

Weight Management Guidance During COVID-19 in Long-Term/Post-Acute Care Communities

While some communities are dealing with multiple COVID-19 positive cases, other communities do not have any active cases or persons under investigation (PUI). Additionally, many communities are experiencing staffing challenges, especially with nursing. For this reason, a Weight Policy during this time cannot be developed, but rather only guidance can be provided.

NO CONFIRMED CASES OF COVID-19 POSITIVE RESIDENTS

For those communities that do not have any confirmed cases, it is recommended that you continue your routine weight procedures. However, it is critical that the scales being used are cleaned and disinfected between each resident. It is recommended that you review the residents on weekly weights and consider decreasing any to monthly or bimonthly weights if possible. For residents on daily weights with heart failure, discuss decreasing weights to three times/week or weekly with your Medical Director and Director of Nursing. A decrease in daily weights may necessitate additional nursing monitoring of heart failure patients.

CONFIRMED CASES OF COVID-19 POSITIVE RESIDENTS

It is recommended to try and continue the community's routine weight process when possible. If this is not possible during this time it should be discussed with your Medical Director and Director of Nursing (DON). Be sure to capture any change in process in QAPI notes for reference. Routine monthly weights may need to be suspended. If weights are going to be continued, consider reducing both the number of weekly weights and the frequency of weights for residents with heart failure. There may be additional parameters that may need to be monitored if daily weights are discontinued. At the beginning of each month, suggest reviewing whether routine weight measurements can be restarted with Medical Director and DON.

If weights are taken on an isolation unit, it is recommended that a scale be designated for taking weights on these residents. The scale should not be transported to other units. Use appropriate procedures to clean and disinfect the scale between each use.

If weights are suspended or just not available at the time of assessment, intake data must be used to monitor resident intake. While intake data is more subjective than weight data, it will be the only real data many residents will have to evaluate adequacy of intake. Many electronic medical records have reports that can provide alerts for residents that may be eating poorly. For example, Point Click Care has a Response Rate report that can be run daily or every several days to check for residents that are eating poorly. Look for changes in the fit of clothing, changes in resident condition (new wounds, infections, fever, etc.). When documenting meal intakes, it is best to equate that to the amount of nutrient intake and compare to estimated needs. Laboratory data may be indicative of hydration status, blood glucose control, kidney function, etc. Use all possible available data to make as accurate an assessment as possible.

It is recommended that nutrition interventions be implemented for all COVID-19 positive residents as data indicates that intakes are often poor, weight loss has occurred, and residents become fatigued

while eating. While fortified/enhanced foods are an option if the resident is eating some of the meal, oral nutrition supplements can be added if it is suspected that residents are not meeting needs.

MANAGING WEIGHTS IN STAFFING CHALLENGED COMMUNITIES

Even if there are no confirmed cases of COVID-19 in your community, there may be staffing challenges that necessitate changes to weight management protocols. Besides reducing/eliminating weekly and/or daily weights, here are some other strategies the community could implement to reduce staff time for weighing residents:

- Stagger monthly weights throughout the month; one-quarter of the residents could be weighed each week.
- Consider staggering weights by shifts and/or by shower days
- Contact the therapy department to determine if they could help with weights
- Communicate top priorities such as residents at high risk for weight loss, low body weight, skin impairments, reduced intake, and residents due for MDS completion.
- Make sure that you communicate with nursing leadership about weights, and use the QAPI process to show what steps you have taken to show that you have identified weight measurement difficulties related to staffing and/or COVID positive or persons under investigation cases (such as new admissions who may need to be quarantined for 14 days).