

Focused Case Review -Enteral Feeding

Consideration	Yes	No	%Yes	Comments
<p>Considerations for the case review of people who have an enteral feeding tube.. For each Individual:</p> <p>A. State the reason for the use of tube-feeding documented in the person's record?</p>				
<p>B. Are the type of enteral tube, method of Insertion, and any special concerns documented in the person's record?</p>				
<p>C. Is the enteral tube temporary or permanent?</p>				
<p>D. If temporary, is there a plan for discontinuation or a plan for oral stimulation?</p>				
<p>E. Is there documentation in the person's record that the underlying cause of either aspiration or failure to thrive has been evaluated?</p>				
<p>F. Is there evidence that consultants' recommendations have been followed or the rationale is documented when recommendations were not pursued?</p>				L
<p>G. Is there a physician's order that includes the name of the commercial product, the calories per 24 hours, any other nutrient modifications per ml. number at feedings per day or flow rate per hour, and strength and fluid requirements for flush?</p>				E

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<p>H. Is there a current oral motor assessment by an occupational therapist or other qualified professional in the person's record?</p>				
<p>I. Is there a nutritional assessment by a registered dietician that includes an assessment of caloric need, protein and fluid requirements per 24 hours?</p>				
<p>J. Does data reflect that the tube feedings are effective in either preventing aspiration and/or promoting weight gain, as applicable?</p>				
<p>K. Is there a feeding protocol for specific use of the individual's tube?</p>				
<p>L. Is there a nursing plan for the care and maintenance of the tube?</p>				
<p>M. Is there a medical management plan or protocol for the reinsertion of the tube, if necessary?</p>				
<p>N. Is there documentation that tube feedings are administered as ordered by the physician?</p>				
<p>O. Is there documentation of the person's tolerance of the enteral tube feeding?</p>				
<p>P. Are complications such as aspiration, diarrhea, or other intolerance addressed in a timely manner?</p>				

Consideration	Yes	No	%Yes	Comments
1. Evidence in the individuals records that a nutritional evaluation was completed at least annually by registered dietician that includes:				
A. Ideal body weight (IBW) acceptable weight range and the method of calculation.				
B. The recommended calorie, protein and fluid requirements.				
C. The recommended diet.				
D. The anticipated outcome from recommended diet.				
2. Recommendations In the nutritional evaluation are consistent with the:				
A. Individual's diagnosis(es) as applicable.				
B. Weight history.				
C. Lab values.				
D. Drug food interactions.				
E. Anthropometrics.				

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3. The Individuals have been evaluated by a registered dietician for high nutritional risk via a nutrition risk screening which has been reviewed by the physician and nurse and includes consideration of the following:				
A. Diagnosis(es).				
B. Enteral feedings.				
C. Disease state with complications.				
D. Current weight.				
E. Behavioral Issues.				
F. Other: _____				
4. There is documentation in the individuals' records that the following areas have been assessed by the physician based on the individuals being identified as at high nutritional risk or when progress towards the objective has not been made.				
A. The presence of other disease states with or without complications 15 clinically indicated including: I. Cancer II. Pulmonary Disease III. Cardiovascular Disease IV. Renal Disease V. Hepatic Disease VI. Diabetes VII. Other: _____				
B. Medication side effects and interactions.				

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C. The presence of gastrointestinal disorder .				
D. The presence of a swallowing disorder.				
5. The physicians' assessments includes appropriate diagnostic studies including hematocrit, hemoglobin, serum albumin, pre-albumin, video fluoroscopy, and/or other studies as clinically indicated.				
6. The physicians' assessments includes consultations with specialists as clinically appropriate.				
7. There is evidence in the record that consultants' recommendations have been followed or a rationale by the physicians is documented when the recommendation(s) is (are) not followed.				
8. There is evidence in the records that a functional assessment of eating behavior has been completed where no medical cause has been identified.				
9. There is evidence that psychiatric evaluations have been completed where no medical or environmental cause has been identified.				
10. The individuals who are <80% of his/her IBW and/or has a serum albumin of 2.8g/dl or less has a diagnosis of malnutrition documented in his/her record.				
11. The individuals who are experiencing unexplained weight loss has a diagnosis related to the underlying pathology documented in their record.				

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12. The individuals who have a diagnosis of malnutrition or weight loss of unknown etiology have been evaluated by a gastroenterologist.				
13. The individuals' records include a diet prescription that is consistent with the most recent nutritional evaluation (if different, the rationale and/or justification by a physician is specified in the individuals' records.)				
14. There is evidence in the individuals' records that the diet's are being given as prescribed.				
15. There are records of daily food intake for the individuals who are <80% of their IBW or are experiencing unexplained weight loss, as clinically indicated.				
16. The individuals' weights are taken and recorded in their records at regular intervals that are frequent enough to evaluate status (daily, to weekly).		P		
17. The individual's IHP includes a service objective related to his/her optimal nutritional outcome.				L
18. The individual has at least a monthly clinical review of his/her nutritional status by a dietician, physician, nurse and other relevant staff documented in his/her record.				E
19. The monthly clinical review include: assessment of progress or lack of progress towards achieving the health care/nutrition service objective.				

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<p>20. There is evidence in the individual's record that the health care/nutritional plan for the individual is modified when progress toward the objective is not being made.</p>				
<p>21. There is evidence that the health care/nutritional service objective has been reviewed and/or revised by the IDT based on changes in the individual's health status.</p>				

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STATUS OF PREVIOUS RECOMMENDATIONS:

1. Continue the excellent annual and semi-annual assessments performed by the nutritional staff.
Status:
2. Assess all individuals with body weight of less than or equal to 80% of IBW for anergy if not medically contraindicated.
Status:
3. Following this additional assessment, refer all individuals with weight of less than or equal to 80% of IBW, to a gastroenterologist for consideration of: nutritional status, medical risks associated with the individual's nutritional status, recommendations (if any) for intervention-based on potential risk to the individual.
Status:
4. Consider performing a similar analysis of people greater than 80% but less than 90% of IBW.
Status:
5. Consider pursuing an externally funded study to develop a physiologically based, body weight scale or adult persons with severe developmental disabilities.
Status:

Conclusions/recommendations :