumblers for free.

DINEX FREE EQUIPMENT PROGRAM



Free Goods Agreement

Facility Name: GPO Name:
 National Account Name: Distributor Name:
 Address: Address:
 City/State/Zip: City/State/Zip:
 Phone: Fax: Contact Name:
 E-mail: E-mail:
 Contact Name: PO Number:
 Beds: Avg. Census: Now Using:
 Check One: Hospital Long Term Care Rep Group:

NON-DINEX® FACILITIES

We agree to purchase replacement DINEX® mugs, bowls, and their DINEX® brand disposable lids for one year for the consideration of 1.25 complimentary mug or insulated tumblers and 1.25 complimentary 5 oz. bowl and choice of 1.25 free 8, 9, or 12 oz. bowl per licensed bed rounded up to nearest case pack (no substitutions). We further acknowledge we are placing our first order with the above Distributor for the appropriate lids for each product.

Avg. Monthly Lid Usage:	DINEX® Item No.	Distributor Item No.	Usage
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

CURRENT DINEX® FACILITIES

A facility using DINEX® may upgrade to a different DINEX® design or color. DINEX® will offer a choice of three of the following tray top components: 1 free mug or insulated tumblers and 1 free 5 oz. bowl and choice of 1 free 8, 9, or 12 oz. bowl. We further acknowledge we are placing our first order with the above Distributor for the appropriate Lids for each product.

Avg. Monthly Lid Usage:	DINEX® Item No.	Distributor Item No.	Usage
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

The Term of this Agreement shall be for a minimum of one (1) year beginning with the initial shipment of products indicated in this Agreement. The Facility agrees to purchase from an authorized DINEX®/Carlisle Distributor, all of the goods listed during the term of this Agreement. DINEX® will provide to the Facility an invoice for "free goods" indicating that there will be no charge for the Mug, or Tumbler and Bowls. The invoice will indicate the value of the "free goods" delivered pursuant to this Agreement. The Facility should report the value of the "free goods" as a discount from the per case price in accordance with the invoice in compliance with the "safe harbor" reporting obligations under applicable Health and Human Services regulations. In the event the Facility does not purchase its requirements of lids from DINEX's authorized distributor during the term of this Agreement, the Facility hereby agrees to pay the value of the "free goods" indicated on the invoice. Failure to comply with the terms of the Free Goods Agreement will be cause for DINEX® to invoice The Facility for the Free Goods provided.

By signing below, I acknowledge that I am authorized by the above named Facility to enter into this Agreement on its behalf. Further, I acknowledge that I have read and understand all of the terms and conditions herein.

Signature: Date: Title:

Contract forwarded to DINEX® by: Phone:

Dinex - A Carlisle Company
 4711 E. Hefner Rd. (73131) • PO Box 53006 • Oklahoma City, OK 73152-3006
 (800) 654-8210 • www.carlislefsp.com

Promo Code:

Dinex FreeGoodsForm_2014



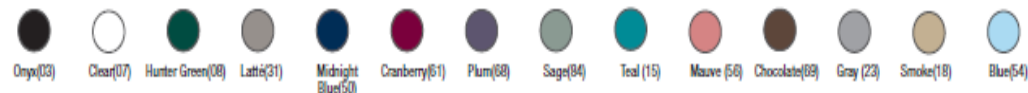
Free Goods Order Form

Facility Name: GPO Name:
 National Account Name: Distributor Name:
 Address: Address:
 City/State/Zip: City/State/Zip:
 Phone: Fax: Contact Name:
 E-mail: E-mail:
 Contact Name: Contact Phone:
 Beds: Avg. Census: Now Using:

Signed Agreement On File: Yes No

Quantity Purchased	Quantity Free	Product Number	Color Code	Description
<input type="text"/>	<input type="text"/>	DX5000		8 oz Fenwick Insulated Mug
<input type="text"/>	<input type="text"/>	DX5200		5 oz Fenwick Insulated Bowl
<input type="text"/>	<input type="text"/>	DX5300		9 oz Fenwick Insulated Bowl
<input type="text"/>	<input type="text"/>	DX3000		8 oz Tumbury Insulated Mug
<input type="text"/>	<input type="text"/>	DX3200		5 oz Tumbury Insulated Bowl
<input type="text"/>	<input type="text"/>	DX3300		9 oz Tumbury Insulated Bowl
<input type="text"/>	<input type="text"/>	DX4000		8 oz Heritage Insulated Mug
<input type="text"/>	<input type="text"/>	DX4200		5 oz Heritage Insulated Bowl
<input type="text"/>	<input type="text"/>	DX4300		9 oz Heritage Insulated Bowl
<input type="text"/>	<input type="text"/>	DX4500		12 oz Heritage Insulated Bowl
<input type="text"/>	<input type="text"/>	DX1197		8 oz Classic Insulated Mug
<input type="text"/>	<input type="text"/>	DX1105		5 oz Classic Insulated Bowl
<input type="text"/>	<input type="text"/>	DX1185		9 oz Classic Insulated Bowl
<input type="text"/>	<input type="text"/>	DX1186		9 oz Classic Stackable Bowl
<input type="text"/>	<input type="text"/>	DXFT6		6 oz Fenwick Tumbler
<input type="text"/>	<input type="text"/>	DXFT9		9 oz Fenwick Tumbler
<input type="text"/>	<input type="text"/>	DXFT12		12 oz Fenwick Tumbler
<input type="text"/>	<input type="text"/>	DXFC5		5 oz Fenwick Cup

Quantity Purchased	Quantity Free	Product Number	Color Code	Description
<input type="text"/>	<input type="text"/>	DX5806		6 oz Louis Tumbler
<input type="text"/>	<input type="text"/>	DX5808		8 oz Louis Tumbler
<input type="text"/>	<input type="text"/>	DX5810		10 oz Louis Tumbler
<input type="text"/>	<input type="text"/>	DX5812		12 oz Louis Tumbler
<input type="text"/>	<input type="text"/>	DX5501		5 oz Textured Tumbler
<input type="text"/>	<input type="text"/>	DX5526		8 oz Textured Tumbler
<input type="text"/>	<input type="text"/>	DX5529		9 oz Textured Tumbler
<input type="text"/>	<input type="text"/>	DX5506		9.5 oz Textured Tumbler
<input type="text"/>	<input type="text"/>	DX4GC6		6 oz Swirl Tumbler
<input type="text"/>	<input type="text"/>	DX4GC8		8 oz Swirl Tumbler
<input type="text"/>	<input type="text"/>	DX4GC9		9 oz Swirl Tumbler
<input type="text"/>	<input type="text"/>	DX4GC12		12 oz Swirl Tumbler
<input type="text"/>	<input type="text"/>	DXSWC5		5 oz Swirl Cup
<input type="text"/>	<input type="text"/>	DXSWC6		5 oz Berry Dish
<input type="text"/>	<input type="text"/>	DXSWC8		8 oz Swirl Bowl
<input type="text"/>	<input type="text"/>	DXSWC12		12 oz Swirl Bowl
<input type="text"/>	<input type="text"/>	DXSQD10		10 oz Square Bowl
<input type="text"/>	<input type="text"/>	DX9000B		8 oz Tropez HighTemp Mug
<input type="text"/>	<input type="text"/>	DX9200B		5 oz Tropez HighTemp Bowl
<input type="text"/>	<input type="text"/>	DX9300B		9 oz Tropez HighTemp Bowl





GROOMING STATION

Policy 7.04

WHAT THE POLICY STATES

Residents will be given a clean, warm moist hand towel before and after dining service so they can wipe their face and hands.



SETTING UP GROOMING STATION

Nutrition Services will set up a Grooming Station near entry of dining room, with a container for used hand towels

Nutrition Services will fold or roll appropriate number of hand towels (2 for each resident) and place in a cooler/ice chest

Nutrition Services will pour warm water to all dampen hand towels, leaving about an inch of water on the bottom 30 minutes prior to meal service. Cover towels to keep warm. If in an electric warmer, turn on warmer to keep warm.

WHAT THE POLICY PROCEDURE IS

Residents will be offered a clean, warm hand towel as they enter the dining room

- Tongs will be used to pass out towels

Used towels will be placed in a dirty towel container

During meal service, used hand towels will be taken to housekeeping to be laundered

After meal service, residents will be offered a new clean, warm hand towel

Once all residents have been offered a clean, warm towel, all hand towels (dirty and clean) will be taken to housekeeping to be laundered

Containers used will be properly cleaned by Nutrition Services



MUSIC IN THE DINING ROOM

Policy 7.05

WHAT THE POLICY STATES

The facility will provide appropriate music for residents in the dining room to enhance the dining experience during each meal.



WHAT THE PROCEDURE IS

Staff present in the dining room 5-10 minutes prior to meal service will set up music

Meal Manager will ensure that the music selection is appropriate for the generation of residents and is playing 5-10 minutes prior to meal service

- Jazz
- Classical
- Ask the residents what kind of music they like

Music selection should be at an appropriate noise level that allows residents to easily hear and communicate with one another

Television will not be ON during meal service

Music selection will remain on for 5 minutes after scheduled meal service ends

Meal manager is responsible for ensuring radio/iPod/CD player is put away in a secure place after meal service



FINGER FOODS DIET

Policy 7.06

WHAT THE POLICY STATES

The facility will provide a “Finger Foods” diet as needed for residents requiring modified food forms to allow independence in eating. The foods offered are typically in bite size pieces or offered as sandwiches. Soups are pureed and poured into a cup for drinking.



WHAT THE PROCEDURE IS

Finger foods will be served to those residents requiring food with a modification in form to improve independence in eating. Our Finger Foods diet meets the minimum requirements below suggested by the Dietary Reference Intakes (DRI)/Recommended Dietary Allowances (RDA) and the Food and Nutrition Board of the National Academy of Sciences:

- 6 oz of edible protein
- 2 servings of fruit
- 3 servings of vegetables
- 6 servings of grains/starches
- 2 cups of milk
- 3 servings of Vitamin A weekly



WHAT THE POLICY PROCEDURE IS

Between meal snacks will be available and offered as ordered

A physician's order is required





EXAMPLES OF FINGER FOODS



BEVERAGE STATION

Policy 7.07

WHAT THE POLICY STATES

A beverage station will be present in the dining room throughout the day with a variety of beverages to meet the hydration needs of the residents.



WHAT THE POLICY PROCEDURE IS

Nutrition services will set up the beverage station in the dining room

- Easily accessible (i.e. some residents are in wheelchairs)

Residents will be offered several options

- Examples: Water, Tea, Lemonade, Fruit Flavored Water, Sugar Free Beverage

Signs will be displayed by each beverage, indicating what the beverage is. Signs should be appealing to the eye (i.e. large font, border, in a frame, or tents placed in front of each beverage)



WHAT THE POLICY PROCEDURE IS

The beverage station should be set up to where it is appealing and cohesive with the dining room:

- Nice table cloth (if needed)
- Beverages dispenser
- Signs labeling each beverage
- Glassware set up near beverages
- Dish bin for used glasses

Nutrition services will check periodically to ensure that beverages, temperatures, and glasses are at appropriate levels.

- Remove dirty dishes and replace dish bin

Nice
Beverage
Dispensers



Indicates what the
station is

Beverage
Labels



VITAMIN SUPPLEMENTATION

Policy 7.08

WHAT THE POLICY STATES

Residents will be placed on a vitamin regimen to reach target blood levels for Vitamin B12, Vitamin D, Folate, and Omega 3. According to research, these vitamins help delay the progression for Alzheimer's.



WHAT THE POLICY PROCEDURE IS

Standing Orders

Upon admission to the unit, the resident's lab values will be reviewed as included in the standing orders:

- Vitamin B12
- Vitamin D
- Folate
- Omega – 3

If lab values are not available within admission documents, request a lab test.

WHAT THE POLICY PROCEDURE IS

If lab tests are present, review and determine if supplementation is needed

- **Normal Levels:** continue to monitor resident blood values
- **Low Levels:** if levels fall below target blood values, place resident on appropriate vitamin supplementation based on the below chart:

	Target Blood Values	Recommended Dosage
Vitamin B12	183 - 986 picogram/mL or 148-590 picomol/L	400 – 500 picograms
Vitamin D	20 – 50 ng/mL or 50 – 125 nmol/L	At least 2,000 IU/day
Folate	RBC: >95 nanogram/mL Serum: >1.9 nanogram/mL	400 – 1,000 microgram/day
Omega – 3	Blood level of 8%	At least 1,000 milligrams BID <ul style="list-style-type: none">• 60% EPA/DHA or more

*Target blood values and recommended dosage are based on recommendations from Kenneth H. Cooper, MD, MPH
Founder and Chairman of Cooper Aerobics, 2015.*

WHAT THE POLICY PROCEDURE IS

Vitamin D Follow-Up

- If Vitamin D levels were **normal**, follow-up *annually*.
 - *Normal Level: 20 – 50 ng/mL*
- If Vitamin D levels were **low**, after treatment, follow-up in *180 days*.
 - *Low Level: 12 - 29 ng/mL or 30 – 50 nmol/L*
- If Vitamin D levels were **severely low**, after treatment, follow-up in *90 days*.
 - *Severely Low Level: <12 ng/mL or <30 nmol/L*
- If Vitamin D levels were **high**, remove resident from vitamin supplementation regimen (if resident is currently taking Vitamin D supplements).
 - *High Level: >50 ng/mL or >125 nmol/L*



WHAT THE POLICY PROCEDURE STATES

Annual Follow-Up

During the annual review, nursing will review the below lab values:

- Vitamin B12
- Vitamin D
- Folate
- Omega – 3

Request lab test be drawn if tests have not been re-drawn in the past year.

If lab tests are available from the past year, review and determine if vitamin supplementation is needed:

- **Normal Levels:** continue to monitor blood levels
- **Low Levels:** if levels fall below target blood values, place resident on appropriate vitamin supplementation based on above chart.





QUESTIONS?

