

**NUTRITION INTERPRETIVE GUIDELINES -
12 VAC 35-105-600.**

A. A provider preparing and serving food shall:

- 1. Have a written plan for the provision of food services, which ensures access to nourishing, well-balanced, healthful meals;*
- 2. Make reasonable efforts to prepare meals that consider cultural background, personal preferences, and food habits and that meet the dietary needs of the individuals served; and*
- 3. Assist individuals who require assistance feeding themselves in a manner that effectively addresses any deficits.*

B. Providers of residential and inpatient services shall develop and implement a policy to monitor each individual's food consumption for:

- 1. Warning signs of changes in physical or mental status related to nutrition; and*
- 2. Compliance with any needs determined by the individualized services plan or prescribed by a physician, nutritionist or health care professional.*

The policy on nutrition should include the following:

- 1. Any assessment of the individual should include a brief nutritional assessment;*
- 2. ISP's should address assessed nutritional needs;*
- 3. Available food should be consistent with planned menus;*
- 4. Available food should be consistent with the needs of any individual on a special diet;*
- 5. If an individual is on a special diet, there should be a physician's order;*
- 6. The policy should include a written plan to complete shopping to include:
 - a. A general shopping list*
 - b. Who and when shopping occurs,*
 - c. How much is budgeted for weekly food supplies.**
- 7. Regularly obtaining the weights of individuals served;*
- 8. There should be a minimum (3 day??) supply of all types of foods: meat, dairy, vegetables, fresh foods;*
- 9. There should be an emergency supply of food (that can be prepared without heat) and water;*
- 10. Personnel records should document staff training in nutrition; to include:
 - a. Monitoring individuals for changes in eating habits;*
 - b. Documentation requirements of individual's food consumption;*
 - c. Physical and mental status symptoms that may be nutritionally related,**

Simple documentation of monitoring nutrition, which could be incorporated into progress notes:

Nutrition Monitoring Form

Name: _____					
Diet:	Portion eaten each meal:			Noted Change(s): _____	
	Breakfast:	<input type="checkbox"/> ALL	<input type="checkbox"/> > 1/2	<input type="checkbox"/> < 1/2	<input type="checkbox"/> None _____
Date:	Lunch	<input type="checkbox"/> ALL	<input type="checkbox"/> > 1/2	<input type="checkbox"/> < 1/2	<input type="checkbox"/> None _____
Weight:	Dinner	<input type="checkbox"/> ALL	<input type="checkbox"/> > 1/2	<input type="checkbox"/> < 1/2	<input type="checkbox"/> None _____
Diet:					
	Portion eaten each meal:			Noted Change(s): _____	
	Breakfast:	<input type="checkbox"/> ALL	<input type="checkbox"/> > 1/2	<input type="checkbox"/> < 1/2	<input type="checkbox"/> None _____
Date:	Lunch	<input type="checkbox"/> ALL	<input type="checkbox"/> > 1/2	<input type="checkbox"/> < 1/2	<input type="checkbox"/> None _____
Weight:	Dinner	<input type="checkbox"/> ALL	<input type="checkbox"/> > 1/2	<input type="checkbox"/> < 1/2	<input type="checkbox"/> None _____
Diet:					
	Portion eaten each meal:			Noted Change(s): _____	
	Breakfast:	<input type="checkbox"/> ALL	<input type="checkbox"/> > 1/2	<input type="checkbox"/> < 1/2	<input type="checkbox"/> None _____
Date:	Lunch	<input type="checkbox"/> ALL	<input type="checkbox"/> > 1/2	<input type="checkbox"/> < 1/2	<input type="checkbox"/> None _____
Weight:	Dinner	<input type="checkbox"/> ALL	<input type="checkbox"/> > 1/2	<input type="checkbox"/> < 1/2	<input type="checkbox"/> None _____
Diet:					
	Portion eaten each meal:			Noted Change(s): _____	
	Breakfast:	<input type="checkbox"/> ALL	<input type="checkbox"/> > 1/2	<input type="checkbox"/> < 1/2	<input type="checkbox"/> None _____
Date:	Lunch	<input type="checkbox"/> ALL	<input type="checkbox"/> > 1/2	<input type="checkbox"/> < 1/2	<input type="checkbox"/> None _____
Weight:	Dinner	<input type="checkbox"/> ALL	<input type="checkbox"/> > 1/2	<input type="checkbox"/> < 1/2	<input type="checkbox"/> None _____
Diet:					
	Portion eaten each meal:			Noted Change(s): _____	
	Breakfast:	<input type="checkbox"/> ALL	<input type="checkbox"/> > 1/2	<input type="checkbox"/> < 1/2	<input type="checkbox"/> None _____
Date:	Lunch	<input type="checkbox"/> ALL	<input type="checkbox"/> > 1/2	<input type="checkbox"/> < 1/2	<input type="checkbox"/> None _____
Weight:	Dinner	<input type="checkbox"/> ALL	<input type="checkbox"/> > 1/2	<input type="checkbox"/> < 1/2	<input type="checkbox"/> None _____
Diet:					
	Portion eaten each meal:			Noted Change(s): _____	
	Breakfast:	<input type="checkbox"/> ALL	<input type="checkbox"/> > 1/2	<input type="checkbox"/> < 1/2	<input type="checkbox"/> None _____
Date:	Lunch	<input type="checkbox"/> ALL	<input type="checkbox"/> > 1/2	<input type="checkbox"/> < 1/2	<input type="checkbox"/> None _____
Weight:	Dinner	<input type="checkbox"/> ALL	<input type="checkbox"/> > 1/2	<input type="checkbox"/> < 1/2	<input type="checkbox"/> None _____
Diet:					
	Portion eaten each meal:			Noted Change(s): _____	
	Breakfast:	<input type="checkbox"/> ALL	<input type="checkbox"/> > 1/2	<input type="checkbox"/> < 1/2	<input type="checkbox"/> None _____
Date:	Lunch	<input type="checkbox"/> ALL	<input type="checkbox"/> > 1/2	<input type="checkbox"/> < 1/2	<input type="checkbox"/> None _____
Weight:	Dinner	<input type="checkbox"/> ALL	<input type="checkbox"/> > 1/2	<input type="checkbox"/> < 1/2	<input type="checkbox"/> None _____
Diet:					
	Portion eaten each meal:			Noted Change(s): _____	
	Breakfast:	<input type="checkbox"/> ALL	<input type="checkbox"/> > 1/2	<input type="checkbox"/> < 1/2	<input type="checkbox"/> None _____
Date:	Lunch	<input type="checkbox"/> ALL	<input type="checkbox"/> > 1/2	<input type="checkbox"/> < 1/2	<input type="checkbox"/> None _____
Weight:	Dinner	<input type="checkbox"/> ALL	<input type="checkbox"/> > 1/2	<input type="checkbox"/> < 1/2	<input type="checkbox"/> None _____
Diet:					
	Portion eaten each meal:			Noted Change(s): _____	
	Breakfast:	<input type="checkbox"/> ALL	<input type="checkbox"/> > 1/2	<input type="checkbox"/> < 1/2	<input type="checkbox"/> None _____
Date:	Lunch	<input type="checkbox"/> ALL	<input type="checkbox"/> > 1/2	<input type="checkbox"/> < 1/2	<input type="checkbox"/> None _____
Weight:	Dinner	<input type="checkbox"/> ALL	<input type="checkbox"/> > 1/2	<input type="checkbox"/> < 1/2	<input type="checkbox"/> None _____