

## ***Food and Nutrition Therapy***

### **Standard COP.06.00**

Food, nutrition products, and nutrition therapy are available to patients.

#### **Intent of COP.06.00**

Appropriate food and nutrition contribute to improved patient outcomes, including wound healing, and management of complex diseases and disorders. Based on the patient's assessed needs, diagnoses, and plan of care, the patient's practitioner or other qualified caregiver orders food or other nutrients for the patient. The order may include special dietary requirements such as low cholesterol, diabetic diet, or clear liquids.

The patient participates in planning and selecting foods whenever possible. Patients are offered a variety of food choices consistent with their nutritional status when possible. The patient's family may participate in providing food consistent with cultural, religious, and other traditions and practices and compatible with the patient's diagnosis when appropriate. When the patient's family or others provide food to the patient, they are educated about foods that are contraindicated to the patient's care needs and plans, including information about any medications associated with food interactions. Food provided by family or others is stored under proper conditions, following current food storage guidelines, to prevent contamination.

Patients are screened to identify those who may be at nutritional risk during the initial assessment. These patients are referred to a nutritionist for further assessment. A plan for nutrition therapy is developed and carried out for patients at nutritional risk. Nutrition therapy includes the following:

- Enteral feedings
- Total parenteral nutrition
- Fortification of breast milk
- Other nutritional supplements

The patient's progress is monitored and recorded in their medical record. Physicians, nurses, the dietetics service, and, when appropriate, the patient's family collaborate to plan and to provide nutrition therapy.

#### **Measurable Elements of COP.06.00**

1. A variety of food choices or nutrition, consistent with the patient's condition, care, and needs, is regularly available.
2. There is an order for food in the patient's medical record based on the patient's nutritional status and needs prior to inpatients being fed.
3. The distribution of food is timely, and special requests are met.
4. When families provide food, they are educated about the patients' diet limitations.
5. ⓐ Food and nutrition products, including those provided by family, are stored under proper conditions, following current food storage guidelines, to prevent contamination.
6. Patients determined to be at nutrition risk receive nutrition therapy.
7. A collaborative process is used to plan, deliver, and monitor nutrition therapy.
8. The patient's response to nutrition therapy is monitored and documented in the medical record.

## ***Pain Management***

### **Standard COP.07.00**

Pain is managed effectively.

## **Intent of COP.07.00**

Unrelieved pain has adverse physical and psychological effects, and patients in pain have the right to appropriate assessment and management of it. Pain may be part of the patient's experience and may be associated with the patient's condition or illness. Pain may also be an expected part of certain treatments, procedures, or examinations. Patients are informed about the likelihood of pain when it is an anticipated effect from treatments, procedures, or examinations and what options for pain management are available.

Based on the scope of services provided, the hospital has processes to manage pain appropriately, including the following:

- Identifying patients with pain during initial assessment and reassessments
- Providing information to patients about pain that may be an expected result of treatments, procedures, or examinations
- Providing management of pain, regardless of the origin of pain, according to guidelines or protocols and in alignment with patient goals for pain management
- Communicating with and educating patients and families about pain and symptom management in the context of their personal, cultural, and religious beliefs
- Educating clinical staff about pain assessment and management

## **Measurable Elements of COP.07.00**

1. Patients are informed about the likelihood of pain and options for pain management when pain is an expected result of planned treatments, procedures, or examinations. (*See also AOP.01.04, ME 3*)
2. Patients in pain receive care according to pain management guidelines and in alignment with the patient's goals for pain management.
3. The hospital has processes to communicate with and to educate patients and families about pain. (*See also ACC.01.04, ME 3*)
4. The hospital provides education to clinical staff about pain assessment and management.

## ***End-of-Life Care***

## **Standard COP.08.00**

The hospital has a process to provide end-of-life care that addresses the needs of the patient and family and optimizes the patient's comfort and dignity.

## **Intent of COP.08.00**

End-of-life or dying patients have unique needs; the hospital implements processes to address these needs and to incorporate the patient's and family's preferences into the care processes. End-of-life care may be influenced by cultural and religious traditions. Concern for the patient's comfort and dignity guides all aspects of care during the final stages of life. All staff members are made aware of patients' needs at the end of life. These needs include but are not limited to the following:

- Treatment of primary and secondary symptoms
- Pain and discomfort management
- Response to the patient's and family's psychological, social, emotional, religious, and cultural concerns
- Involvement in care decisions

The patient assessment may identify symptoms that require management, such as nausea, respiratory distress, and pain; factors that alleviate or exacerbate physical symptoms; and the patient's response to symptom management. Identifying the patient's physical needs is just one aspect of determining the patient's end-of-life care. Patients and families may also have a need for spiritual, psychosocial, and support services, as appropriate to the patient's individual needs and cultural preferences.