

nutritionDay in nursing homes - Explanations and definitions

Centre Code: Please insert on all sheets the anonymous Code that you received from the Coordinating Center.

Unit Code: Please insert on all sheets the anonymous Code that you received from the Coordinating Center.

Sheet I „Unit Sheet“

Number of residents in the unit: Please fill in the number of residents presently living in the unit.

Maximum number of residents in the unit: Please fill in how many residents can live in the unit at a maximum.

Maximum number of residents in the institution: Please fill in how many residents can live in the nursing home at a maximum.

Evaluation of malnutrition / risk of malnutrition by use of: If you routinely screen your residents for malnutrition, please indicate how you evaluate malnutrition/risk for malnutrition.

Unit resident list and outcome (all participants)

Please record all residents participating in the nutritionDay and save this list so you can evaluate the outcome of the residents after 6 months.

Resident number: Please give each resident a number. This number has to correspond with the resident's number and resident's initials on Sheet 2.

Habitation after 6 months: Choose a code from the box (A,B,C,...), depending on whether the resident is still in the nursing home, was discharged, died and so on.

Date of transfer to another unit, death, etc.: Fill in the date (dd/mm/yyyy), the outcome occurs.

Actual Weight (kg): If the resident is still in the nursing home, please fill in the actual weight including one decimal number.

Hospital stays during the last 6 months: Please insert the number of hospital stays and the total number of days the resident stayed in hospital if the resident is still in the nursing home

Sheet II: („Residents“)

Consent: Please note if the resident/nominated proxy gave a written or oral consent for participation or if the resident/nominated proxy rejected the participation. If the resident/nominated proxy rejected the participation then leave the sheet empty.

Resident number: Please give each resident a number and **record this number in the resident-list**. That is important, because you need this information for the outcome documentation after six months.

Resident initials: Insert resident's initials, e.g. Peter Smith: PE SM

Year of birth: Please complete this way: 1970.

Date at admission: Please fill in when the resident has moved into your nursing home.

Body height: Please insert resident's actual height in m.

Body weight: Please insert the last measured body weight in kg.

Time needed for basic care: Please tick the time needed for the resident's basal care. Basal care includes body hygiene, nutrition and mobility. Treatment care and other assistance (for instance, help for telephoning or contacting friends, accompaniment for outdoor walks) are not included.

Mobility: Please fill in the resident's degree of mobility:

Bed or chair bound: Resident is not able to get out of a bed, a chair or a wheelchair without assistance of another person.

Able to get out of bed/chair, but does not go out: Resident is able to get out of a bed/chair, but is unable to go out of the unit.

Goes out: Resident is able to leave the nursing home.

Cognitive status: Please fill in if the resident is showing signs of dementia. Ideally you may use the classification criteria according to the Mini Mental State Examination (MMSE). If MMSE has not been done for the resident, please classify subjectively according to your estimation.

Depression: Please fill in if the resident suffers from a depression and state how severe the depression is.

Care-causing diagnosis: Please specify which disease is the most applicable cause of care. Multiple selections are possible.

Acute disease or psychological stress: Please fill in if the resident was stressed or severely ill in the past three months.

Would you be surprised if this resident died: Please fill in if you would be surprised if this resident died in the next 6 months or 4 weeks. If you don't want to or cannot give an indication, then please tick "I don't know".

Number of current drugs per day: Please insert the total number of different drugs (substances) the resident is ordered to take per day. Please include all drugs given as tablets, liquid medication, infusions and plasters. Write 0 if the resident is not ordered to take drugs.

Antidepressants: Is the resident currently receiving antidepressants?

Antibiotics: Is the resident currently receiving antibiotics?

Opiates: Is the resident currently receiving opiates?

Sedatives: Is the resident currently receiving sedatives?

Antipsychotics/Neuroleptics: Is the resident currently receiving antipsychotics?

Malnutrition: Please fill in if – according to your opinion or as a result of a nutritional screening - the resident is well nourished (**no**), at risk for malnutrition (**at risk**) or malnourished (**yes**).

Dehydration: Please fill in, if the resident is showing signs of dehydration at the time of assessment.

Dysphagia: Please tick if the resident has dysphagia.

Chewing problems: Please tick if the resident has chewing problems.

Oral nutrition: Does the resident currently receive oral nutrition?

If yes, is the food **blenderized**?

If yes, is the food **fortified** with energy and/or protein?

Oral nutritional supplements (e.g. sip feeds): Does the resident currently receive oral nutritional supplements (ONS) like e.g. sip feeds to increase or meet energy and/or protein intake? ONS are specific nutrient formulas containing the complete range of nutrients. ONS are usually liquid but are also available in other forms like powder, dessert-style or bars.

Tube feeding: Does the resident currently receive partly or solely tube feeding via nasogastric, nasoenteral or percutaneous tubes?

Parenteral nutrition: Does the resident currently receive partly or total parenteral nutrition through either a central or peripheral venous catheter? Parenteral nutrition contains water and nutrients like amino acids, glucose, lipids, electrolytes, vitamins and minerals.

Fluid infusion: Does the resident currently receive fluid infusions to cover fluid requirement?

Has food intake declined: Did the resident eat less than normal over the past three months? If yes, was this because of lack of appetite, digestive problems, chewing or swallowing difficulties? If yes, did the resident eat much lesser than before or only a little less?

Eaten in the last week: Please fill in how well the resident has eaten in the last week compared to the weeks before. If the resident couldn't eat orally, but was fed via tube or parenteral nutrition, please tick "nothing because of tube feeding/parenteral nutrition".

Intake at lunch: Please fill in how much the resident ate for lunch today.

Plate: The pictures of the plates are the symbol for a normal lunch which could consist of only one dish or include a soup, a main dish and a desert. Evaluate how much food was eaten. Choice of answers:

„**3/4 or all**“: $\frac{3}{4}$ to all of the meal

„**1/2**“: half of the meal

„**1/4**“: a quarter of the meal

„**Nothing**“: nothing to nearly nothing

„**I don't know**“: you don't know how much the resident ate for lunch

„**Nothing because of tube feeding/parenteral nutrition**“: Resident doesn't receive lunch because he/she is fed via tube or parenteral nutrition.