

Combatting Failure to Thrive in Adults



Target

All staff

Learning Objectives

- Understand what failure to thrive is
- Recognize signs of failure to thrive
- Apply knowledge to combat failure to thrive

Directions

The facilitator is to present each section verbally and then allow for interactive discussion using the talking points provided. Once the information on failure to thrive (FTT) has been reviewed, discuss the scenarios with the group. Consider causes, challenges, and interventions. Multiple discussion points have been provided for each scenario as prompts, but the facilitator is encouraged to ask additional questions as the discussion proceeds, enabling the group to exhaust possibilities. The facilitator may use the scenarios below or provide others. A follow-up test is also included for assessing competency.



What is failure to thrive (FTT)?

Individuals want to thrive—people want to develop, flourish, enjoy relationships, and live their lives to the fullest. Our residents want the same for their lives as well. However, for them, thriving can be a challenge, and residents may sometimes develop failure to thrive (FTT). FTT happens when an adult has weight loss, decreased appetite, and is less active than normal, leading to a decline which may be physical and/or cognitive (Cole & Lanham, 2011). FTT is **not** a normal part of aging.

Why do residents develop FTT?

There are several reasons a person in a nursing home may develop FTT:

- **Illness and disability** – Our residents have moved to our nursing home because they have conditions that they cannot manage on their own. Increasing amounts of attention must focus on keeping their conditions under control so that they can meet their basic survival needs.
- **Dependency** – When people depend on others for even the most basic and personal needs, they may lack the interest or ability to engage in meaningful activities without assistance from caregivers. Some of our residents may feel that they are a burden and choose not to voice feelings of sadness and boredom.
- **Losses** – Many of our residents, particularly those who are older, suffer many losses when they come to live here, such as loss of home independence, social roles, relationships, control over their lives, and health.
- **Lifestyle changes** – Although we honor resident rights, there are differences in how residents can remain engaged in meaningful activities after moving to a nursing home. For instance, residents do not have friends stay into the wee hours listening to music or playing cards, family and friends do not spend the night, and the desire to make the best of a sleepless night by baking a cake most likely cannot be satisfied.

Discussion Question

What are some circumstances you have seen in residents that led to FTT?

What changes might be observed in residents with FTT?

Because you become like a family member to many residents, you come to know the resident very well and can tell when something changes. Some of the symptoms you might see in a resident with FTT are:

- Lack of hunger
- Lack of thirst
- Confusion
- Less activity or loss of interest in participating in activities
- Being more tired than usual
- Feelings of depression, loneliness, or helplessness (Winchester Hospital, n.d.)
- Poor sleep

If you observe these symptoms, notify the nurse immediately, so that an assessment can be completed.

Discussion Question

Have you observed residents with FTT, and if so, what were the signs and symptoms? Share how the symptoms changed the resident.

How can staff combat FTT?

All of you see different sides of a resident. For instance, as you know, the CNA is the facility staff member who has the most contact with the residents on a daily basis. CNAs may develop strong relationships with residents and have insight regarding the residents that others may not. However, a housekeeper, maintenance person, or dietary aid may also see a resident daily. All of you are caring in some fashion for the resident and building a relationship in different ways. Below are some strategies you may utilize to combat FTT when you interact with our residents.

Relationship-based care (RBC). RBC improves safety, quality, patient satisfaction, and staff satisfaction by improving relationships within the facility. According to UCLA Health, RBC is the way we care for our residents, their families, and ourselves. You know each resident's unique story and preferences. Some ways you can improve RBC with residents may include:

- Treat residents with respect.
- Offer residents a voice and a choice in their care. (Ask them what their goals are and how they want to achieve them.)
- Recognize the unique individual within each resident.
- Listen.
- Provide the highest quality of care possible.
- Show patience.
- Allow residents to be themselves.

Discussion Question

What are some other ways you can improve RBC? (Obtain answers from staff in different departments that are in the room.)



Help residents enjoy pleasurable experiences. Although pleasurable experiences for residents may take a different form than the average person's, they are no less important. Getting to know residents can help you to understand the type of activities they enjoy. Asking questions about their hobbies, the type of work they did, and the things they did for pleasure can help you discover appropriate activities. This is why it's so important for the activity director to collect this information.

Pleasurable experiences may be activities, or other things as well. For instance, consider whether food and how it is presented is an enjoyable experience for the resident. Asking questions regarding food likes and dislikes, as well as what traditions their family had, may assist you to encourage the resident's food and drink intake. The dietician or dietary manager can be a good resource in this area as well.

Discussion Question

What are other examples of pleasurable experiences for residents? How can you help to facilitate those pleasurable experiences?

Help residents get involved. Living in a facility can shrink the social world of residents. They may not be aware of changes in the community outside the facility. Residents who can no longer go into a store to make a purchase, attend their church, or mingle with people who have similar interests may feel disconnected from their communities. Try to involve residents in activities and keep them engaged as much as possible. This can be done by:

- Encouraging and helping them to attend scheduled activities
- Arranging for them to receive newspapers and magazines (bringing in and reading these materials to residents could be a good activity for volunteers)
- Encouraging volunteers to visit and develop relationships with residents
- Locating people or groups who represent special interests of residents and asking them to visit or sponsor an event at the facility (e.g., classic car clubs, garden clubs, antiques collectors)
- Linking with neighborhood schools and youth groups who can visit and entertain residents (many times, the children get as much out of this as the residents)
- Encouraging the use of phones or technology to stay connected with friends and family
- Encouraging discussion of happenings in the facility

Discussion Question

What are other ways you can help residents get involved?



Now, let's take everything we have discussed so far and apply it with some scenarios.

Discussion Scenarios

**Scenario #1 –
I Miss My Family**

Mrs. Smith has been a resident at the facility for over a year. She has a large family that is very close and usually has at least one visitor every day. However, due to the COVID-19 pandemic, these visits have come to a halt. She has recently become withdrawn and irritable.

Discussion Points

- What led to Mrs. Smith's FTT?
- What might Mrs. Smith's signs and symptoms be?
- What interventions can the facility implement? (i.e., virtual visits, outdoor visitation, designated room visitation)
- Which staff members should be involved?
- What challenges does the facility face? (i.e. lack of Wi-Fi, no technology to do virtual visits, no plastic dividers)
- How might the facility work through these challenges?

**Scenario #2 –
No Appetite for Food**

As the CNA caring for Mr. Jenkins, you notice his meal intake is not what it used to be and he does not appear to be enjoying his food. He also is noted to have significant weight loss in the last 30 days.

Discussion Points

- What signs and symptoms is Mr. Jenkins showing of FTT?
- What might be causing Mr. Jenkins decrease in intake? Look at viewpoints from different departments.
- What are some interventions the facility can implement?
- What departments should be involved in the interventions?

**Scenario #3 –
Life Isn't the Same Without Him**

Mrs. Jones is usually an outgoing person and loves being involved in activities. However, since the death of her husband, she has not been as engaged and is not attending activities as she once did.

Discussion Points

- What signs and symptoms might Mrs. Jones show?
- What are some reasons Mrs. Jones may not want to attend activities?
- Does Mrs. Jones appear depressed? Discuss signs and symptoms of depression.
- What interventions for depression can the facility provide?
- What departments should be involved in the interventions?

Scenario #4 – No Pep in My Step

Mr. Juarez is the resident greeter at the facility who always seemed to have endless energy. However, he was ill earlier in the year and has not seemed to bounce back. Lately, he seems to have lost interest in being the greeter.

Discussion Points

- What might be some other signs Mr. Juarez could be showing related to FTT?
- What are some interventions to increase Mr. Juarez's energy level?
- How can the facility accommodate Mr. Juarez's low energy level so he feels included?
- Discuss how different departments may see different ways to help Mr. Juarez.

References

Cole, S. & Lanham, S. (2011). Failure to thrive: An update. *American Family Physician*, 83(7), 829-834.

UCLA Health. (n.d.). *Relationship-based care*. <https://www.uclahealth.org/nursing/relationship-based-care>

Winchester Hospital. (n.d.). *Failure-to-Thrive: Adult*. <https://www.winchesterhospital.org/health-library/article?id=997142#>

KNOWLEDGE CHECK QUESTIONS

1. Name two reasons residents may develop FTT.

2. True or False? FTT is an irreversible condition.

- a. True
- b. False

3. List three ways a CNA can improve RBC.

4. Mr. Jones is not eating. Which of the following is the best intervention to start with?

- a. Ignore the situation, and Mr. Jones will start eating when he wants to eat.
- b. Force Mr. Jones to eat.
- c. Notify the nurse, and the nurse will complete an assessment.
- d. Buy Mr. Jones fast food to eat.

5. List two ways to improve a resident's involvement.

Name: _____

Date: _____

KNOWLEDGE CHECK ANSWERS

1. Name two reasons residents may develop FTT.

- Illness and disability
- Dependency
- Losses
- Lifestyle changes

2. True or False? FTT is an irreversible condition.

- b.** False

3. List three ways a CNA can improve RBC.

- Treat residents with respect.
- Offer residents a voice and a choice in their care.
(Ask them what their goals are and how they want to achieve them.)
- Recognize the unique individual within each resident.
- Listen.
- Provide the highest quality of care possible.
- Show patience.
- Allow residents to be themselves.

4. Mr. Jones is not eating. Which of the following is the best intervention to start with?

- c.** Notify the nurse, and the nurse will complete an assessment.

5. List two ways to improve a resident's involvement.

- Encouraging and helping them to attend scheduled activities
- Arranging for them to receive newspapers and magazines (bringing in and reading these materials to residents could be a good activity for volunteers)
- Encouraging volunteers to visit and develop relationships with residents
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