

Dietician:306B Serious, Man [218] 74 M 69 " | 91 -1112/3/1 | Phy:Doolittle Diet: Mech Sft NCS L.Fat Renal Large Por Honey Thic

08-09-04 RD Left Above Knee Amputation Right Above Knee  
 08-09-04 RD Mr. Serious's appetite is usually Fair.  
 08-09-04 RD He is receiving a multi-vitamin.  
 08-09-04 RD His PBS is controlled by diet.  
 08-09-04 RD Continue to monitor, encourage and be support  
 08-09-04 RD of Mr. Serious's dietary compliance.  
 08-09-04 RD No new labs to assess.  
 08-09-04 RD Rec:Vit-C 500 mg/day for skin healing  
 08-09-04 RD Receiving MWI w/min. for skin healing  
 08-09-04 RD Extra protein is needed for skin healing  
 08-09-04 RD 1.0 to 1.2 g/kg of ideal body weight  
 08-09-04 RD High protein foods such as meats and eggs  
 08-09-04 RD should be encouraged.  
 08-09-04 RD Skin St 2 Cuccy.  
 08-09-04 RD He is confused and disoriented.  
 08-09-04 RD He is fed by staff.  
 08-09-04 RD Resident still needs mechanical soft foods.  
 08-09-04 RD Nutritional risk assessment indicates the  
 08-09-04 RD resident is at risk. Monitor Weight, Labs at  
 08-09-04 RD Skin Condition.  
 08-09-04 RD Monitor weight, appetite and tolerance of di.  
 08-09-04 RD Resident is confused and may forget to eat an  
 08-09-04 RD or drink adequate fluids. Staff is monitori  
 08-09-04 RD this resident and encouraging meals and fluid  
 08-09-04 RD This resident requires thickened liquids to  
 08-09-04 RD address his swallowing difficulty. He is be  
 08-09-04 RD closely supervised for compliance for his own  
 08-09-04 RD safety.

| Date     | Weight | K chg | Ke    | Sc | #    | -       | + | 30 days | 90 days | 180 days | CP |
|----------|--------|-------|-------|----|------|---------|---|---------|---------|----------|----|
| 05-15-00 | 108.0* | -28.0 | 49.09 |    | 42.1 | Lb LOSS |   | -28.04  | -25.56  |          |    |
| 05-22-00 | 107.0* | -0.92 | 48.63 |    | 1.0  | Lb LOSS |   | -28.71  | -26.25  |          |    |
| 05-29-00 | 110.0* | 3.27  | 50.22 |    | 3.5  | Lb GAIN |   | -28.38  | -24.88  |          |    |
| 06-05-00 | 110.5* | 0.09  | 50.27 |    | 0.1  | Lb GAIN |   | -26.32  | -25.62  |          |    |
| 06-15-00 | 112.3* | 1.54  | 51.04 |    | 1.7  | Lb GAIN |   | 3.98    | -23.92  |          |    |
| 06-18-00 | 112.3* | 0.00  | 51.04 |    | 0.0  | Lb GAIN |   | 4.95    | -23.92  |          |    |
| 06-26-00 | 110.0* | -2.05 | 50.27 |    | 2.3  | Lb LOSS |   | -4.45   | -25.47  |          |    |
| 07-13-00 | 86.4*  | -21.4 | 39.27 |    | 23.9 | Lb LOSS |   | -23.06  | -42.44  |          |    |
| 07-24-00 | 89.3*  | 3.36  | 40.59 |    | 2.9  | Lb GAIN |   | -18.82  | -40.51  |          |    |
| 08-09-04 | 131.1  | +48.7 | 59.54 |    | 41.7 | Lb GAIN |   | 46.7    | 46.7    | 46.7     |    |

Sectional Plate  
Foam Handle Spoon  
2% Milk, Prune Juice  
No Cat.  
Lch/Sp  
Send 2 S1 Bread  
Tuna Sandwich  
Medications  
Vancomycin  
MWI w/Minerals  
LASIX  
KCL

Helpdesk Info Box  
 Print FAX  
 Standard Comments  
 NMP Comments  
 Pull Note Dogn  
 F3=Annual  
 F3=Qty  
 Sign Note

Fig 12. Assembled Assessment to be Edited and Added to

Fax Recommendation

Print  No Shading  No Phy  Use Alternate Format  From: Your Dietitian's N, R.D., L.D.   
 No Clip  No Picture  Rec ONLY  Copies: 1 hp deskjet 3600 series

XYZ Facility  
 Best Nursing Lane, Jacksonville, Florida  
 Phone: 314-118-2327 Fax: . . .

## FAX Recommendation

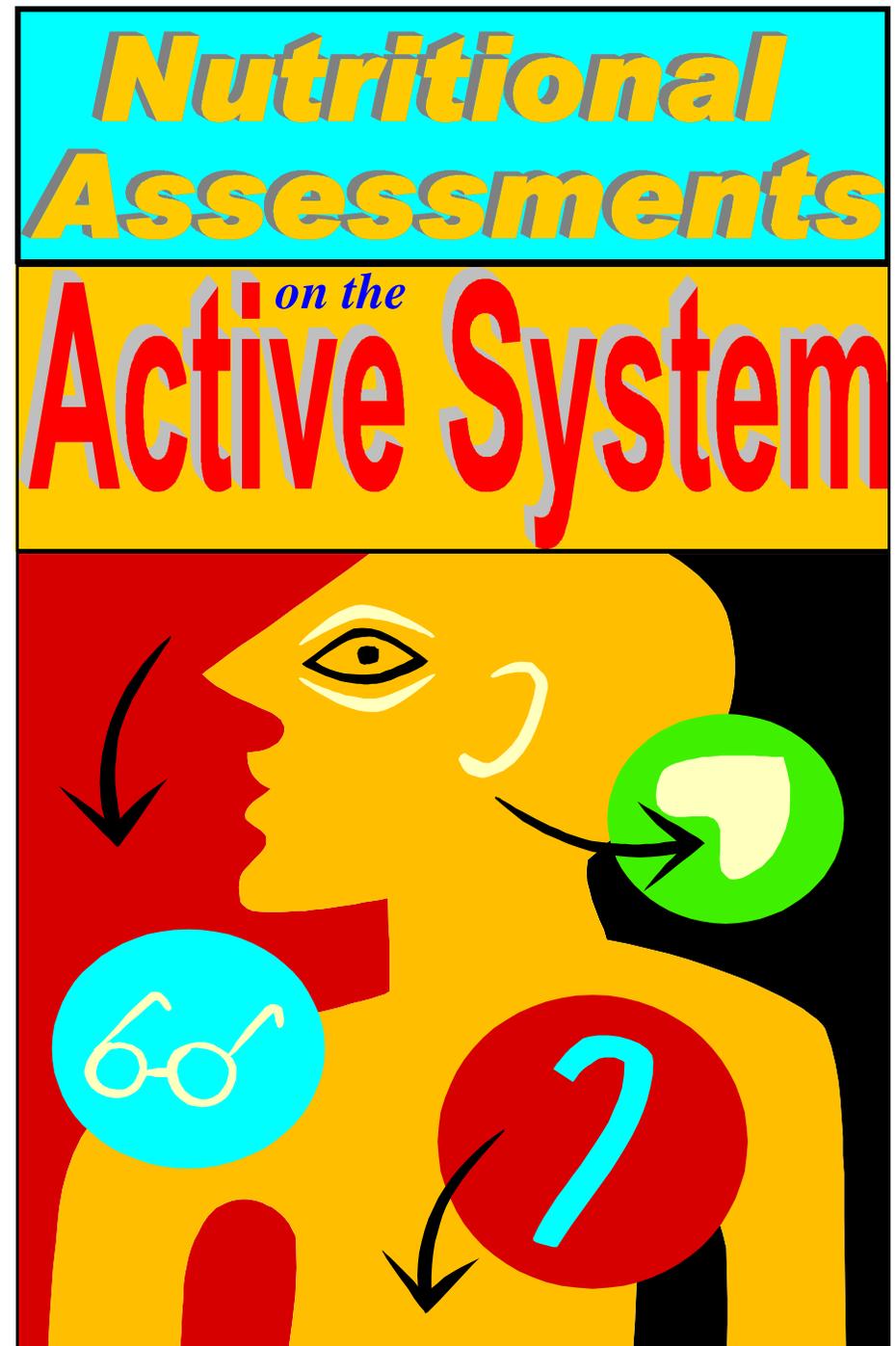
SupremeCare, LLC& 306B Serious, Man [218] 74 M 69 " inches IBWR:91 -111 Physician:Doolittle 366-7730

Resident: 306B Serious, Man 74 M Resno: 218 Hgt: 69 " IBWR: 91 -111  
 Physician: Doolittle 366-7730 Date of Adm: 07-13-00 Adm Wgt: . . .  
 Dx: SPINAL STENOSIS, LUMBAR AMPUT-LEG-TRAUM/NO COMPL  
 Diet: Mech Sft NCS L.Fat Renal Large Por Honey Thic  
 Brk: Sectional Plate Foam Handle Spoon 2% Milk, Prune Juice  
 Lch/Sp: Sectional Plate Foam Handle Spoon Send 2 S1 Bread  
 10a: Hshake/M&M Cookie Aft: Hshake/PB&J  
 HS: Tuna Sandwich  
 Meds: Vancomycin  
 306B Serious, Man

| Kcal:  | 1424 kcal | 1.3 | Activity Factor | Date     | Wgt   | 30 dy | 90 dy | 180 dy | Date | B | L | S | 10 | 3 | H | Input | O |
|--------|-----------|-----|-----------------|----------|-------|-------|-------|--------|------|---|---|---|----|---|---|-------|---|
| Pro:   | 55.0 g    | 1.0 | Stress Factor   | 06-05-00 | 110.6 | -26.3 | -25.6 |        |      |   |   |   |    |   |   |       |   |
| Fluid: | 1577 cc   | 1.2 | g/kg Pro Factor | 06-15-00 | 112.3 | 3.98  | -23.9 |        |      |   |   |   |    |   |   |       |   |
|        |           |     | BMI: 19.2       | 06-19-00 | 112.3 | 4.95  | -23.9 |        |      |   |   |   |    |   |   |       |   |
|        |           |     |                 | 06-26-00 | 110.0 | -4.5  | -25.4 |        |      |   |   |   |    |   |   |       |   |
|        |           |     |                 | 07-13-00 | 86.4  | -23.0 | -42.4 |        |      |   |   |   |    |   |   |       |   |
|        |           |     |                 | 07-24-00 | 89.3  | -18.8 | -40.5 |        |      |   |   |   |    |   |   |       |   |

The Following is Recommended for ..... 306B Serious, Man  
 NMP Change Hshake TID to MedPas 3oz TID

Fig 13. A Fax Recommendation - Also Documents Intervention(s)



Nutritional Assessments on the Active System are very comprehensive, detailed and historical. They are historical in the sense that they include the text from previous assessments to show what has been done in the past for the residents. They are detailed in the sense that they contain all the objective data that is pertinent to the nutritional care of the resident now, and several months in the past. They are comprehensive in the fact that all the information needed for the nutritional assessment is included in the same place on one page for all assessments. You will find that these nutritional assessments are very useful tools, as they are overall pictures of the resident, and what has been done for the resident.

They serve to document every aspect of the nutritional care of the resident

Fig 1. Nutritional Assessment

on one easy to read page.

The nutritional assessment can also be considered a nutritional summary for the resident. This is why they are printed out quarterly for all residents discussed in the Nutrition Management or Weekly Weight meetings. Routine printing of these summaries can capture all of the incidental activities, interventions, follow-up and monitoring done for all residents at risk.

Fig 11. Completion Test (Alt-A) Showing InComplete & Complete

The completion test must show complete the assessment to be assembled. Note that the assessment shown above registers as complete without the Labs registering OK. The assessment will show complete if the labs or weights are not current because you do not always have a current weight or lab. Once complete, click OK and the nutritional assessment is assembled with a suggested note for your review and editing. Figure 12 appears on your screen. (next page). The note is shown in the brown box at the top. The pink box contains pertinent objective data for you to compare to the statements in the note. The cursor is placed in the white box below the brown. Type additional comments and/or recommendations here. Click the brown box to edit any lines assembled by the system. Note that you can only change the lines for that day. You cannot change the lines of another date. To make a recommendation that will print out on a fax recommendation, type Rec: and whatever you want to recommend in the white box. The Rec: must be at the beginning of every line of the recommendations. Once you are done editing, or adding to the white box, then press the Esc key (upper left corner of your keyboard) and the assessment prints automatically. If a recommendation is made, the fax recommendation prints also. You are placed back on the residents cardex. Press Esc to go back to the roster to begin assessing your next resident.

Leave the location column blank if the skin is intact.

| Date     |   | Admitted | Location  | Skin Assessment Record |    |          |  |                   | Treatments |
|----------|---|----------|-----------|------------------------|----|----------|--|-------------------|------------|
| W        | R | L        | W         | D                      | Wk | Bed/Matt |  |                   |            |
| 02-22-00 | x |          | R Side    | 1                      | 1  | .5       |  | Surgical Incision |            |
| 06-27-00 | x |          | R 2nd toe |                        |    |          |  |                   |            |
| 07-21-00 | x |          | Coccyx    |                        |    |          |  |                   |            |

Fig 9. Skin Record Section of the Cardex (F5)

Press Enter once you have all the columns filled in . (L=Length W=Width D=Depth ). The system then adjusts the residents protein factor for calculating the protein needs for the resident. 1.0 for stage II, 1.2 for stage III or IV. Adjust it further if you want, by going to line 18 of the resi-

| REQUIREMENTS              | RECEIVING | ACTIVITY FACTORS         | BEE CALCULATIONS          |
|---------------------------|-----------|--------------------------|---------------------------|
| Kcal Adj: 1424.9 kcal/day |           | Activity: 1.3            | $66 + (6.3 * 101)$        |
| Protein : 55.09 g/day     |           | Stress : 1               | $+(13 * 69) - (6.8 * 74)$ |
| Fluid : 1786 cc/day       |           | Protein: 1.2             | $* 1.3 * 1$   BMI: 19.3   |
| TF: Formula Flush         | %RDA      | Volume Calculations (cc) | =                         |

Fig 10. The Protein, Stress and Activity Factors Section of the Cardex

dents cardexl.

Just type over the current protein factor and press enter and you will see the changed calculations immediately.

### Button #10: Complete

Now you have completed your assessment and you must click the last button (the Complete Button) to test to make sure you have not missed anything. You can also click this button at any time to find out what you have left to address for the resident. This is a very useful feature, as it will make sure you never miss anything, and it can also refresh your memory as to what you need to do next if you get interrupted in the mid-

To start a nutritional assessment, a resident must first be admitted to the system. This can be done by highlighting an empty room on the roster and pressing F3, or double clicking the blank room, or by simply pressing enter. (See the Getting Started Booklet). The Following Admission Screen appears. Enter in all the demographic information, including the diet and then click exit.

The Admission Screen displays the following information:

- Resident Info:** Business, Man, [ 27 ] Regular, N/A5, NCS, Honey Thic, Ctrl-C=Copy or Duplicate Tol/nur, 98=TPN, 99=TF. Sex: M, Hgt: 68, DOB: 01-03-39, DOB: 03-05-1929, 75, Phys: Doolittle, List, Wt: 107.3, 48.7, 172.7.
- Diet:** Regular, NAS, NCS, Honey Thic, 1, 5, 6.
- Meal Selection:** 1-Regular, 2-Mech 811, 3-Pureed, 4-2gNa, 5-NAS, 6-NCS, 7-L.fat, 8-L.Chol, 9-Prune Juice, No Orange Juice, Healthshake.
- Meal Schedule:** 10 am to 3-MS, 2 pm Nourishment, 3 pm Nourishment, HS Nourishment.
- Food Items:** Honey Thic Liquids, ENSURE PUDDING, NO CHOC., NO WHOLE BREAD.
- Preferences:** Likes (Coffee all Meals, Nectar Thic Liq., Honey Thic Liq., Pudding Thic Liq., Double Desserts, Double Meat/Eggs, Extra Margarine, Wh. Milk All Meals, Milk-Juice Bls, Fortified Cereal, Fortified Eggs, Fortified Soup, Fortified Potato, Fortified Foods, Hshake at Brk, Hshake at Loh, Hshake at Sup, Sf Shake at Brk, Sf Shake at Loh, Sf Shake at Sup, Prune-Jce at Brk) and Dislikes (No Milk, No Milk Products, No Pork, No Beef, No Chicken, No Turkey, No Fish, No Seafood, No Eggs, No Liver, No Tomato Products, No Raw Vegies, No Nuts/Seeds, No Potatoes/Yams, No Dry Beans, No Citrus, No Strawberries, No Rice, No Pasta, No Spinach, No Broccoli, No Corn).
- Buttons:** Input Resno, Check MDS, Print Card, Exit.

Fig 2. The Admission Screen

Once you click exit from the admission screen, you will be brought back to the roster with the admitted resident highlighted. Now press the question mark key (?/ key). Just tap the key. DO NOT press the shift or Ctrl or Alt key(s). You are then taken to the Cardex Screen as shown in Fig 3. on the next page. This is where all the input is done for the assessment. The cardex is on large data file for the resident. Each resident in the system has a cardex. The cardex is stored on the computer hard drive as it is shown on your screen. It is a form, just like any other form, only this is stored on your computer, and the Active System is programmed to help you fill out this more with a minimum of typing and a minimum of searching. All calculations are done for you, and the calculations are usually done after you press enter, after you enter in the data for the calculation.



Buttons 5 and 6 are simply conscious acts that the user needs to take to verify that he or she has looked into the medical chart and/or visited with the resident to verify their diet order and the cognitive status and feeding ability of the resident. A good place to verify this information is question B4 and question G1ha of the residents most current MDS.

Note: The MDS rates resident 1 more than the risk assessment. For example, if B4 of the MDS is 3, then the risk assessment should be 2. If G1ha rates a 4 for the resident, the risk assessment should be 3.

If at all possible, you should use the MDS to fill out the risk assessment because you will find the nursing notes and other documentation in the medical chart may conflict with your observation and with the observations of other staff members.

**Button #7: Weights**

| Date     | Weight | % chg | Kg    | Sc | *    | #  | <          | > | + | 30 days | 90 days | 180 days | CP |
|----------|--------|-------|-------|----|------|----|------------|---|---|---------|---------|----------|----|
| 02-11-00 | 145.0  |       | 65.90 |    |      |    |            |   |   |         |         |          |    |
| 02-14-00 | 145.1  | 6.89  | 65.95 |    | 0.1  | Lb | GAIN       |   |   |         |         |          |    |
| 02-28-00 | 147.2  | 1.44  | 66.90 |    | 2.1  | Lb | GAIN       |   |   |         |         |          |    |
| 03-06-00 | 148.7  | 1.01  | 67.59 |    | 1.5  | Lb | GAIN       |   |   |         |         |          |    |
| 03-13-00 | 147.6  | -0.73 | 67.09 |    | 1.1  | Lb | LOSS       |   |   | 1.722   |         |          |    |
| 04-04-00 | 150.1  | 1.69  | 68.22 |    | 2.5  | Lb | GAIN       |   |   | .9414   |         |          |    |
| 05-15-00 | 108.0* | -28.0 | 49.09 |    | 42.1 | Lb | LOSS       |   |   | -28.04  | -25.56  |          |    |
| 05-22-00 | 107.0* | -0.92 | 48.63 |    | 1.0  | Lb | LOSS       |   |   | -28.71  | -26.25  |          |    |
| 05-29-00 | 110.5* | 3.27  | 50.22 |    | 3.5  | Lb | GAIN       |   |   | -26.38  | -24.93  |          |    |
| 06-05-00 | 110.6* | 0.09  | 50.27 |    | 0.1  | Lb | GAIN       |   |   | -26.32  | -25.62  |          |    |
| 06-15-00 | 112.3# | 1.54  | 51.04 |    | 1.7  | Lb | GAIN       |   |   | 3.98    | -23.92  |          |    |
| 06-19-00 | 112.3# |       | 51.04 |    |      |    | Wgt Stable |   |   | 4.95    | -23.92  |          |    |
| 06-26-00 | 110.0# | -2.05 | 50    |    | 2.3  | Lb | LOSS       |   |   | -.45    | -25.47  |          |    |
| 07-13-00 | 86.4*  | -21.4 | 39.27 |    | 23.6 | Lb | LOSS       |   |   | -23.06  | -42.44  |          |    |
| 07-24-00 | 89.3*  | 3.36  | 40.59 |    | 2.9  | Lb | GAIN       |   |   | -18.82  | -40.51  |          |    |

Fig7. Weights (F2)

When you click the Weights button, or press F2, you are taken to the weights section of the cardex and placed at the next blank for inputting the next weight. Type in the date and the weight and press enter and all calculations for percentage change for 30, 90 and 180 days are done immediately. If there is a significant change, a symbol will be placed next to the weight \*= sig. loss in 30 days <= sig loss in 180 days +=sig gain in 30 days. >= sig. gain in 180 days. 7 You can input multiple

dietary and vice versa. No longer will your diet cards gradually get out of sync with the physicians orders. The Active System Nutritional Assessment process ensures the physicians orders match the tray cards because the person doing the nutritional assessment has access to both the medical chart and the tray card for the resident, and the tray card can be immediately change to match the medical record and the change is implemented the next time tray cards are printed.



Fig 4. Medication Input Box (Ctrl-M)

**Button #2: Meds**

protein such as the MedPass and the Promod and the Prostat. Also, each med on the list is categorized as a high risk or not a high risk med, and food and drug interactions are associated with each med on the list.

If you simply type in a med, it will show up on the med list, but there will be no number associated with it to obtain this additional information.

Once you have all the meds you want to list, then click the exit button and the meds are placed on the resident's cardex. It is recommended that you only include meds associated with the resident's nutritional status such as vitamins, diuretics, insulin, hypoglycemics, appetite stimulants and psychotropics.

### Button #3: Diagnosis

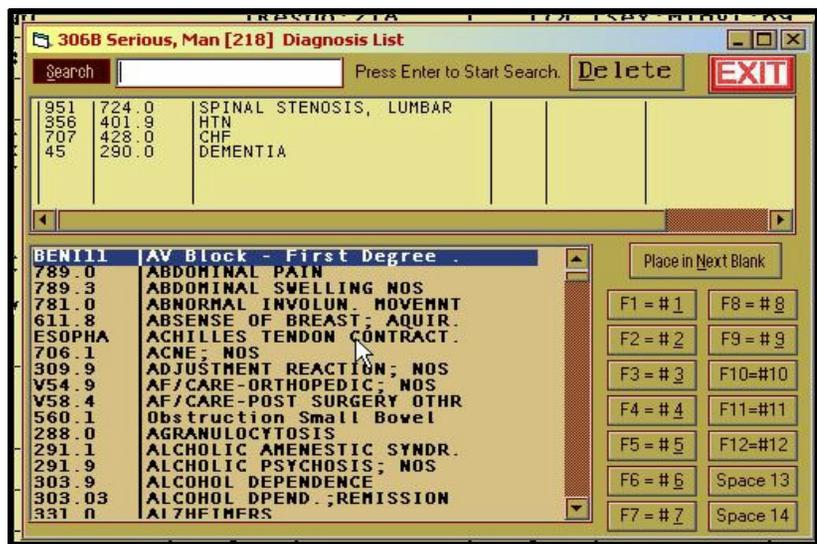


Fig 5. Diagnosis Input Box (Ctrl-I)

The Diagnosis input box works the same way as the medication input box. Simply type in the first three or four letters of the diagnosis in the search slot and press enter until the diagnosis you want is hilited. Then click the Next Button or the F1.....F14 to specify which space you want the diagnosis to appear. Again, you can simply type in a diagnosis in the yellow box if you want. Click the Exit button when you are done and the diagnoses are place on the resident's cardex.

### Button #4: F6=Risk

|   |             |              |               |              |              |     |              |   |   |  |    |    |    |
|---|-------------|--------------|---------------|--------------|--------------|-----|--------------|---|---|--|----|----|----|
| Press Alt-A to Analyze Meds and Total Risk Assessment |             |              |               |              |              |     |              |   |   | 07   | 03 | 02 | 02 |
| Press Ctrl-Ins to Insert New Assessment               |             |              |               |              |              |     |              |   |   | 21   | 01 | 24 | 22 |
| Assessment of Nutritional Risk                        |             |              |               |              |              |     |              |   |   | 00   | 00 | 00 | 00 |
|   |             |              |               |              |              |     |              |   |   | Dates --->   |    |    |    |
|   |             |              |               |              |              |     |              |   |   | 0  | 1  | 2  | 3  |
| Mental Status   | Alert       | S1 Confused  | Confused      | Coma 4=Aphsc | 2            | 0   | 0            | 0 | 0 |  |    |    |    |
| Feeding Ability                                       | Independent | MinAsst,Supv | Assistance    | Fed by Staff | 3            | 0   | 0            | 0 | 0 |  |    |    |    |
| Weight  | Stable      | Explained    | <5% or <10%   | >5% or >10%  | 1            | 1   | 0            | 0 | 0 |  |    |    |    |
| Food/Fld Intake                                       | 75 - 100%   | 60 - 90%     | 30 - 60%      | < 30%        | 1            | 1   | 1            | 1 | 1 |  |    |    |    |
| Supplements   | Accepts     | > 50%        | < 50%         | Refuses      |              |     |              |   |   |  |    |    |    |
| High Risk Meds  | None        | One          | Two           | > Three      | 1            | 0   | 0            | 0 | 0 |  |    |    |    |
| Lab Data  | WNL         | Not Availabl | Marginal      | Abnormal     | 3            | 3   | 3            | 3 | 3 |  |    |    |    |
| Conditions  | None        | 2 - 3        | 4             | > 4          | 0            | 0   | 0            | 0 | 0 |  |    |    |    |
| Skin Condition  | Intact      | Stage I      | Stage II      | Stage 3-4    | 2            | X   | X            | X | X |  |    |    |    |
| Total Score 10 points or above = High Risk            |             |              |               |              |              |     |              |   |   | 13   | 4  | 4  | 4  |
| MDS Worksheet   |             |              |               |              |              |     |              |   |   | Last Update from MDS: - - Press Alt-H = Detailed History |    |    |    |
| 62  | Medicaid    | 291          | Bladr Contint | 404          | Chewing Prob | 494 | Diuretic     |   |   |  |    |    |    |
| 63  | Medicare    | 293          | Constipatn    | 405          | Swallow Prob | 495 | Chemotherapy |   |   |  |    |    |    |
| 64  | Medicare A  | 294          | Diarrhea      | 406          | Month Rate   | 496 | Diarrhea     |   |   |  |    |    |    |

Fig 6. Mini Nutritional Risk Assessment (F6)

The mini nutritional risk assessment is designed to assign a number to the resident's nutritional risk based on the objective data entered into the assessment. A number of 10 or greater means the resident is at nutritional risk. The Active System will fill out the nutritional risk assessment for you, but you have to fill out the first two line the first time an assessment is done for the resident. In other words you have to rate the residents mental status (0=Alert and oriented 1=slightly confused 2=Confused and 3=Comatose) and the residents feeding ability (0=feeds self 1=min assist 2=assist 3=fed by staff). When you click the fourth button or press F6, the cursor is placed in the first column on the first line. Either input the mental status, or if it has not changed from the last assessment, then press your down arrow and go to the next line to input the feeding ability. Note that the system inserts and pushes all previous columns to the right. You will always be inputting into column 1 (left column)

