

# 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:**

### ➤ **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

### ➤ **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)

### ➤ **Identify Additional Problems in Relation to Nutritional Status**

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

### ➤ **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.
- ❖ antipsychotics: risperidone, quetiapine, aripiprazole, 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 values, preferences, cultural and spiritual concerns

- general goals for 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 on page 5**)

## 4. **Discuss/Describe Components of PEG:**

### ➤ **Discuss Time-limited Trial with Specific Goals for 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. **Careful Attention to Comfort Care is Critical:**

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

## 6. **MOLST (Medical Orders for Life-Sustaining Treatment):**

- MOLST is a clinical process designed to facilitate communication between health care professionals and patients with advanced illness (or their Health Care Agent or Public Health Law Surrogate or § 1750-b Surrogate) that facilitates shared informed medical decision-making. The result is a set of portable medical orders documented on a bright pink MOLST form that is applicable in all settings and across care transitions, is reviewable, and respects the patient's goals for care regarding the use of cardiopulmonary resuscitation, intubation and mechanical ventilation, hospitalization, feeding tubes and other life-sustaining interventions. To learn more about MOLST, visit [CompassionAndSupport.org](http://CompassionAndSupport.org).

*\*Guidelines are intended to be flexible. They serve as reference points or recommendations, not rigid criteria. Guidelines should be followed in most cases, but there is an understanding that, depending on the patient, the setting, the circumstances, or other factors, care can and should be tailored to fit individual needs. For patients associated with OPWDD a separate process must be followed, see OPWDD checklists.*