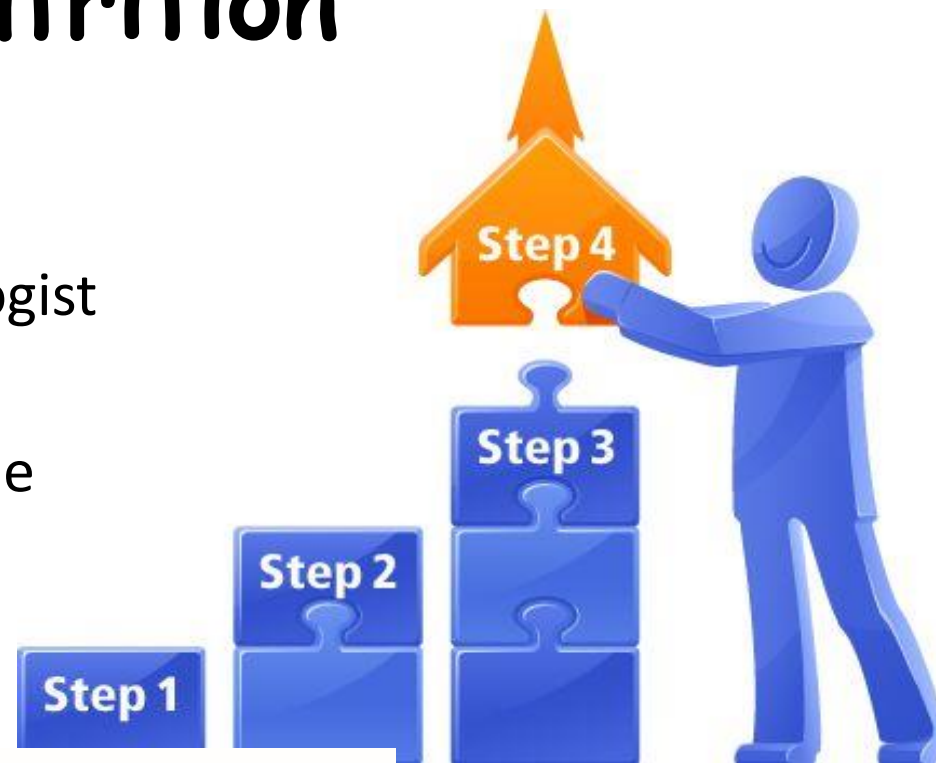


Guide to a Successful Nutrition Home Visit

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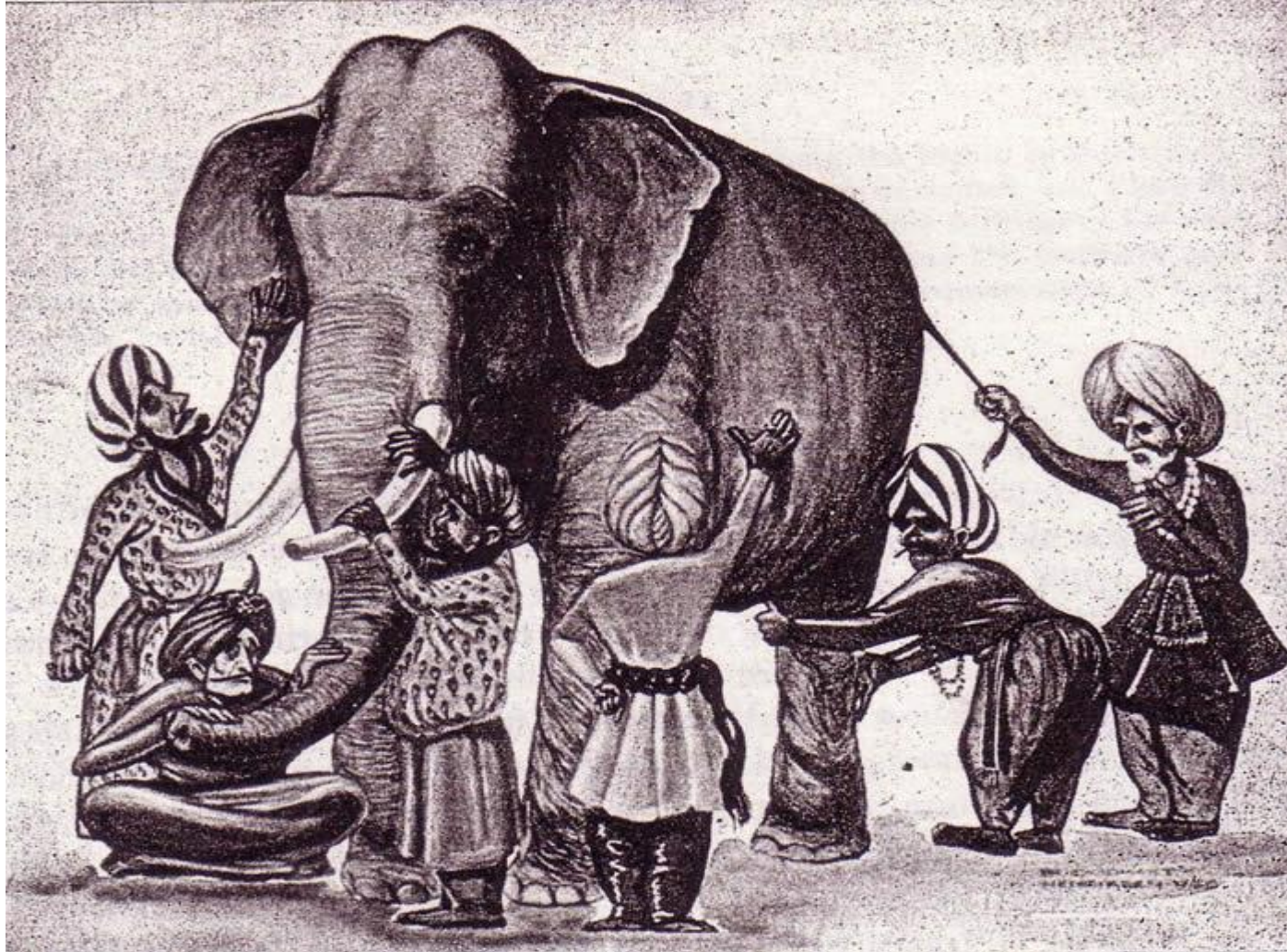
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Home visits are "Real Time" assessments that provide the most accurate nutrition and health information when performed by a RDN.



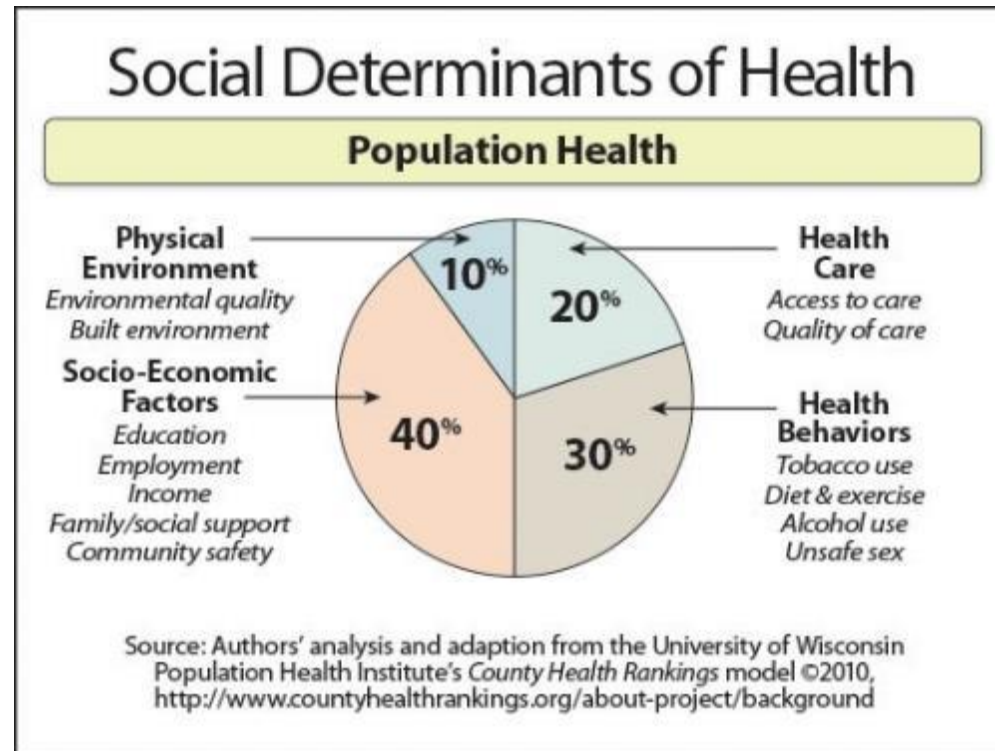
Why Home Visits Work!



The Blind Men and the Elephant **John Godfrey Saxe** (1816-1887)

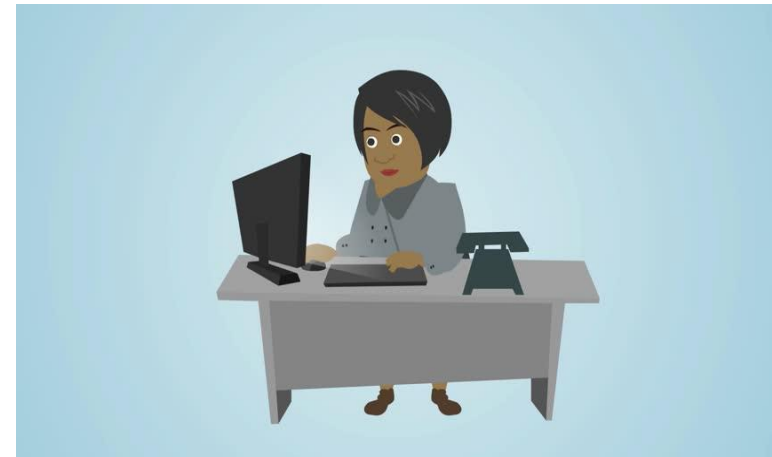
Why Home Visits Work....

Is it sufficient to address older adults health and nutrition without changing the conditions that made them unhealthy in the first place?



The Call: Making the Appointment

- Greetings and introduction
- State clearly your reason for the visit
 - Reassure client you are wanting to help them stay in their home.
 - Example: Thank you for completing_____. From your information, I would like to discuss potential resources that could assist you to more easily go about your day IN YOUR HOME.
 - Cost!!!
 - Discuss if client would like other persons present at the visit.
 - Family member
 - Home health
 - Friend



Nutrition Home Visit Preparation

- Most accurate information from observation and performance based activities
- Imbed pertinent questions in "conversation".
- Avoid too many direct questions.
- Always ask for permission. You are a **visitor** in the client's home.
- Functional assessment
 - Instrumental Activities of Living (IADLS)
 - Determines ability to interact with the environment
 - 8 IADLS:

Meal Preparation	(Food) Shopping
Mode of transportation	Housekeeping
laundry	Responsibility for own medication
Ability to use the telephone (text, email)	Ability to handle finances

Instrumental Activities of Living (IADLs)

A. Ability to Use Telephone

1. Operates telephone on own initiative; looks up and dials numbers.....1
2. Dials a few well-known numbers.....1
3. Answers telephone, but does not dial.....1
4. Does not use telephone at all.....0

B. Shopping

1. Takes care of all shopping needs independently.....1
2. Shops independently for small purchases..... 0
3. Needs to be accompanied on any shopping trip.....0
4. Completely unable to shop.....0

IADL- Functional Assessment

C. Food Preparation

1. Plans, prepares, and serves adequate meals independently.....1
2. Prepares adequate meals if supplied with ingredients ingredients.....0
3. Heats and serves prepared meals or prepares meals but does not maintain adequate diet.....0
4. Needs to have meals prepared and served.....0

D. Housekeeping

1. Maintains house alone with occasion assistance (heavy work).....1
2. Performs light daily tasks such as dishwashing, bed making.....1
3. Performs light daily tasks, but cannot maintain acceptable level of cleanliness..... 1
4. Needs help with all home maintenance tasks.....1
5. Does not participate in any housekeeping tasks.....0

IADLs- Functional Assessment

E. Laundry

1. Does personal laundry completely.....1
2. Launders small items, rinses socks, stockings, etc.....1
3. All laundry must be done by others..... 0

F. Mode of Transportation

1. Travels independently on public transportation or drives own car.....1
2. Arranges own travel via taxi, but does not otherwise use public transportation.....1
3. Travels on public transportation when assisted or accompanied by another.1
4. Travel limited to taxi or automobile with assistance of another.....0
5. Does not travel at all.....0

IADLs- Functional Assessment

G. Responsibility for Own Medications

1. Is responsible for taking medication in correct dosages at correct time.....1
2. Takes responsibility if medication is prepared in advance in separate dosages.....0
3. Is not capable of dispensing own medication.....0

H. Ability to Handle Finances

1. Manages financial matters independently (budgets, writes checks, pays rent and bills, goes to bank); collects and keeps track of income.....1
2. Manages day-to-day purchases, but needs help with banking, major purchases, etc..... 1
3. Incapable of handling money..... 0

The Front Door: Introducing Yourself

- Make sure you have your name badge and introduce yourself
- Refresh the client's memory about the appointment
 - Example: Mr. or Mrs. _____, it is so nice to meet you in person. I'm pleased we were able to arrange a time talk about resources available to you.
 - If client has forgotten, gentle re-fresh their memory.
 - A potential indicator of a more significant memory issue



The Couch: Making Your Way to a Comfortable Place to Sit and Talk

- When entering the home
 - Make pleasant comment(s) about home or neighborhood
 - Examples: lovely yard, easy parking etc.
- Observe family photos
 - Look for client at an earlier age: weight history
- Observe clients clothing & hygiene
 - Ill-fitting clothes
 - Soiling (food, urine, feces)
 - Clothing pairing
- Indicators: memory, incontinence, poor fluid intake, weight loss/gain, driving, safety, support systems



On the Couch

- Ask how long the client has lived in this setting
 - Information you are wanting to gather
 - Any adjustment to living situation
 - Interactions with neighbors
 - Family living in area
 - Assess involvement
 - Other significant persons
 - Ask permission to see how the client gets around their home
 - Key rooms
 - Kitchen
 - Bath
 - Bedroom



On the Couch:
Thoughts or Comments?

In the Kitchen: Dietary intake Assessment

- In conversation, ask about food choices & preparation.
 - Examples
 - I see you have both a stove and microwave. Which one do you like to use most?
 - If you don't mind, can you show me how you reach items in your kitchen.
 - Please show me how high you can reach in your cupboards.
 - Could you show me how you reach food out of the bottom drawers of your refrigerator?
 - What is your favorite meal to prepare?
 - When did you prepare it last?
 - Where do you shop (for food)?



In the Kitchen: What you see is what you get!

- Observations
 - Overall Cleanliness
 - Dirty dishes, appliances
 - Dish soap available
 - Easy in which clients physically maneuvers
 - Pets
 - Love & hate
 - Kitchen/dining table



In the Kitchen:
Can You Identify Nutritional risk Indicators?

Nutrition Indicators

- Food access
- Adequate intake
- Financial status
- Food safety
- Cooking ability
- Working appliances
- Memory
- Transportation
- Social isolation
- Abuse

In the Bath & Bedroom

- Unsanitary conditions
- Soiled clothing or bedding
- Safety & fall risk
- Maneuverability
- Toiletries
- Overall cleanliness

Home Visit Malnutrition Assessment



Home Visit Malnutrition Assessment

Energy intake

Food access, food present in home, IADLs, family and caregiver input

Weight loss within time frame

Self-reported, family and caregiver input, past photos, ill-fitting clothes

Physical Findings

Muscle mass & body fat

Nutrition focused physical exam

Fluid accumulation

Nutrition focused physical exam

Functional muscle strength

Hand grip strength, Get Up and Go Test, chair rise, functional status

Micronutrient exam

Hair, mouth, tongue, teeth, swallowing, taste, fractures, skin

Nutrition-Focused Physical Exam: Where Do We Look?

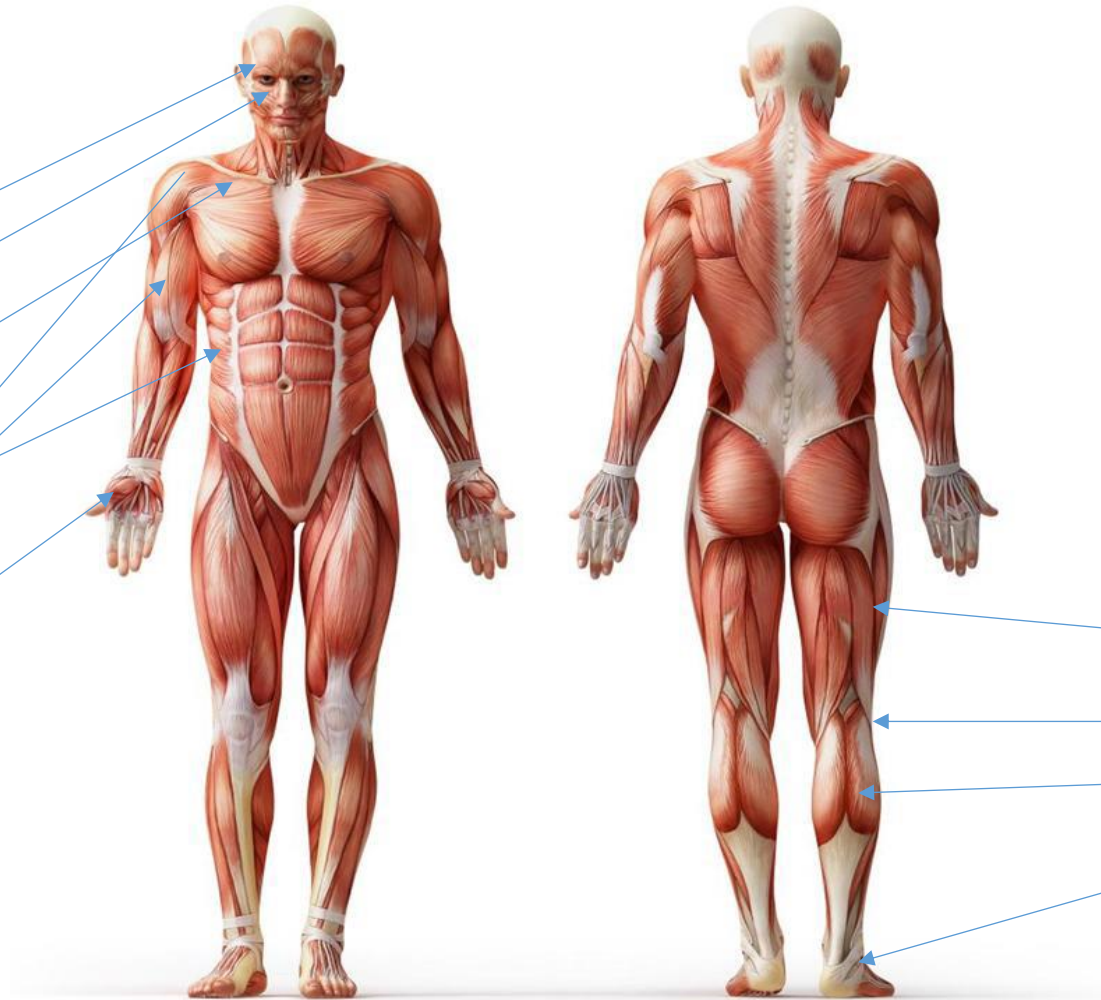
- Fat loss
 - Orbital region (eye)
 - Triceps
 - Ribs/lower back
- Muscle loss
 - Temporalis (pitting)
 - Clavicle
 - Deltoid
 - Interosseous (hand)
- Edema
 - Ankles
- Functional decline
 - Chair rise
 - Grip Strength
 - Get Up and Go test
- Hair quality
- Mouth, teeth, tongue, swallowing

Home Visit Malnutrition Assessment



Nutrition Focused Physical Exam: Home-Style

- Upper Body
 - Temples
 - Orbital
 - Clavicle
 - Shoulder
 - Ribs
 - Arms
 - hands



- Lower Body
 - Thigh
 - Knee
 - Calf
 - Ankle

Nutrition Plan of Care

- Summarize Findings-Make Recommendations-Identify Resources
 - Intake
 - Kitchen assessment
 - Weight indicators
 - Physical function
 - IADLs
 - Current living situation deficits
 - Physical exam
 - Identified signs of malnutrition
 - Physical abuse
 - Social/psych
 - Support systems
 - Memory
 - Financial and/or emotional abuse

Questions? or Comments...

Thank you!