JUPITER PRIME
Consulting • Training • Advisory
جوبيتر برايم للاستشارات والتدريب

COURSE BROCHURE

Nutrition Care Planning for Older Adults with Chronic Conditions Training Course

30 May – 3 June 2027
Cairo

Nutrition Care Planning for Older Adults with Chronic Conditions Training Course

Ref: 3232_122983 **Date:** 30 May – 3 June 2027 **Location:** Cairo **Fees:** 3500 GBP

Nutrition Care Planning for Older Adults with Chronic Conditions is a 1-week training course for dietitians, nurses and care home managers who must turn screening results into a resident nutrition care plan that a whole care team can follow. Longer lives, rising rates of diabetes, heart failure and kidney disease, and growing scrutiny of malnutrition in care settings make this planning a core clinical duty. Jupiter Prime Training offers this nutrition care planning course.

Why Nutrition Care Planning for Older Adults Matters Now

Three forces shape nutrition care for older people today: more residents live with two or more chronic diseases at once, care workforces are stretched and rely on clear written instructions, and families ask how weight loss and choking are prevented. Good planning means fewer falls and admissions; poor planning means silent malnutrition. The course rests on validated nutrition screening, the nutrition care process of assessment, diagnosis, intervention and monitoring, and graded texture and fluid thickness descriptors.

Who Gains Most from Nutrition Care Planning for Older Adults

- Clinical staff who screen residents on admission
- Dietetic staff who prescribe therapeutic diets and supplements
- Unit leaders who allocate mealtime assistance
- Catering leads who translate diet orders into menus, portions and modified textures
- Quality staff who audit nutrition records, incidents and resident outcomes

Care homes and hospital elderly care units gain most when a nurse, a dietitian and a catering lead attend together.

Nutrition Care Planning for Older Adults Capabilities

These outcomes join medical conditions, swallowing ability and food preferences in one plan.

- Assess malnutrition risk with a validated screening tool and body weight trends — admission and monthly reviews
- Calculate energy, protein and fluid targets for frail residents — dietitians and prescribing clinicians
- Adapt meals for diabetes, heart failure and chronic kidney disease together — residents with several conditions
- Specify texture-modified food and thickened fluids for swallowing difficulty — speech and catering staff
- Design a resident nutrition care plan with goals and review dates — the multidisciplinary care team
- Communicate diet changes to residents, families and kitchen staff — consent and mealtime safety

Key Nutrition Care Planning for Older Adults Terms

- Malnutrition screening — a short, repeatable check of weight, weight loss and appetite that flags residents who need full dietary assessment.
- Sarcopenia — age-related loss of muscle mass and strength, worsened by low protein intake and inactivity.
- Dysphagia — difficulty moving food or fluid safely from mouth to stomach.
- Texture-modified diet — food prepared to a defined consistency, such as minced or pureed, so a resident can swallow it safely.
- Food fortification — adding energy or protein to ordinary meals.
- Renal diet — an eating pattern that limits potassium, phosphate, salt and sometimes fluid to protect failing kidneys.

Nutrition Care Planning for Older Adults Day by Day

Day 1: Ageing, Appetite and Nutrition Risk

- Physiological Changes of Ageing — Energy, Taste and Thirst Decisions
- Malnutrition and Sarcopenia in Care Settings — Spotting Hidden Decline
- Validated Nutrition Screening Tools — Choosing a Repeatable Admission Check
- Weight, Body Mass and Calf Circumference Trends — When to Refer
- Medication and Appetite Interactions — Reviewing Drugs That Reduce Intake

Day 2: Assessment and Nutrient Targets

- Nutrition Care Process Steps — Structuring Assessment, Diagnosis and Monitoring
- Energy and Protein Estimation for Frail Residents — Setting Daily Targets
- Hydration Assessment and Fluid Charts — Preventing Dehydration and Confusion
- Food Fortification and Oral Supplements — Food First Versus Prescribed Products
- Dietary History and Cultural Preferences — Respecting Choice in Menu Planning

Day 3: Diets for Chronic Conditions

- Diabetes Meal Patterns in Older Age — Relaxing Targets to Avoid Hypoglycaemia
- Heart Failure and Salt Restriction — Balancing Taste, Fluid and Intake
- Chronic Kidney Disease Diets — Potassium, Phosphate and Protein Trade-Offs
- Several Conditions in One Resident — Ranking Conflicting Diet Restrictions
- End-of-Life Comfort Feeding — Shifting Goals From Numbers to Wellbeing

Day 4: Swallowing, Texture and Mealtime Safety

- Dysphagia Signs and Referral Routes — Escalating to Swallowing Specialists
- Graded Food Texture and Fluid Thickness Descriptors — Writing Clear Diet Orders
- Kitchen Production of Modified Meals — Keeping Nutrient Density and Appeal
- Mealtime Assistance and Positioning — Reducing Choking and Aspiration Risk
- Oral Health and Dentures — Removing Barriers to Eating Well

Day 5: Practising the Resident Nutrition Care Plan

- Screening Case Review With Mixed Conditions — Applying Day One Tools
- Target Setting for a Frail Diabetic Resident — Applying Day Two Estimates
- Diet and Texture Order Reconciliation — Applying Day Three and Four Choices
- Monitoring Indicators and Review Intervals — Auditing Weight, Intake and Incidents
- Resident Nutrition Care Plan Drafting — Goals, Actions and Review Dates

Applying Nutrition Care Planning for Older Adults After the Course

- Rescreen every resident on one unit with the chosen screening tool and list those needing a full dietary assessment.
- Reconcile kitchen diet sheets against care records for texture, fluid thickness and renal or diabetic orders, and correct every mismatch.

Nutrition Care Planning for Older Adults Questions FAQ

What is nutrition care planning for older adults with chronic conditions, and why does it matter now?

It is the structured process of screening, assessing and writing diet orders for older people with long-term illness. It matters now because more residents live with several diseases at once.

Which roles gain most from nutrition care planning for older adults?

Nurses, dietitians and care home managers gain most, alongside catering leads and quality staff. You benefit most if you sign off care documents or prescribe diets.

How does nutrition care planning for older adults differ from a general clinical nutrition course?

It focuses on frail older people with several conditions, swallowing difficulty and reduced appetite. A general clinical nutrition course covers all ages and single diseases.

What will I bring back from nutrition care planning for older adults training?

You bring back a drafted resident nutrition care plan based on a real case. It holds screening results, targets, diet choices, texture orders and review intervals.

Nutrition Care Planning for Older Adults: The Way Forward

The resident nutrition care plan built during the course first informs which residents need fortified meals or supplements. Nurses, dietitians and kitchen staff use it at every mealtime and monthly review. After its first use, the plan is worth revisiting for residents whose goals shift from weight gain towards comfort.