Adult Nutrition and Hydration Policy for Community Use

This policy aims to promote good nutrition and hydration for all adults cared for by staff working in community settings across the trust

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NHSLA Risk Management Standards if applicable:		
State 00Relevant CQC Standards:	Outcome 5: Nutrition	

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CHS Nutrition Advisory Group	MDT group from CHS Division
LNDS Community Hospital dietitians group	Dietitians who work at each of 8 community hospitals

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Version Control and Summary of Changes

Version number	Date	Comments (description change and amendments)
One	March 2012	Harmonised version of LCRCHS Adult Nutrition and Hydration Guideline for Community Use (NP106)

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Did you print this document yourself?
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For further information contact:

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Definitions that apply to this Policy

Hydration	Applies to any fluid consumed. Foods that have a high fluid content e.g. soup, jelly, ice cream will support good hydration
Malnutrition	A state in which a deficiency of nutrients such as energy, protein, vitamins and minerals causes a measurable adverse effects on body composition, function or clinical outcome
Nutritional Screening	Agreed tool that will quickly identify a patient's nutritional risk. This can be completed by any health care professional with appropriate training
Nutritional Assessment	A more thorough analysis of a patients nutritional intake and requirements carried out by a dietitian
Nutritional support	Active measure put in place to help improve nutritional intake. This could be oral or enteral or parental
Oral nutrition	Food taken orally and includes fortified food, additional snacks and oral nutritional supplements
Due Regard	Having due regard for advancing equality involves: • Removing or minimising disadvantages suffered by people due to their protected characteristics. • Taking steps to meet the needs of people from protected groups where these are different from the needs of other people. • Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the provisions of the Equality Act 2010 and advances equal opportunities for all. This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (gender) or sexual orientation.

In carrying out its functions, LPT must have due regard to the different needs of different protected equality groups in their area. This applies to all the activities for which LPT is responsible, including policy development, review and implementation.

1.0 Summary

The policy is for staff working in Leicestershire Partnership Trust and aims to promote good nutrition and hydration for all adults who are cared for by staff visiting patients at home or in care homes across Leicestershire and Rutland.

2.0 Introduction

Having enough to eat and drink is one of the most basic human needs and yet it is known form the Department of Health 'Dignity in Care' campaign, research, complaints and media reports that some vulnerable people are not having their needs met. The British Association of Enteral and Parenteral Nutrition (BAPEN) estimate from annual national surveys that 3 million people are malnourished in the UK, 93% of which live in the community. This represents 5% of the population and the incidence increase to 14% for those over 65 years of age. The BAPEN nutrition audit in 2011 showed that more than a third of adults admitted to care homes in the previous 6 months were malnourished.

Water/fluid frequently gets overlooked as a basic nutrient and evidence for good hydration shows that it can assist in preventing pressure ulcers, urinary infections, constipation, falls, cognitive impairment and many other conditions.

Nutrition is Outcome 5 in the Care Quality Commission guidance and has been part of the National Patient Safety Agency agenda `since 2006. Incidents are commonly reported on choking, dehydration, nil by mouth, inappropriate diet, lack of nutritional assessment, lack of assistance with feeding and missed meals.

3.0 Aim Of The Policy

This policy aims to improve nutrition and hydration of the adult patients we care for in their homes across Leicestershire and Rutland (this includes care homes). It explains how patients who are at nutritional risk can be identified, how nutritional

status can be improved, what support there is from members of the multidisciplinary team and how support and training can be accessed.

4.0 Purpose And Scope Of The Policy

The policy extends to all adult patients cared for in their own homes across Leicestershire and Rutland (with the exception of eating disorders). By achieving the care in this policy it will allow the trust to meet the requirements of:

- Department of Health Essence of Care 2010 – Benchmarks for Food and Drink (2010)
- Department of Health –Improving Nutritional Care (2007)
- Care Quality Commission – Essential Standards of Quality and Safety Outcome 5: Nutrition (2009)
- NICE Clinical Guidance 32 – Nutrition Support in Adults (2006)

Improving nutrition and hydration is supported by:

- Department of Health – National Minimum Standards: Care Homes for Older People (2003)
- Council of Europe Resolution Food and Nutritional Care in Hospitals – 10 key characteristics of good nutritional care in hospital (2007)
- British Dietetic Association – Delivering nutritional care through food and beverage services (2006)
- British Dietetic Association - Mind the Hunger Gap campaign 2011
- Caroline Walker Trust – Eating Well for Older People (2004)
- National Association for Care Catering – Menu planning and Special Diets in care Homes (2006 – 2012 update pending)
- NHS Institute for Innovation and Improvement - High Impact Actions for Nursing and Midwifery: Keeping Nourished - Getting Better (2010)
- Age Concern ‘Hungry to be heard’ (2006) and Age UK ‘Still hungry to be heard’ (2010) campaign
- Better Hospital Food – Hospital Caterers Association (updated 2010)
- British Association of Parenteral and Enteral Nutrition (BAPEN)
- Food standards Agency – Food Served to Older People in Residential Care (2006)
- Dysphagia in Adults with Learning Disabilities: Findings from the work conducted by the NPSA Dysphagia Working Party (2006)
- Royal College of Nursing – Hospital Hydration Best Practice Toolkit (2007)
- Water UK - Water for Healthy Aging: Hydration Best practice Toolkit for Care Homes (2005)

5.0 Duties within the Organisation

5.1 The Trust Board has a legal responsibility for Trust policies and for ensuring that they are carried out effectively.

5.2. Trust Board Committees have the responsibility for adopting policies and protocols.

5.3 Divisional Directors and Heads of Service are responsible for delivering the nutrition and hydration agenda

5.4 Managers and Team leaders will be responsible for supporting and implementing the guideline at ward level

5.5 All health care staff have a responsibility to deliver good nutritional care

5.6 Stakeholders, and other groups with responsibility for the policy are staff working in a community environment. This will include community nursing, nutrition and dietetics, speech and language therapists, occupational therapists, management.

Links to Standards/Performance Indicators

A description of how the procedural document links to Care Quality Commission (CQC) Outcomes (E.g. Outcome/Regulation number and domain) or other standards/performance indicators should be included (e.g. Essence of Care, National Patient Safety Advisor Agency notices, NICE guidance).

Standards/Key Performance Indicators – need to include standards/KPTs in order to match the effectiveness of policy.

TARGET/STANDARDS	**KEY PERFORMANCE INDICATOR**
Care Quality Commission	Outcome 5 - nutrition
High Impact Actions for Nursing and Midwifery	Keeping nourished- getting better
NICE clinical guideline 32	Nutrition Support in Adults

Checklist for the Review and Approval of Procedural Document

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

	Title of document being reviewed:	**Yes/No/Not applicable**	**Comments**
	Will any sections of this Policy satisfy one or more criteria of the NHSLA Risk Management Standards?*	no	
	If Yes – Have you attached the relevant self-assessment(s) for those criteria as an appendix?*		
	* for further guidance consult the Trust Lead for Corporate Risk Assurance: Richard.Apps@leicspart.nhs.uk		
1.	**Title**		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	yes	
2.	**Key Points / Changes to the Policy**		
	Harmonised version of LCRCHS NP106		
3.	**Rationale**		
	Are reasons for development of the document stated?	yes	
4.	**Development Process**		
	Does the front page include a sentence which summarises the contents of the policy?	yes	
	Is the method described in brief?	yes	
	Are people invited in the development identified?	yes	
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?	yes	
	Is there evidence of consultation with stakeholders and users? (with representatives from all relevant protected characteristics)	yes	
5.	**Content**		
	Is the objective of the document clear?	yes	
	Is the target population clear and unambiguous?	yes	
	Are the relevant CQC outcomes identified?	yes	
	Are the intended outcomes described?	yes	
	Are the statements clear and unambiguous?	yes	
6.	**Evidence Base**		

	Is the type of evidence to support the document identified explicitly?	yes	
	Are key references cited?	yes	
	Are the references cited in full?	yes	Some are websites
	Is there evidence to show that there has been due regard under the Equality Act 2010, and in working towards the Trust's equality objectives? (e.g. attach the equality analysis as summary of evidence)	yes	
	Are supporting documents referenced?	yes	
7.	**Approval**		
	Does the document identify with committee/group will approve it?	yes	PSEG
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	n/a	
8.	**Dissemination and Implementation**		
	Is there an outline/plan to identify how this will be done?	yes	Through team meetings and steering group
	Does the plan include the necessary training/support to ensure compliance?	yes	
9.	**Document Control**		
	Does the document identify where it will be held?	Not yet	
	Have archiving arrangements for superseded documents been addressed?	yes	
10.	**Process to Monitor Compliance and Effectiveness**		
	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	TBC	To discuss at LPT NSG
	Is there a plan to review or audit compliance with the document?	yes	To finalise at LPT NSG
11.	**Review Date**		
	Is the review date identified?	2 years after approval	
	Is the frequency of review identified? If so it is acceptable?	Yes	2 yearly
12.	**Overall Responsibility for the Document**		
	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Yes	LPT NSG

Individual Approval
If you are happy to approve this document, please sign and date it and forward to the chair

<table>
<tr><td colspan="4">of the committee/group where it will receive final approval.</td></tr>
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<tr><td colspan="4">If the committee is happy to approve this document, please sign and date it and forward copies to the person with responsibility for disseminating and implementing the document and the person who is responsible for maintaining the organisation’s database of approved documents.</td></tr>
<tr><td>Name</td><td></td><td>Date</td><td></td></tr>
<tr><td>Signature</td><td colspan="3"></td></tr>
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6.0 Nutritional Risk And Screening

6.1 Nutritional risk is identified by nutritional screening tools. Nutritional screening has been used in hospitals across Leicestershire for many years but has always been intermittent in use when patients live in the community. NICE Clinical Guideline – Nutrition Support in Adults (2006) states that screening for malnutrition should be carried out by healthcare professionals with appropriate skills and training and should take place for:

- all people on registration at GP surgeries
- all people in care homes on admission
- all hospital inpatients on admission
- all outpatients at their first appointment
- and upon clinical concern

The NICE guidance further stated that screening should be considered at other opportunities e.g. health checks, flu injections. The Care Quality Commission, Outcome 5 on nutrition requires residents in care homes to be nutritionally screened and the local authority and PCTs require screening as part of their quality schedule for residents they fund in care homes.

6.2 Different nutritional screening tools are available and can be used in different care settings, such as hospitals and care homes. The University Hospitals of Leicester NHS Trust and Leicestershire Partnership Trust (with the exception of the community hospitals) currently use MUST (Malnutrition Universal Screening Tool – see appendix 1), which is a nationally validated nutritional screening tool and is also used in some care homes in the county. The community hospitals in Leicestershire use the Leicestershire Nutrition and Dietetic Service (LNDS) Nutritional Screening Tool and this has been adapted to be used by community nurses and care homes (see appendix 2). Some care homes have also developed their own nutritional screening tool but there may be issues about validity and if they can identify nutritional risk accurately.

6.3 An actual or estimated weight should be obtained, unless deemed clinically inappropriate (reasons for no weight should be documented). If there are any factors present that may influence body weight, such as oedema, these should also be documented on the LNDS Nutritional Screening Tool (NST) or patient's care plan. There is a competency for adult weighing scales available under Medical Devices on the LPT website. http://www.lnds.nhs.uk/_HealthProfessionals-TrainingAvailable-Competencies.aspx

6.4 An attempt should be made to measure body height in all patients. If a measure is not possible, a recall or estimated height should be used and documented. Factors affecting accuracy of any height measure obtained, such as curvature of the spine, should be clearly documented. If using MUST, ulna length measurement is a recognised means of estimating height

6.5 The weight and height measures obtained or estimated should be used to calculate the patient's Body Mass Index (see appendix 3). There is a competency for calculating BMI on the link above in 6.3.

6.6 Based on the LNDS nutritional screening tool patients with a score of 10 or above will have a care plan developed to include the action points outlined in the LNDS nutritional screening tool. If using other screening tools action will still need to be documented (e.g. if score is above 1 with MUST). First line advice should include encouragement of high protein/calorie menu options, monitoring and review of food and drink intake and providing nutritious drinks (e.g. hot milky drinks, milk shakes, Build-Up, Complan) and snacks.

6.7 Patients with a MUST score of 3 or more, or a score of 15 or more on the LNDS nutritional screening should be considered for referred to LNDS for a full nutritional assessment (see Appendix 4 for referral form), unless deemed clinically inappropriate (this should be documented). Staff should continue to follow the first line advice described in 6.6 unless clinically inappropriate, e.g. if a patient is nil by mouth.

NB When using MUST in community settings only step 1 and 2 should be used to calculate the nutrition risk score. Step 3 is only recommended for use in acute settings.

6.8 All patients who are at nutritional risk should have their nutritional score and weight repeated

- Fortnightly, if initial NST score > 10, MUST score > 1
- Monthly if NST score <10, MUST score 1 or less
- Sooner if concerns
- On discharge

6.9 This is a minimum recommendation. Frequency of weighing and screening will vary across community sites and care homes subject to individual agreement between care home and support from nursing staff/ dietitian.

7 Nutritional Assessment

7.1 Referrals to nutrition and dietetics can be made if a patient has a LNDS NST score of 15 or above, a MUST score of 3 or above or if they require specialist advice on a special or therapeutic diet, e.g. poorly controlled diabetes.

7.2 The dietitian will see the patient as an outpatient or may visit in their own home/care home if required (see Appendix 6 for housebound patient criteria).The dietitian will undertake a nutritional assessment on all patients referred with a high nutrition score and on all appropriately referred patients. A nutritional assessment is a key role of the dietitian and includes assessment of anthropometrics, hydration, biochemistry and influence of disease state on nutritional status.

7.3 Nutritional assessment can be used to assess nutritional status, plan aims and objectives of dietetic treatment and help calculate an individual's nutritional requirements, including requirements for nutrients, fluid and electrolytes.

7.4 Nutritional assessment will include an assessment of the following factors:

- weight
- weight history
- height
- body mass index
- history of recent dietary intake
- other factors that will affect nutritional intake e.g. oral health, medication, mental health and cognition

Healthcare professionals have an important role in supporting nutritional assessment as the LNDS NST score requires information on all of these factors. Please refer to sections 6.3, 6.4 and 6.5 for further information about how to capture this information.

7.5 The dietitian may consider the use of mid arm circumference (MAC) measurements in certain patients requiring long-term monitoring, such as patients with abnormal fluid balances or if unable to be weighed. MAC measurements should be taken by the same dietitian or dietetic assistant to avoid inter-observer variability.

7.6 The dietitian will estimate nutritional requirements for patients referred for nutritional support unless assessment has shown that nutritional intervention is not indicated, e.g. if a patient is on end of life care pathway.

7.7 Patients will require ongoing review of their nutritional care plan and ongoing review of nutritional status will be required unless clinically inappropriate. Actions will be clearly documented in patients' notes.

8 Care Planning

Nutrition forms part of the Multi Disciplinary Team care plan, is part of the national quality standards (see section 4) and a care plan should be clearly documented in the patient's notes.

8.1 All patients for whom there are concerns regarding the adequacy of their nutritional intake should have their food and drink consumption monitored by staff over 3 complete days, or longer if appropriate.

- The LNDS 4-day food and fluid chart could be used (see appendix 7) or something similar. It is recommended if there is a concern with eating and drinking that monitoring should continue.
- A member of the nursing staff/registered manager should review the completed food and fluid balance charts and take appropriate action. In

care homes catering and the care staff should be alerted to any risk and the nurse/registered manager sign to confirm this has happened.

8.2 Patients with specific nutritional needs should have this clearly identified in their care plan. If the patient is in a care home it maybe advantageous to use a patient board in the ward office and/or wipe board in the catering department/kitchen. These may include patients:

- following a therapeutic/special diet
- on a texture modified diet or thickened fluids
- requiring extra drinks or snacks
- needing assistance with eating or drinking
- on a food intake and/or fluid balance chart
- nil by mouth

LNDS have produced a Care Home Pack which has been issued to many care homes in LLR. This contains more useful information on care planning and practical tips and suggestions. Copies are available to care homes on request.

9.0 Food And Drink Provision

Food and drink provision is difficult to monitor if the patient lives in their own home. This will be easier to monitor if the patient is in a care home. Here information on food and drink provision, including menus and available snacks, can be made available for all patients and visitors and kept updated by the catering/care home manager. In care homes: Below is guidance on good practice which staff working in the trust are encouraged to promote with social care and care home staff.

9.1 The health care assistant and /or member from the nursing team should help patients with their menu choice and help them eat their meal e.g. sit up in a comfortable position, remove wrappers, peel fruit, cut up food into manageable pieces.

9.2 Patients should be given the opportunity to wash their hands before each meal or snack. The patient should be asked where they want to eat and who they would like to sit with. The dining room/area should be clean and welcoming.

9.3 Some patients may need assistance to eat and drink. If care staff are offering assistance they should give small amounts of food at a time and allow plenty of time, pause between mouthfuls, offer a drink regularly and mix food with gravy or sauces (if appropriate) to make the food easier to swallow. Just sitting with a patient at meal times can be a valuable experience and can identify problems a patient may have with eating and drinking. If issues are observed these should be reported to a more senior member of staff to action.

9.4 Snacks and hot drinks should be offered in between meals to all patients at locally agreed times. e.g. biscuits, fresh fruit. Suitable high energy snacks could include muffins, fruit cake, flapjacks, sandwiches, yogurt etc. For

patients with Coeliac Disease suitable gluten free snacks should be provided e.g. GF biscuits and crackers, fruit and yogurt

9.5 Meal choices for patients requiring a therapeutic or special diet should be provided where possible e.g. vegetarian, modified consistency, gluten free.

9.6 In care homes the Chef/Kitchen should be advised of patients with special dietary requirements or those on modified diet/fluids, including patients requiring additional drinks or snacks by relevant nursing staff on admission. This should be recorded using locally agreed procedures.

9.7 Menus can be coded to assist patients/staff make the most appropriate choice for the patient. The following codes could be used:

- S = soft
- E = higher energy
- M = mashed
- P = pureed

All choices are suitable for people with diabetes as part of a healthy balanced diet.

9.8 A protected mealtime policy operates in community hospitals to prevent unnecessary procedures taking place during mealtimes. It is recommended a similar procedure should be implemented in care homes.

9.9 Patients who have missed a meal should be offered an appropriate meal. Ideally a hot option will be provided, such as a jacket potato with baked beans or cheese. When a hot option is not available, minimum meal provision should include a sandwich, cheese and biscuits, yoghurt and fruit.

9.10 It is good practice to complete a Catering Patient Satisfaction questionnaire regularly and results acted upon.

9.11 Any opened food at room temperature should be discarded after 4hours if not eaten

9.12 Jugs of water should be available for every patient, except patients who need assistance with eating and drinking, or those on thickened fluids who should be offered a drink every 2 hours and reassessed according to weather conditions. Coloured tops on jugs can be useful to identify residents who need encouragement and/or support with drinking

10.0 Nutritional Support

Nutritional support allows measures to be put in place that aim to improve the nutritional status of the patient.

10.1 Patients requiring nutritional support should be encouraged to choose high-energy options and be offered snacks and nutritious drinks, such as Build-Up Shakes, as suggested in the LNDS Nutritional Screening Tool (see appendix 2). A 'food first' approach that focuses on offering small, energy dense meals regularly throughout the day is recommended. See www.lnds.nhs.uk for more information or the LNDS Care Home Pack.

10.2 Referral to the dietitian could be made if it is felt there is a need for the prescription of oral nutritional supplements (ONS) and a full nutritional assessment and care plan will be completed. ONS should be stored in a cool, dry place and should be offered chilled from the fridge, unless otherwise requested.

10.3 Healthcare staff should make regular checks on the 'best before' date of nutritional supplements stored in the care home/patient's home and 'best before' dates should be checked before giving patients nutritional supplements.

10.4 Staff should give the nutritional supplement prescribed on the drug chart. If it is felt that a patient would benefit from an alternative supplement this should be discussed with the GP/Dietitian.

10.5 Nutritional supplements should be opened and poured into the appropriate receptacle for the patient, unless otherwise requested.

10.6 Once opened nutritional supplements at room temperature, and not consumed within 4 hours should be discarded. Opened nutritional supplements can be stored in the fridge for up to 24 hours. If in a care home they would need to be labelled with the patient's name

10.7 Nutritional supplements should be given at an appropriate time to minimise effect on appetite. This may not coincide with medicine rounds, for example. Mid-morning, mid-afternoon, early evening may be more appropriate.

10.8 Nutritional supplements can be thickened if a speech and language therapist has recommended thickened drinks. The health care worker should discuss the amount of thickener required to achieve the recommended consistency with the speech and language therapist.

10.9 For some patients an enteral feed may be the required method of nutritional support. This will involve feeding by a naso-gastric or Percutaneous Endoscopic Gastrostomy (PEG) feeding tube. These patients will need a referral to the Home Enteral Nutrition Service (HENS) by nursing staff and/or GP. If a patient is already on an enteral feed in hospital and being discharged to their home/care home the patient needs to be referred to HENS by the hospital team. It is recommended one working week is given to ensure time for the HENS team to provide training for the family or carers regarding management of enteral feeds and to allow time for them to practice and gain confidence prior to discharge. For referral details see www.lnds.nhs.uk and

click ‘services available’ and then ‘home care’ and download form or see Appendix 7.

11.0 Support From Nutrition And Dietetics

11.1 Referrals for patients to be seen as outpatients or in their own homes can be made by healthcare staff on the outpatients referral form (see appendix 4) and for community mental health teams see appendix 4b. Care homes referring patients should use a different form – see appendix 5.

11.2 Outpatients will be sent a letter by the central booking team asking them to phone to arrange an appointment at a clinic that suits them best and patients who require home visits will be contacted by the dietitian about the visit time.

11.3 The dietitian will agree a care plan with the patient and communicate with the referring agent and other agencies involved about the care plan and responsibility for review of care plan and follow up arrangements.

12.0 Support From Speech And Language Therapy(SLT)

Patients suspected of having difficulties swallowing their food or drink should be screened using the Community Health Services or Adult Learning Disability SLT referral-screening tool (see Appendix 9).

12.1 If a SLT referral is felt to be appropriate these patients should have a medical referral documented in their notes by their consultant/G.P. and a referral will be made on the SLT referral-screening tool or by letter (signed by the GP/Consultant/Community Matron)

12.2 All referrals will be acted upon within 4 weeks. However referrals will be screened when received in the SLT department and an urgency level assigned. Patients at high risk of choking/aspiration will be seen within 2 weeks (priority). Where there is a significantly high risk of choking/aspiration the SLT service will aim to see patients more urgently (within 5 working days) however there is not a funded ‘rapid response’ time within the service.

12.3 The SLT will see the patient in their local clinic or may visit in their own home/care home as appropriate to conduct a swallowing assessment and/or mealtime observation.

12.4 The SLT team will discuss and document a patient’s swallow assessment, the suggested recommendations and plans for follow up. Documentation will be within the nursing notes/care plan/report to the GP or consultant and further advice given as appropriate.

Adult Learning Disability

12.5 If a person has difficulties with eating or drinking, they can be referred to their locality team who have an open referral system for those over 18years with a learning disability: see http://nww.leicestershire.nhs.uk/Larnet/webs/LPT/Library/ReferralFormsforLocalityTeams.pdf

Referrals will be seen according to the Eating and Drinking Care Pathway, which aims to gives guidelines for safe, enjoyable and nutritious eating and drinking.

12.6 An initial screen comprising of an observation of a mealtime(s), nutritional screening and case history will be undertaken by a trained worker within two weeks at the most appropriate location. Referrals triaged by the speech and language therapist as urgent may be seen sooner, but there is no funded 'rapid response' for urgent referrals currently. The trained worker will leave initial recommendations and refer on to the relevant professional(s) in the team within one week. The team has SLT, Physiotherapy, Community Nursing, Occupational therapy, Psychiatry and Psychology all represented, but accesses Dietetics through the community service.

12.7 The relevant professional(s) work together with the person and their carer to assess and diagnose the difficulty, risk and need. Together they write a plan to minimise risk of aspiration, maximise independence and dignity and support good nutrition according to best current practice. The plan can be made accessible for the person in various formats. In particular, the SLT will assess the person's swallow and communication skills and make recommendations to minimise risk of aspiration or choking, and facilitate best communication with, and involvement of, the person.

12.8 Training and support can be given to staff and carers until they are confident with the plan. The person will be discharged when stable and risks are minimised but may be re-referred if needs change or more support is needed.

13.0 Support From Occupational Therapy (OT)

All patients requiring OT input can be referred using the referral form (see Appendix 10).

13.1 All documentation including assessments, treatment plans and intervention will be completed and communicated back to the referring agent.

13.2 The aim of the OT intervention will be to enable an individual to regain independence or reach an optimum level of independence in feeding.

13.3 The OT assessment will be carried out at meal times in order to determine whether the patient is independent or having any difficulties with feeding. Cultural beliefs will be respected, e.g. finger feeding.

13.4 Environment – patients will be encouraged to take their meals seated e.g. at the table in the care home dining room, as this facilitates good positioning and promotes socialising with other people.

13.5 Crockery and cutlery – patients will be encouraged to use standard household items wherever possible. If a patient has difficulties due to, e.g. upper limb weakness, function in one hand only, poor co-ordination, the OT will assess and the patient practise with feeding aids e.g. adapted cutlery, large handed or angled cutlery, plate guard, Dycem non slip mat.

13.6 The OT team will work closely with other members of multi-disciplinary team to provide continuity of care to the patient.

14.0 Support From Physiotherapy

The Physiotherapist may be called on to support particular areas in the care plan: good positioning for eating and drinking or positioning during enteral feeding, and assessment and maintenance of good respiratory status. The physiotherapist may recommend and administer suctioning of the airways but would provide training for the carers if appropriate and necessary.

15.0 Staff Training And Support

15.1 LNDS offer training to primary care staff, community mental health team staff and care home staff. Details can be accessed through the website on the internet www.lnds.nhs.uk (see staff training – primary care and care homes) or locally dietitians can be contacted to provide funded bespoke training to care staff groups/teams. Training and support is also available to GPs practices and care homes by the Senior Prescribing Dietitian. Education and training can be a group session or through a self directed learning pack (available from LNDS on request) and may include:

- Nutritional requirements of adults
- Identifying nutritional risk and nutritional screening
- Recording food and fluid intake
- Indications and options for nutritional support
- Nutrition for people with modified consistency
- Management of different conditions treated by diet therapy
- Managing the nutritional needs of patients with dementia
- Equality and diversity issues around food, including cultural considerations

15.2 The Home Enteral Nutrition Service offer training sessions to equip care providers including care home and care agency staff to input into the management of feeds via Percutaneous Endoscopic Gastrostomy.

15.3 A LNDS care home pack has been developed to aid care homes with all aspects of nutrition support. It includes information on signs of malnutrition, flow charts for patients requiring oral nutritional support, food charts, food fortification information and useful recipes, weight loss score, BMI charts and nutritional

care plans. It also provides information for health care professionals on how to refer a patient via our LNDS referral form. The pack is given out to care homes upon completion of training delivered by the primary care Dietitian or after a visit to the home.

15.4 Useful training can be accessed on line through the Skills for Health Core Learning Unit. This is interactive and the learner can develop at their own pace and can save their learning and then return later. Staff will need to register with an NHS email or social care email but thereafter can access outside NHS and Social Care premises. You can access FNH – Food, Nutrition and Hydration in Health and Social Care. See http://www.corelearningunit.nhs.uk . Currently modules are available on Food, Nutrition and Hydration in Health and Social Care

15.5 Training/workshops can be provided by the adult SLT service and the adult learning disability SLT to staff groups/care homes/care agencies to cover the following areas:

- Understanding the swallowing process
- Awareness of signs and dangers of swallowing difficulties
- Texture modification of diet for people with swallowing difficulties
- Using thickener
- Feeding techniques to minimise risk and encourage oral intake
- Equipment to minimise swallowing risks
- Managing the feeding and swallowing needs of people with dementia

Training can be arranged through the local therapist or by contacting the service on 0116 295 4692 or adultspeech@leicspart.nhs.uk (Community Health Services) or Jenny Worsfold (Speech and Language therapist) or Jennifer.Worsfold@leicspart.nhs.uk (Adult Learning Disability Service)

16.0 Clinical Governance And Monitoring Compliance

Systems must be put in place to ensure there is compliance with this policy and the nutrition and hydration patients receive is improved. There is no formal inspection for patients in their own homes but there are systems in place for residents in care homes from Care Quality Commission, NHS (Clinical Commissioning Groups/Primary Care Trust) and Local Authorities.

16.1 Some audits of nutritional care are carried out in primary care by a senior dietitian as part of work with care homes across LLR. The results are fed back to care homes, GPs and medicines management. This is something that care homes should put in place locally. Audits will also be carried out by community nursing staff.

16.2 The Care Quality Commission will visit care homes to ensure compliance with the quality standards and nutrition is included in this as part of outcome 5. If residents are funded by the local authority or the PCT these organisations have their own quality schedule for inspecting care homes and nutrition is one of the criteria that homes need to be compliant with.

17 Due Regard

This policy has been screened in relation to paying due regard to the general duty of the Equality Act 2010 to eliminate unlawful discrimination, harassment, victimisation; advance equality of opportunity and foster good relations. And as such this particular policy has no specific impact on any protected characteristic or equality group.

The dignity and respect of all service users is paramount in the implementation of this policy. This is evidenced through the delivery of equality and diversity and cultural awareness training for all staff to ensure the needs of each protected characteristic or equality group are met.

For example accessibility considerations of disabled service users are respected or where English is not the main language appropriate adjustment are made. Patient carers are included in the support process included in this policy.

In addition to the examples highlighted above, equality monitoring of all relevant protected characteristics to whom the policy applies will be undertaken. Robust actions to reduce, mitigate and where possible remove any adverse impact will be agreed and effectively monitored.

This policy will be continually reviewed to ensure any inequality of opportunity is eliminated wherever possible.

18 References And Assoiciated Documentation

This policy was drafted with reference to the following:

- Age UK (2010) Still hungry to be Heard campaign

- British Association of Parenteral and Enteral Nutrition

- British Dietetic Association (2006) Delivering nutritional care through food and beverage services

- Care Quality Commission (2009) Essential standards of quality and safety. Outcome 5: Nutrition

- Caroline Walker Trust – Eating Well for Older People (2004)

-Council of Europe Resolution Food and Nutritional Care in hospitals (2007) 10 key characteristics of good nutritional care in hospital

- Department of Health – National Minimum Standards: Care Homes for Older People (2003)

-Department of Health (2007) Improving Nutritional Care

-Department of Health (2010) Essence of Care – Benchmarks for food and drink

- Food Standards Agency – Food Served to Older People in Residential Care (2006)

-Hospital Caterers Association (2010) Better Hospital Food

- National Association of Care Catering – Menu Planning and Special Diets in Care Homes (2006)

-NHS Institute for Innovation and Improvement (2010) High Impact Actions for Nursing and Midwifery – Keeping Nourished, getting better

-NICE (2006) Clinical Guideline 32 – Nutrition support in adults

-Royal College of Nursing (2007) Hospital hydration best practice toolkit

APPENDIX 1

MUST

Malnutrition Universal Screening Tool

'Malnutrition Universal Screening Tool' ('MUST') MAG

Malnutrition Advisory Group
A Standing Committee of BAPEN

BAPEN is registered charity number 1023927 www.bapen.org.uk

'MUST'

'MUST' is a five-step screening tool to identify **adults**, who are malnourished, at risk of malnutrition (undernutrition), or obese. It also includes management guidelines which can be used to develop a care plan.

It is for use in hospitals, community and other care settings and can be used by all care workers.

This guide contains:

- A flow chart showing the 5 steps to use for screening and management
- BMI chart
- Weight loss tables
- Alternative measurements when BMI cannot be obtained by measuring weight and height.

The 5 'MUST' Steps

Step 1

Measure height and weight to get a BMI score using chart provided. *If unable to obtain height and weight, use the alternative procedures shown in this guide.*

Step 2

Note percentage unplanned weight loss and score using tables provided.

Step 3

Establish acute disease effect and score.

Step 4

Add scores from steps 1, 2 and 3 together to obtain overall risk of malnutrition.

Step 5

Use management guidelines and/or local policy to develop care plan.

Please refer to *The 'MUST' Explanatory Booklet* for more information when weight and height cannot be measured, and when screening patient groups in which extra care in interpretation is needed (e.g. those with fluid disturbances, plaster casts, amputations, critical illness and pregnant or lactating women). The booklet can also be used for training. See *The 'MUST' Report* for supporting evidence. Please note that 'MUST' has not been designed to detect deficiencies or excessive intakes of vitamins and minerals and is of **use only in adults.**

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Step 1 – BMI score (& BMI)

Height (feet and inches) / Height (m)

Score 0 (obese); Score 0; Score 1; Score 2

Weight (kg)	4'10½	4'11	5'0	5'0½	5'1½	5'2	5'3	5'4	5'4½	5'5½	5'6	5'7	5'7½	5'8½	5'9½	5'10	5'11	5'11½	6'0½	6'1	6'2	6'3	Weight (stones and pounds)
	1.48	1.50	1.52	1.54	1.56	1.58	1.60	1.62	1.64	1.66	1.68	1.70	1.72	1.74	1.76	1.78	1.80	1.82	1.84	1.86	1.88	1.90	
100	46	44	43	42	41	40	39	38	37	36	35	35	34	33	32	32	31	30	30	29	28	28	15 10
99	45	44	43	42	41	40	39	38	37	36	35	34	33	33	32	31	31	30	29	29	28	27	15 8
98	45	44	42	41	40	39	38	37	36	36	35	34	33	32	32	31	30	30	29	28	28	27	15 6
97	44	43	42	41	40	39	38	37	36	35	34	34	33	32	31	31	30	29	29	28	27	27	15 4
96	44	43	42	40	39	38	38	37	36	35	34	33	32	32	31	30	30	29	28	28	27	27	15 2
95	43	42	41	40	39	38	37	36	35	34	34	33	32	31	31	30	29	29	28	27	27	26	15 0
94	43	42	41	40	39	38	37	36	35	34	33	33	32	31	30	30	29	28	28	27	27	26	14 11
93	42	41	40	39	38	37	36	35	35	34	33	32	31	31	30	29	29	28	27	27	26	26	14 9
92	42	41	40	39	38	37	36	35	34	33	33	32	31	30	30	29	28	28	27	27	26	25	14 7
91	42	40	39	38	37	36	36	35	34	33	32	31	31	30	29	29	28	27	27	26	26	25	14 5
90	41	40	39	38	37	36	35	34	33	33	32	31	30	30	29	28	28	27	27	26	25	25	14 2
89	41	40	39	38	37	36	35	34	33	32	32	31	30	29	29	28	27	27	26	26	25	25	14 0
88	40	39	38	37	36	35	34	34	33	32	31	30	30	29	28	28	27	27	26	25	25	24	13 12
87	40	39	38	37	36	35	34	33	32	32	31	30	29	29	28	27	27	26	26	25	25	24	13 10
86	39	38	37	36	35	34	34	33	32	31	30	30	29	28	28	27	27	26	25	25	24	24	13 8
85	39	38	37	36	35	34	33	32	32	31	30	29	29	28	27	27	26	26	25	25	24	24	13 6
84	38	37	36	35	35	34	33	32	31	30	30	29	28	28	27	27	26	25	25	24	24	23	13 3
83	38	37	36	35	34	33	32	32	31	30	29	29	28	27	27	26	26	25	25	24	23	23	13 1
82	37	36	35	35	34	33	32	31	30	30	29	28	28	27	26	26	25	25	24	24	23	23	12 13
81	37	36	35	34	33	32	32	31	30	29	29	28	27	27	26	26	25	24	24	23	23	22	12 11
80	37	36	35	34	33	32	31	30	30	29	28	28	27	26	26	25	25	24	24	23	23	22	12 8
79	36	35	34	33	32	32	31	30	29	29	28	27	27	26	26	25	24	24	23	23	22	22	12 6
78	36	35	34	33	32	31	30	30	29	28	28	27	26	26	25	25	24	24	23	23	22	22	12 4
77	35	34	33	32	32	31	30	29	29	28	27	27	26	25	25	24	24	23	23	22	22	21	12 1
76	35	34	33	32	31	30	30	29	28	28	27	26	26	25	25	24	23	23	22	22	22	21	11 13
75	34	33	32	32	31	30	29	29	28	27	27	26	25	25	24	24	23	23	22	22	21	21	11 11
74	34	33	32	31	30	30	29	28	28	27	26	26	25	24	24	23	23	22	22	21	21	20	11 9
73	33	32	32	31	30	29	29	28	27	26	26	25	25	24	24	23	23	22	22	21	21	20	11 7
72	33	32	31	30	30	29	28	27	27	26	26	25	24	24	23	23	22	22	21	21	20	20	11 4
71	32	32	31	30	29	28	28	27	26	26	25	25	24	23	23	22	22	21	21	21	20	20	11 3
70	32	31	30	30	29	28	27	27	26	25	25	24	24	23	23	22	22	21	21	20	20	19	11 0
69	32	31	30	29	28	28	27	26	26	25	24	24	23	23	22	22	21	21	20	20	20	19	10 11
68	31	30	29	29	28	27	27	26	25	25	24	24	23	22	22	21	21	21	20	20	19	19	10 10
67	31	30	29	28	28	27	26	26	25	24	24	23	23	22	22	21	21	20	20	19	19	19	10 7
66	30	29	29	28	27	26	26	25	25	24	23	23	22	22	21	21	20	20	19	19	19	18	10 6
65	30	29	28	27	27	26	25	25	24	24	23	22	22	21	21	21	20	20	19	19	18	18	10 3
64	29	28	28	27	26	26	25	24	24	23	23	22	22	21	21	20	20	19	19	18	18	18	10 1
63	29	28	27	27	26	25	25	24	23	23	22	22	21	21	20	20	19	19	19	18	18	17	9 13
62	28	28	27	26	25	25	24	24	23	22	22	21	21	20	20	20	19	19	18	18	18	17	9 10
61	28	27	26	26	25	24	24	23	23	22	22	21	21	20	20	19	19	18	18	18	17	17	9 8
60	27	27	26	25	25	24	23	23	22	22	21	21	20	20	19	19	19	18	18	17	17	17	9 6
59	27	26	26	25	24	24	23	22	22	21	21	20	20	19	19	19	18	18	17	17	17	16	9 4
58	26	26	25	24	24	23	23	22	22	21	21	20	20	19	19	18	18	18	17	17	16	16	9 1
57	26	25	25	24	23	23	22	22	21	21	20	20	19	19	18	18	18	17	17	16	16	16	9 0
56	26	25	24	24	23	22	22	21	21	20	20	19	19	18	18	18	17	17	17	16	16	16	8 11
55	25	24	24	23	23	22	21	21	20	20	19	19	19	18	18	17	17	17	16	16	16	15	8 8
54	25	24	23	23	22	22	21	21	20	20	19	19	18	18	17	17	17	16	16	16	15	15	8 7
53	24	24	23	22	22	21	21	20	20	19	19	18	18	18	17	17	16	16	16	15	15	15	8 4
52	24	23	23	22	21	21	20	20	19	19	18	18	18	17	17	16	16	16	15	15	15	14	8 3
51	23	23	22	22	21	20	20	19	19	19	18	18	17	17	16	16	16	15	15	15	14	14	8 0
50	23	22	22	21	21	20	20	19	19	18	18	17	17	17	16	16	15	15	15	14	14	14	7 13
49	22	22	21	21	20	20	19	19	18	18	17	17	17	16	16	15	15	15	14	14	14	14	7 10
48	22	21	21	20	20	19	19	18	18	17	17	17	16	16	15	15	15	14	14	14	14	13	7 7
47	21	21	20	20	19	19	18	18	17	17	17	16	16	16	15	15	15	14	14	14	13	13	7 6
46	21	20	20	19	19	18	18	18	17	17	16	16	16	15	15	15	14	14	14	13	13	13	7 3
45	21	20	19	19	18	18	18	17	17	16	16	16	15	15	15	14	14	14	13	13	13	12	7 1
44	20	20	19	19	18	18	17	17	16	16	16	15	15	15	14	14	14	13	13	13	12	12	6 13
43	20	19	19	18	18	17	17	16	16	16	15	15	15	14	14	14	13	13	13	12	12	12	6 11
42	19	19	18	18	17	17	16	16	16	15	15	15	14	14	14	13	13	13	12	12	12	12	6 8
41	19	18	18	17	17	16	16	16	15	15	15	14	14	14	13	13	13	12	12	12	12	11	6 6
40	18	18	17	17	16	16	16	15	15	15	14	14	14	13	13	13	12	12	12	12	11	11	6 4
39	18	17	17	16	16	16	15	15	15	14	14	13	13	13	13	12	12	12	12	11	11	11	6 1
38	17	17	16	16	16	15	15	14	14	14	13	13	13	13	12	12	12	11	11	11	11	11	6 0
37	17	16	16	16	15	15	14	14	14	13	13	13	13	12	12	12	11	11	11	11	10	10	5 11
36	16	16	16	15	15	14	14	14	13	13	13	12	12	12	12	11	11	11	11	10	10	10	5 9
35	16	16	15	15	14	14	14	13	13	13	12	12	12	12	11	11	11	11	10	10	10	10	5 7
34	16	15	15	14	14	14	13	13	13	12	12	12	11	11	11	11	10	10	10	10	10	9	5 5

Note : The black lines denote the exact cut off points (30,20 and 18.5 kg/m²), figures on the chart have been rounded to the nearest whole number.

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Step 1 + Step 2 + Step 3

Step 1 — BMI score

BMI kg/m²	Score
>20(>30 Obese)	= 0
18.5-20	= 1
<18.5	= 2

Step 2 — Weight loss score

Unplanned weight loss in past 3-6 months

%	Score
<5	= 0
5-10	= 1
>10	= 2

Step 3 — Acute disease effect score

If patient is acutely ill and there has been or is likely to be no nutritional intake for >5 days

Score 2

If unable to obtain height and weight, see reverse for alternative measurements and use of subjective criteria

Step 4

Overall risk of malnutrition

Add Scores together to calculate overall risk of malnutrition
Score 0 Low Risk Score 1 Medium Risk Score 2 or more High Risk

Step 5

Management guidelines

0 — Low Risk

Routine clinical care

- Repeat screening
  Hospital – weekly
  Care Homes – monthly
  Community – annually
  for special groups
  e.g. those >75 yrs

1 — Medium Risk

Observe

- Document dietary intake for 3 days if subject in hospital or care home
- If improved or adequate intake – little clinical concern; if no improvement – clinical concern - follow local policy
- Repeat screening
  Hospital – weekly
  Care Home – at least monthly
  Community – at least every 2-3 months

2 or more — High Risk

Treat*

- Refer to dietitian, Nutritional Support Team or implement local policy
- Improve and increase overall nutritional intake
- Monitor and review care plan
  Hospital – weekly
  Care Home – monthly
  Community – monthly

* Unless detrimental or no benefit is expected from nutritional support e.g. imminent death.

All risk categories:

- Treat underlying condition and provide help and advice on food choices, eating and drinking when necessary.
- Record malnutrition risk category.
- Record need for special diets and follow local policy.

Obesity:

- Record presence of obesity. For those with underlying conditions, these are generally controlled before the treatment of obesity.

Re-assess subjects identified at risk as they move through care settings

See *The 'MUST' Explanatory Booklet* for further details and *The 'MUST' Report* for supporting evidence.

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Step 2 – Weight loss score

Weight before weight loss (kg)	SCORE 0 Wt Loss < 5%	SCORE 1 Wt Loss 5-10%	SCORE 2 Wt Loss > 10%
34 kg	<1.70	1.70 – 3.40	>3.40
36 kg	<1.80	1.80 – 3.60	>3.60
38 kg	<1.90	1.90 – 3.80	>3.80
40 kg	<2.00	2.00 – 4.00	>4.00
42 kg	<2.10	2.10 – 4.20	>4.20
44 kg	<2.20	2.20 – 4.40	>4.40
46 kg	<2.30	2.30 – 4.60	>4.60
48 kg	<2.40	2.40 – 4.80	>4.80
50 kg	<2.50	2.50 – 5.00	>5.00
52 kg	<2.60	2.60 – 5.20	>5.20
54 kg	<2.70	2.70 – 5.40	>5.40
56 kg	<2.80	2.80 – 5.60	>5.60
58 kg	<2.90	2.90 – 5.80	>5.80
60 kg	<3.00	3.00 – 6.00	>6.00
62 kg	<3.10	3.10 – 6.20	>6.20
64 kg	<3.20	3.20 – 6.40	>6.40
66 kg	<3.30	3.30 – 6.60	>6.60
68 kg	<3.40	3.40 – 6.80	>6.80
70 kg	<3.50	3.50 – 7.00	>7.00
72 kg	<3.60	3.60 – 7.20	>7.20
74 kg	<3.70	3.70 – 7.40	>7.40
76 kg	<3.80	3.80 – 7.60	>7.60
78 kg	<3.90	3.90 – 7.80	>7.80
80 kg	<4.00	4.00 – 8.00	>8.00
82 kg	<4.10	4.10 – 8.20	>8.20
84 kg	<4.20	4.20 – 8.40	>8.40
86 kg	<4.30	4.30 – 8.60	>8.60
88 kg	<4.40	4.40 – 8.80	>8.80
90 kg	<4.50	4.50 – 9.00	>9.00
92 kg	<4.60	4.60 – 9.20	>9.20
94 kg	<4.70	4.70 – 9.40	>9.40
96 kg	<4.80	4.80 – 9.60	>9.60
98 kg	<4.90	4.90 – 9.80	>9.80
100 kg	<5.00	5.00 – 10.00	>10.00
102 kg	<5.10	5.10 – 10.20	>10.20
104 kg	<5.20	5.20 – 10.40	>10.40
106 kg	<5.30	5.30 – 10.60	>10.60
108 kg	<5.40	5.40 – 10.80	>10.80
110 kg	<5.50	5.50 – 11.00	>11.00
112 kg	<5.60	5.60 – 11.20	>11.20
114 kg	<5.70	5.70 – 11.40	>11.40
116 kg	<5.80	5.80 – 11.60	>11.60
118 kg	<5.90	5.90 – 11.80	>11.80
120 kg	<6.00	6.00 – 12.00	>12.00
122 kg	<6.10	6.10 – 12.20	>12.20
124 kg	<6.20	6.20 – 12.40	>12.40
126 kg	<6.30	6.30 – 12.60	>12.60

Weight before weight loss (st lb)	SCORE 0 Wt Loss<5%	SCORE 1 Wt Loss 5-10%	SCORE 2 Wt Loss>10%
5st 4lb	<4lb	4lb – 7lb	>7lb
5st 7lb	<4lb	4lb – 8lb	>8lb
5st 11lb	<4lb	4lb – 8lb	>8lb
6st	<4lb	4lb – 8lb	>8lb
6st 4lb	<4lb	4lb – 9lb	>9lb
6st 7lb	<5lb	5lb – 9lb	>9lb
6st 11lb	<5lb	5lb – 10lb	>10lb
7st	<5lb	5lb – 10lb	>10lb
7st 4lb	<5lb	5lb – 10lb	>10lb
7st 7lb	<5lb	5lb – 11lb	>11lb
7st 11lb	<5lb	5lb – 11lb	>11lb
8st	<6lb	6lb – 11lb	>11lb
8st 4lb	<6lb	6lb – 12lb	>12lb
8st 7lb	<6lb	6lb – 12lb	>12lb
8st 11lb	<6lb	6lb – 12lb	>12lb
9st	<6lb	6lb – 13lb	>13lb
9st 4lb	<7lb	7lb – 13lb	>13lb
9st 7lb	<7lb	7lb – 13lb	>13lb
9st 11lb	<7lb	7lb – 1st 0lb	>1st 0lb
10st	<7lb	7lb – 1st 0lb	>1st 0lb
10st 4lb	<7lb	7lb – 1st 0lb	>1st 0lb
10st 7lb	<7lb	7lb – 1st 1lb	>1st 1lb
10st 11lb	<8lb	8lb – 1st 1lb	>1st 1lb
11st	<8lb	8lb – 1st 1lb	>1st 1lb
11st 4lb	<8lb	8lb – 1st 2lb	>1st 2lb
11st 7lb	<8lb	8lb – 1st 2lb	>1st 2lb
11st 11lb	<8lb	8lb – 1st 3lb	>1st 3lb
12st	<8lb	8lb – 1st 3lb	>1st 3lb
12st 4lb	<9lb	9lb – 1st 3lb	>1st 3lb
12st 7lb	<9lb	9lb – 1st 4lb	>1st 4lb
12st 11lb	<9lb	9lb – 1st 4lb	>1st 4lb
13st	<9lb	9lb – 1st 4lb	>1st 4lb
13st 4lb	<9lb	9lb – 1st 5lb	>1st 5lb
13st 7lb	<9lb	9lb – 1st 5lb	>1st 5lb
13st 11lb	<10lb	10lb – 1st 5lb	>1st 5lb
14st	<10lb	10lb – 1st 6lb	>1st 6lb
14st 4lb	<10lb	10lb – 1st 6lb	>1st 6lb
14st 7lb	<10lb	10lb – 1st 6lb	>1st 6lb
14st 11lb	<10lb	10lb – 1st 7lb	>1st 7lb
15st	<11lb	11lb – 1st 7lb	>1st 7lb
15st 4lb	<11lb	11lb – 1st 7lb	>1st 7lb
15st 7lb	<11lb	11lb – 1st 8lb	>1st 8lb
15st 11lb	<11lb	11lb – 1st 8lb	>1st 8lb
16st	<11lb	11lb – 1st 8lb	>1st 8lb
16st 4lb	<11lb	11lb – 1st 9lb	>1st 9lb
16st 7lb	<12lb	12lb – 1st 9lb	>1st 9lb

'Malnutrition Universal Screening Tool' ('MUST')

BAPEN
Advancing Clinical Nutrition

MAG
Malnutrition Advisory Group
A Standing Committee of BAPEN

BAPEN is registered charity number 1023927 www.bapen.org.uk

Alternative measurements and considerations

Step 1: BMI (body mass index)

If height cannot be measured

- Use recently documented or self-reported height (if reliable and realistic).
- If the subject does not know or is unable to report their height, use one of the alternative measurements to estimate height (ulna, knee height or demispan).

If height & weight cannot be obtained

- Use mid upper arm circumference (MUAC) measurement to estimate BMI category.

Step 2: Recent unplanned weight loss

If recent weight loss cannot be calculated, use self-reported weight loss (if reliable and realistic).

Subjective criteria

If height, weight or BMI cannot be obtained, the following criteria which relate to them can assist your professional judgement of the subject's nutritional risk.

1. BMI

- Clinical impression – thin, acceptable weight, overweight. Obvious wasting (very thin) and obesity (very overweight) can also be noted.

2. Unplanned weight loss

- Clothes and/or jewellery have become loose fitting (weight loss).
- History of decreased food intake, reduced appetite or swallowing problems over 3-6 months and underlying disease or psycho-social/physical disabilities likely to cause weight loss.

3. Acute disease effect

- No nutritional intake or likelihood of no intake for more than 5 days.

Further details on taking alternative measurements, special circumstances and subjective criteria can be found in *The 'MUST' Explanatory Booklet*. A copy can be downloaded at www.bapen.org.uk or purchased from the BAPEN office. The full evidence-base for 'MUST' is contained in *The 'MUST' Report* and is also available for purchase from the BAPEN office.

BAPEN Office, Secure Hold Business Centre, Studley Road, Redditch, Worcs, B98 7LG. Tel: 01527 457 850. Fax: 01527 458 718.
bapen@sovereignconference.co.uk BAPEN is registered charity number 1023927. www.bapen.org.uk

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Published November 2003 by MAG the Malnutrition Advisory Group, a Standing Committee of BAPEN. *Review date December 2004 and annually thereafter.*
'MUST' is supported by the British Dietetic Association, the Royal College of Nursing and the Registered Nursing Home Association.

'Malnutrition Universal Screening Tool' ('MUST') MAG

Alternative measurements: instructions and tables

If height cannot be obtained, use length of forearm (ulna) to calculate height using tables below.
(See The 'MUST' Explanatory Booklet for details of other alternative measurements (knee height and demispan) that can also be used to estimate height).

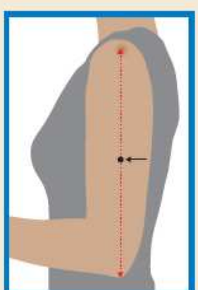
Estimating height from ulna length

Measure between the point of the elbow (olecranon process) and the midpoint of the prominent bone of the wrist (styloid process) (left side if possible).

HEIGHT (m)	Men(<65 years)	1.94	1.93	1.91	1.89	1.87	1.85	1.84	1.82	1.80	1.78	1.76	1.75	1.73	1.71
HEIGHT (m)	Men(>65 years)	1.87	1.86	1.84	1.82	1.81	1.79	1.78	1.76	1.75	1.73	1.71	1.70	1.68	1.67
	Ulna length(cm)	32.0	31.5	31.0	30.5	30.0	29.5	29.0	28.5	28.0	27.5	27.0	26.5	26.0	25.5
HEIGHT (m)	Women(<65years)	1.84	1.83	1.81	1.80	1.79	1.77	1.76	1.75	1.73	1.72	1.70	1.69	1.68	1.66
HEIGHT (m)	Women(>65years)	1.84	1.83	1.81	1.79	1.78	1.76	1.75	1.73	1.71	1.70	1.68	1.66	1.65	1.63

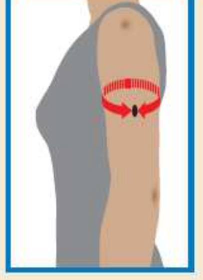
HEIGHT (m)	Men(<65 years)	1.69	1.67	1.66	1.64	1.62	1.60	1.58	1.57	1.55	1.53	1.51	1.49	1.48	1.46
HEIGHT (m)	Men(>65 years)	1.65	1.63	1.62	1.60	1.59	1.57	1.56	1.54	1.52	1.51	1.49	1.48	1.46	1.45
	Ulna length(cm)	25.0	24.5	24.0	23.5	23.0	22.5	22.0	21.5	21.0	20.5	20.0	19.5	19.0	18.5
HEIGHT (m)	Women(<65years)	1.65	1.63	1.62	1.61	1.59	1.58	1.56	1.55	1.54	1.52	1.51	1.50	1.48	1.47
HEIGHT (m)	Women(>65years)	1.61	1.60	1.58	1.56	1.55	1.53	1.52	1.50	1.48	1.47	1.45	1.44	1.42	1.40

Estimating BMI category from mid upper arm circumference (MUAC)



The subject's left arm should be bent at the elbow at a 90 degree angle, with the upper arm held parallel to the side of the body. Measure the distance between the bony protrusion on the shoulder (acromion) and the point of the elbow (olecranon process). Mark the mid-point.

Ask the subject to let arm hang loose and measure around the upper arm at the mid-point, making sure that the tape measure is snug but not tight.



If MUAC is < 23.5 cm, BMI is likely to be <20 kg/m².
If MUAC is > 32.0 cm, BMI is likely to be >30 kg/m².

APPENDIX 2

LNDS Nutritional Screening Tool for use within the Community

Leicestershire Nutrition and Dietetic Service

NUTRITIONAL SCREENING TOOL FOR USE IN THE COMMUNITY

Weight on Admission (Kg):…………………
Height (m)…………………………………………….
BMI = (Kg/m^2):…………………………………….
Normal Healthy Weight (Kg)…………………

NHS No: ……………………………………………….
Name:……………………………………………………
Address:……………………………………………….
……………………………………………………………
……………………………………………………………
D.O.B:……………………………………………………
Named Nurse…………………………………………..

- Calculate the nutritional score on assessment visit and document
- Recheck monthly or more frequently if there is a change in condition
- Score more than one criteria per section if applicable
- See over for interpretation of results
- Calculate nutritional score on discharge visit and document

DATE							
WEIGHT							
BODY WEIGHT FOR HEIGHT							
Acceptable (BMI 19-25)	0						
Overweight (BMI greater than 25)	2						
Recent significant weight loss	3						
Underweight (BMI less than 19)	4						
ABILITY TO EAT							
Able to eat independently	0						
Sore mouth	2						
Ill-fitting dentures, chewing and swallowing problems	3						
Requires help with feeding	4						
Complete dysphagia	5						
SKIN TYPE							
Healthy	0						
Oedematous	3						
Poor wound healing/pressure sores (all grades)	5						
SYMPTOMS/SIDE EFFECTS OF DRUGS							
Nausea	2						
Vomiting	2						
Constipation	2						
Diarrhoea	2						
APPETITE AND DIETARY INTAKE							
Normal appetite, all meals eaten	0						
On special diet, e.g. supplements, modified texture	2						
Reduced appetite, ½ - ¾ of meals eaten	3						
Poor appetite, less than ½ of meals eaten	5						
PSYCHOLOGICAL STATE							
Mental state not affecting food intake	0						
Confused	2						
Depression/Anxious/Apathetic	4						
AGE							
Over 65	2						
TOTAL	Add score						
SIGNATURE							
Action Plan A, B, or C – Refer overleaf for action							

ACTION

A = Nutritional Score 0 – 9 ⇒	• Check weight every visit or as appropriate • Repeat screening tool monthly or sooner if condition changes • Encourage a well balanced diet
B = Nutritional Score 10 – 15 ⇒	**At Risk of Malnutrition.** **Try the following action points**:- • Ask patient to record a food diary to help highlight problem areas in their diet. • Suggest practical tips to improve nutritional intake. e.g. - Sandwiches - Cheese and Biscuits - Yogurt - Toast - Biscuits - Fruit juice - "Build Up" soup • Encourage milk based drinks e.g: - Milky Tea or Coffee - Malted Milk Drink - Hot Chocolate - 'Build Up ' milk shake • Check weight every visit or as appropriate • Use written resources to supplement advice given • Repeat screening tool monthly or earlier if appropriate. If no improvement in nutritional score refer to section C.
C = Nutritional Score > 15 ⇒	• Refer to the Dietitian • In addition, try the action points listed in B above

	ACTION TAKEN	DATE
☐	**Care Plan completed**	------/-----/-----
☐	**Referred to Dietitian**	------/-----/-----

REMEMBER THIS IS ONLY A SCREENING TOOL, IF IN ANY DOUBT ABOUT THE SCORE LOOK AT YOUR CLIENT AND USE YOUR PROFESSIONAL JUDGEMENT.

The help of various sources has been valued in the development of this screening tool, in particular Judy Waterlow; in addition Derby City Hospital NHS Trust, Plymouth Nutrition and Dietetic Service and Netheridge Hospital multi-disciplinary team.

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November 2009 Access our website on www.lnds.nhs.uk

APPENDIX 3

Adult BMI Chart

weight (kg)	1.38	1.42	1.46	1.50	1.54	1.58	1.62	1.66	1.70	1.74	1.78	1.82	1.86	1.90	1.94	1.98	weight (st / lbs)
150	79	74	70	67	63	60	57	54	52	50	47	45	43	42	40	38	23st 8
148	78	73	69	66	62	59	56	54	51	49	47	45	43	41	39	38	23st 3
146	77	72	68	65	62	58	56	53	51	48	46	44	42	40	39	37	22st 13
144	76	71	68	64	61	58	55	52	50	48	45	43	42	40	38	37	22st 9
142	75	70	67	63	60	57	54	52	49	47	45	43	41	39	38	36	22st 4
140	74	69	66	62	59	56	53	51	48	46	44	42	40	39	37	36	22st
138	72	68	65	61	58	55	53	50	48	46	44	42	40	38	37	35	21st 10
136	71	67	64	60	57	54	52	49	47	45	43	41	39	38	36	35	21st 5
134	70	66	63	60	57	54	51	49	46	44	42	40	39	37	36	34	21st 1
132	69	65	62	59	56	53	50	48	46	44	42	40	38	37	35	34	20st 10
130	68	64	61	58	55	52	50	47	45	43	41	39	38	36	35	33	20st 6
128	67	63	60	57	54	51	49	46	44	42	40	39	37	35	34	33	20st 2
126	66	62	59	56	53	50	48	46	44	42	40	38	36	35	33	32	19st 12
124	65	61	58	55	52	50	47	45	43	41	39	37	36	34	33	32	19st 7
122	64	61	57	54	51	49	46	44	42	40	39	37	35	34	32	31	19st 3
120	63	60	56	53	51	48	46	44	42	40	38	36	35	33	32	31	18st 13
118	62	59	55	52	50	47	45	43	41	39	37	36	34	33	31	30	18st 8
116	61	58	54	52	49	46	44	42	40	38	37	35	34	32	31	30	18st 4
114	60	57	53	51	48	46	43	41	39	38	36	34	33	32	30	29	17st 13
112	59	56	53	50	47	45	43	41	39	37	35	34	32	31	30	29	17st 9
110	58	55	52	49	46	44	42	40	38	36	35	33	32	30	29	28	17st 5
108	57	54	51	48	46	43	41	39	37	36	34	33	31	30	29	28	17st
106	56	53	50	47	45	42	40	38	37	35	33	32	31	29	28	27	16st 10
104	55	52	49	46	44	42	40	38	36	34	33	31	30	29	28	27	16st 5
102	54	51	48	45	43	41	39	37	35	34	32	31	29	28	27	26	16st 1
100	53	50	47	44	42	40	38	36	35	33	32	30	29	28	27	26	15st 10
98	51	49	46	44	41	39	37	36	34	32	31	30	28	27	26	25	15st 6
96	50	48	45	43	40	38	37	35	33	32	30	29	28	27	26	24	15st 2
94	49	47	44	42	40	38	36	34	33	31	30	28	27	26	25	24	14st 11
92	48	46	43	41	39	37	35	33	32	30	29	28	27	25	24	23	14st 7
90	47	45	42	40	38	36	34	33	31	30	28	27	26	25	24	23	14st 2
88	46	44	41	39	37	35	34	32	30	29	28	27	25	24	23	22	13st 12
86	45	43	40	38	36	34	33	31	30	28	27	26	25	24	23	22	13st 8
84	44	42	39	37	35	34	32	30	29	28	27	25	24	23	22	21	13st 3
82	43	41	38	36	35	33	31	30	28	27	26	25	24	23	22	21	12st 13
80	42	40	38	36	34	32	30	29	28	26	25	24	23	22	21	20	12st 8
78	41	39	37	35	33	31	30	28	27	26	25	24	23	22	21	20	12st 4
76	40	38	36	34	32	30	29	28	26	25	24	23	22	21	20	19	12st
74	39	37	35	33	31	30	28	27	26	24	23	22	21	20	20	19	11st 9
72	38	36	34	32	30	29	27	26	25	24	23	22	21	20	19	18	11st 5
70	37	35	33	31	30	28	27	25	24	23	22	21	20	19	19	18	11st
68	36	34	32	30	29	27	26	25	24	22	21	21	20	19	18	17	10st 10
66	35	33	31	29	28	26	25	24	23	22	21	20	19	18	18	17	10st 6
64	34	32	30	28	27	26	24	23	22	21	20	19	18	18	17	16	10st 1
62	33	31	29	28	26	25	24	22	21	20	20	19	18	17	16	16	9st 11
60	32	30	28	27	25	24	23	22	21	20	19	18	17	17	16	15	9st 6
58	30	29	27	26	24	23	22	21	20	19	18	18	17	16	15	15	9st 2
56	29	28	26	25	24	22	21	20	19	18	18	17	16	16	15	14	8st 11
54	28	27	25	24	23	22	21	20	19	17	17	16	16	15	14	14	8st 7
52	27	26	24	23	22	21	20	19	18	17	16	16	15	14	14	13	8st 3
50	26	25	23	22	21	20	19	18	17	17	16	15	14	14	13	13	7st 12
48	25	24	23	21	20	19	18	17	17	16	15	14	14	13	13	12	7st 8
46	24	23	22	20	19	18	18	17	16	15	15	14	13	13	12	12	7st 3
44	23	22	21	20	19	18	17	16	15	15	14	13	13	12	12	11	6st 13
42	22	21	20	19	18	17	16	15	15	14	13	13	12	12	11	11	6st 9
40	21	20	19	18	17	16	15	15	14	13	13	12	12	11	10	10	6st 4
38	20	19	18	17	16	15	14	14	13	13	12	11	11	11	10	10	6st
36	19	18	17	16	15	14	14	13	12	12	11	11	10	10	9	9	5st 9
	4' 6½	4' 8	4' 9½	4' 11	5' ½	5' 2	5' 4	5' 5½	5' 7	5' 8½	5' 10	5' 11½	6' 1	6' 3	6' 4½	6' 6	

Height (ft/in)

To Calculate BMI: $$\frac{\text{Weight (kg)}}{\text{Height (m)} \times \text{Height (m)}}$$

Key[1]

Colour	BMI	Classification
Light green	BMI <18.5	Underweight
Dark green	BMI 18.5-24.9	Desirable
Pale yellow	BMI 25-29.9	Overweight
Yellow	BMI 30-34.9	Obese (Class I)
Orange	BMI 35-40	Obese (Class II)
Red	BMI >40	Obese (Class III)

CLASSIFICATION OF OVERWEIGHT AND OBESITY IN CHILDREN

The Child Growth Foundation Body Mass Index Percentile chart [2] should be used to identify overweight and obese children:

Overweight: BMI >/= 91st centile

Obese: BMI >/= 98th centile

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APPENDIX 4

Dietetic Referral Forms

a) Adult Referral Form

b) Community Mental Health Team Referral Form

Appendix 4a

DIETETIC REFERRAL FORM (ADULTS)
Fax to: 0116 272 7228

Leicestershire Partnership NHS
NHS Trust
A University Teaching Trust
Family, Young People and Children's Services Division

FAX OR POST TO: Leicestershire Nutrition and Dietetic Service (Community), 11/12 Warren Park Way, Enderby, Leicester LE19 4SA Telephone: 0116 222 7170 website www.lnds.nhs.uk

Referrers Name……………………………………………………..Job Title……………………………………………

Referrers Correspondence Address…………………………………………………………………………………………

…………………………………………………………………… Tel No………………………Fax……………………..

Date of Referral	NHS NO:	PATIENT SURNAME:	FORENAME/S:
GP details: (if different to referrer above)		Date of Birth:	SEX: M / F
		Patient Full Address and Postcode:	
GP telephone no.	GP FAX No:	Pt. Telephone Consent to leave answer phone messages Y / N	Pt. Mobile Consent to receive text reminders Y / N
Main Carers Name and relationship to Pt:-		Carers contact number/s: (housebound pts)	

REASON FOR REFERRAL / DIET SUGGESTED (include details of relevant medical/social circumstances)

Please include the patients weight/BMI (estimate if necessary):- Does this patient eat a South Asian Diet Y / N

WEIGHT:	BMI:	SPECIAL REQUESTS: (e.g. Language/Housebound)

RELEVENT MEDICATION e.g. for diabetes, lipid control, weight management

Ethnic Origin – circle	White & Black African	Pakistani	Chinese	Other Ethnic background
White British	White & Black Caribbean	Bangladeshi	Other Asian background	Prefer not to state
White Irish	Other White background	African	Other Black background	
White & Asian	Indian	Caribbean	Other mixed background	

RELEVANT TEST RESULTS FOR REFERRAL e.g.

Known Allergies……………………………………………………

RECENT B.P…………………………………………………………

CHOLESTEROL……………………………………………………..

TRIGLYCERIDE……………………………………………………..

HBA1c………………………………………………………………

Other relevant Biochemistry……………………………………..

DIETETIC OFFICE USE ONLY

Clinical coding…………………………………………………….

Clinic Locality……………………………………………………..

FLA: WGT / DM / CHOL / HPC / NO FLA

Prev. History……………………………**Alerts**………………..

APPNT / DX NCM / REF………………………………

INCOMPLETE REFERRALS WILL BE RETURNED

The information contained in this referral is privileged and confidential. It is intended for the exclusive use of the addressee printed above. If you are not the addressee, any disclosure, reproduction, distribution or other dissemination or any other use of this referral is prohibited. If this referral has been sent to you in error, please contact us on the above telephone number in order that we can arrange for it to be returned .

NOV 2011

Appendix 4b

Leicestershire Nutrition and Dietetic Service
Leicestershire Partnership NHS Trust

Community Referral Form

(for use by professions providing community and outpatient Mental Health or Learning Disability Services)

Clients Details
NHS No ______________________
Name ______________________
Address ______________________
____
____
Date of Birth ______________________
Telephone number ______________________
Sex __________ M / S / W / D
Ethnicity ______________________

Carers/Parents or Guardian
Name ______________________
Address ______________________
____
____
Relationship to Client ______________________
Telephone Number ______________________

GP Name ______________________
Address ______________________
____
PCT ______________________

Key Worker ______________________
Profession ______________________
Team ______________ Adult/Elderly/Other
Based at ______________________
Telephone Number ______________________

Date of Referral

Client

- ***Can attend Dietetic Out Patients***
- ***Attends Day Hospital***
- ***Needs a home visit***

(reason)______________________

(Please delete those which do not apply)

If attends Day Hospital or Outpatients please state where and days attending/appointment date if known, or preferred appointment venue
____
____

Reason for Referral: ______________________
____

Clinical Details *(mental health problem, relevant details e.g. Diabetes, current medication* ______________________
____

Other relevant information *(Community Services provided, other workers involved)* ______________________
____

Please return to Leicestershire Nutrition and Dietetic Service, Evington Centre, Gwendolen Rd, Leicester, LE5 4QG

APPENDIX 5

Care Home Referral

Please use this document to refer a resident to Leicestershire Nutrition and Dietetic Service (LNDS) that you consider to be at nutritional risk and you are requesting dietetic support with. The document asks for evidence that you have already nutritionally screened the resident and have tried the 'food first' advice set out in the LNDS 'Nutrition Support Resource Pack for Care Homes'. See also our website for more information www.lnds.nhs.uk (health professionals tab and then 'clinical services available)

Incomplete documents will not be accepted and will be returned to the care home

Please return completed document and 3 days accurate food record charts to:
Leicestershire Nutrition and Dietetic Service
11 and 12 Warren Park Way, Enderby LE19 4SA
Fax: 0116 2727228

For: Name ………………………………………………………. **DOB**……….……………………. **NHS No**…………………………………..……

Care Home Address……

Tel number …………………………… **Fax number** ……………………………………… **Ethnic origin**………..……………………………

GP Name and Practice……

……………………………………………………………………………………………….**GP Tel Number** ……………………………………

1. Reason for referral

…….

……

How long has the resident had this problem? ………………………………………………………………………………………………

2. Current health problems

Does the resident have any of the following?

Diabetes	Yes/No	Constipation	Yes/No	Respiratory problems	Yes/No
Stroke	Yes/No	Diarrhoea	Yes/No	Cancer	Yes/No
Dementia	Yes/No	Nausea	Yes/No	Pressure ulcers	Yes/No
Depression	Yes/No	Vomiting	Yes/No	Deteriorating health	Yes/No
Communication difficulties	Yes/No	Dentures	Yes/No	Swallowing difficulties	Yes/No

3. Recent medical involvement

(i) When did the resident last see their GP or when was the GP contacted about the resident? Date…………………………….

(ii) What did the GP advise? ……………………………………………………………………………………………………….

………..

(iii) Has the resident had any recent hospital admissions/appointments? Yes/No

If yes, what was the reason? ……

(iii) Has the resident been seen by Speech and Language Therapy recently? Yes/No

4. Medications and blood results

(i) Please list all medication the resident is taking: …………………………………………………………………………………………………..

……..

………

(ii) Any recent blood results that are relevant? ……………………………………………………………………………………………………..

……

5. Nutritional Risk Score and weight

(i) Nutritional score? ……………Tool used e.g. MUST, LNDS ………………Current Weight ……………….Kg   Height …………………..cm

(ii) Monthly weights over last 6 months

Weight ……………….Kg Date ………………   Weight ……………….Kg Date ………………   Weight ……………….Kg Date ………………….

Weight ……………….Kg Date ………………   Weight ……………….Kg Date ………………   Weight ……………….Kg Date ………………….

(iii) Any oedema   Yes/No   If yes, is it managed by medication   Yes/No

6. Current food and fluid intake

(i) What are the resident's normal eating habits for meals and snacks?

Do they……. eat all / eat more than half / eat less than half / eat very little (delete as appropriate)

(ii) What are the resident's current eating habits for meals and snacks?

Do they……. eat all / eat more than half / eat less than half / eat very little (delete as appropriate)

(iii) Does the resident need assistance with eating and drinking Yes/No

(iv) Does the resident like milky drinks Yes/No

(v) On average how much fluid does the resident drink each day? …………………………..ml or ………………..cups

(vi) Does the resident have a modified texture diet Yes/No

If yes is it …. soft / mashable / pureed / thickened fluids (delete as appropriate)

Has this been recommended by SaLT? Yes/No

7. Nutritional Intervention

Please complete this as fully and accurately as possible * indicates page number in the 'LNDS Nutritional Support Resource Pack for Care Homes' to refer to.

Intervention	Yes / No / NA	Comments	Action
Full cream milk is used for all drinks and in cooking			
Milk powder is used to fortify milk (*page 23)			
Foods are fortified with milk powder / cream, natural yogurt (*page 16 to 18, 27) Or Build Up / Complan soups are provided (*page17)			
Extra cheese/ butter is added to savoury meals when			

appropriate (*page16)			
Nutritious drinks are offered several times a day e.g. milky drinks (made with fortified milk) – milkshakes (*page 23) coffee, hot chocolate, malted drinks; e.g. fruit juice, fruit smoothies e.g. Build Up or Complan Shakes			
Nutritious snacks of appropriate texture are offered in between meals (*page 22)			
A snack is offered at supper time			
If applicable, any oral nutritional supplements (ONS) prescribed are given separate to and in addition to normal meals (unless advised otherwise) …………………………………………………………………… - Please name ONS and how many times offered each day …………………………………………………………………… - How much of the ONS is the resident taking? …………………………………………………………………… - How long has the resident been taking the ONS?	……………… ……………… ………………	…………………………………………… …………………………………………… ……………………………………………	…………………………… …………………………… ……………………………
An up to date nutrition care plan is in place (*page 13, 35)			

8. Any other relevant information ……

……..

Form completed by:

Name……………………………….…….…………Role:…………………………………….……...……Date……………………………

Please include 3 days completed food record charts (page 39***)**

LNDS use only

Patient Name …………………………………………………………...

NHS No ……………………………………………………………

Tiara No ……………………………………………………………

Care home ……………………………………………………………

	Date and / or comments
Received	
Checked	FRC Yes/No Accepted? Yes/No
Returned to care home	
Dietetic team	
Clinical coding	
Alerts	
Outcome	Appt / DX NCM

Acknowledgement -This document is adapted from Cambridgeshire Community Services Nutrition and Dietetics Services Care Home Referral Form March 2012

APPENDIX 6

Criteria for Housebound Patients

Appendix 6

Leicestershire Nutrition and Dietetic Service

Criteria for Housebound Patients

GP practice/residential nursing home referrals into Primary Care

Our service receives a high volume of domiciliary requests and there is often a wait of over 4 weeks for this service. To help to minimise the wait when a referrer has indicated that a patient is housebound, we will write to offer them a range of options. If more patients/carers are able or can be encouraged to choose alternative options to access our service the waiting time for a visit may improve for patients for whom a visit is the only possible option.

Depending on the reason for referral most patients will receive a diet sheet within days of the referral being received and for some patients this may prove to be sufficient.

- We do encourage patients who are well enough to travel to come to outpatients clinics. It is often possible for patients to arrange for an ambulance to take them to their appointment if their condition makes driving/using public transport a problem. This can include patients who reside in residential care homes.

- It can be beneficial to speak with the person who may buy and prepare food for the patient and therefore we will invite them to attend a clinic appointment to speak with the Dietitian without the patient if they are not well/mobile enough to travel.

- Some patients or their carers can benefit from telephone contact only. Please indicate on the referral if you feel telephone advice would be appropriate.

Home visits are no longer offered to patients who are morbidly obese they will receive advice via the range of options discussed above.

In exceptional circumstances the Dietitian may arrange to visit a patient at home.

To enable us to prioritise referrals the referrer should clearly state that the patient is house bound and a contact number for the patient should be provided. It would be useful if the referrer could provide details carers/relatives who can be contacted also especially in circumstances when they need to know how to provide the dietary needs of the person they are caring for, e.g. food fortification and texture modification advice.

Follow up contacts – although some follow up visits are made by the dietitian to the patients home these are now increasingly being managed by telephone or the patient is encouraged to come to outpatients clinic and transport can be arranged. Referrers will be communicated with about follow up arrangements after the dietitian has initial contact with the patient and this will explain the dietetic care plan and management agreed.

Referrals from Leicestershire Partnership Trust

The above criteria will apply however each request for a home visit will be considered individually according to need. For example, the majority of clients referred for help with weight management will be expected to demonstrate motivation to follow a healthier lifestyle by attending dietetic outpatients. For clients referred with poor diet or malnutrition home visits will be arranged in line with the above criteria.

Clients with mild learning difficulties and who are mobile will be encouraged to attend outpatient clinics within their local area. Requests for home visits for people with learning difficulties will be considered on an individual basis following the criteria above as well as considering the degree of learning difficulty, effect on behaviour and care and support available.

If a home visit is being requested, the referral letter/form should clearly state this as well as the contact number and name of the carer and relationship to the client so that a suitable appointment can be made.

Home Enteral Nutrition Service

Home visits are normally made by the Home Enteral Nutrition Team.

APPENDIX 7

4 day Food and Fluid Chart

Leicestershire Nutrition and Dietetic Service NHS

NUTRITION SCREENING TOOL FOOD CHART

Side 2

NAME…………………………………………………….. **WARD……………………………………………………**

Please Record (a) Type of food e.g. Cottage Pie (b) Circle amount of food eaten, for meals / snacks / supplements

DATE:						**DATE:**					
BREAKFAST						**BREAKFAST**					
Cereal	0	1/4	1/2	3/4	All	Cereal	0	1/4	1/2	3/4	All
Toast / bread (no of slices)	0	1/4	1/2	3/4	All	Toast / bread (no of slices)	0	1/4	1/2	3/4	All
Marg ( ) Preserves ( ) tick if yes						Marg ( ) Preserves ( ) tick if yes					
Other	0	1/4	1/2	3/4	All	Other	0	1/4	1/2	3/4	All
Drink	0	1/4	1/2	3/4	All	Drink	0	1/4	1/2	3/4	All
SNACK	0	1/4	1/2	3/4	All	**SNACK**	0	1/4	1/2	3/4	All
Drink	0					Drink	0	1/4	1/2	3/4	All
LUNCH	**teaplate size portion YES / NO**					**LUNCH**	**teaplate size portion YES / NO**				
Main course	0	1/4	1/2	3/4	All	Main course	0	1/4	1/2	3/4	All
Potato / rice	0	1/4	1/2	3/4	All	Potato / rice	0	1/4	1/2	3/4	All
Vegetable	0	1/4	1/2	3/4	All	Vegetable	0	1/4	1/2	3/4	All
Dessert / fruit	0	1/4	1/2	3/4	All	Dessert / fruit	0	1/4	1/2	3/4	All
Other	0	1/4	1/2	3/4	All	Other	0	1/4	1/2	3/4	All
Drink	0	1/4	1/2	3/4	All	Drink	0	1/4	1/2	3/4	All
SNACK	0	1/4	1/2	3/4	All	**SNACK**	0	1/4	1/2	3/4	All
Drink	0	1/4	1/2	3/4	All	Drink	0	1/4	1/2	3/4	All
EVENING MEAL	**teaplate size portion YES / NO**					**EVENING MEAL**	**teaplate size portion YES / NO**				
Sandwich	0	1/4	1/2	3/4	All	Sandwich	0	1/4	1/2	3/4	All
Main course	0	1/4	1/2	3/4	All	Main course	0	1/4	1/2	3/4	All
Vegetable	0	1/4	1/2	3/4	All	Vegetable	0	1/4	1/2	3/4	All
Potato / rice	0	1/4	1/2	3/4	All	Potato / rice	0	1/4	1/2	3/4	All
Dessert / fruit	0	1/4	1/2	3/4	All	Dessert / fruit	0	1/4	1/2	3/4	All
Other	0	1/4	1/2	3/4	All	Other	0	1/4	1/2	3/4	All
Drink	0	1/4	1/2	3/4	All	Drink	0	1/4	1/2	3/4	All
SNACK	0	1/4	1/2	3/4	All	**SNACK**	0	1/4	1/2	3/4	All

EVALUATION

Action taken following evaluation of 4 days intake : **Signature...................………………………………..**

☐ Eating well and no weight loss – discontinue ☐ Poor intake, refer to screening tool action plan ☐ Continue to monitor

Leicestershire Nutrition and Dietetic Service NHS

NUTRITION SCREENING TOOL FOOD CHART

Side 1

NAME………………………………………………….. WARD……………………………………………………

Please Record (a) Type of food e.g. Cottage Pie (b) Circle amount of food eaten, for meals / snacks / supplements

DATE:						**DATE:**					
BREAKFAST						**BREAKFAST**					
Cereal	0	1/4	1/2	3/4	All	Cereal	0	1/4	1/2	3/4	All
Toast / bread (no of slices)	0	1/4	1/2	3/4	All	Toast / bread (no of slices)	0	1/4	1/2	3/4	All
Marg ( ) Preserves ( ) tick if yes						Marg ( ) Preserves ( ) tick if yes					
Other	0	1/4	1/2	3/4	All	Other	0	1/4	1/2	3/4	All
Drink	0	1/4	1/2	3/4	All	Drink	0	1/4	1/2	3/4	All
SNACK	0	1/4	1/2	3/4	All	**SNACK**	0	1/4	1/2	3/4	All
Drink	0	1/4	1/2	3/4	All	Drink	0	1/4	1/2	3/4	All
LUNCH	**teaplate size portion YES / NO**					**LUNCH**	**teaplate size portion YES / NO**				
Main course	0	1/4	1/2	3/4	All	Main course	0	1/4	1/2	3/4	All
Potato / rice	0	1/4	1/2	3/4	All	Potato / rice	0	1/4	1/2	3/4	All
Vegetable	0	1/4	1/2	3/4	All	Vegetable	0	1/4	1/2	3/4	All
Dessert / fruit	0	1/4	1/2	3/4	All	Dessert / fruit	0	1/4	1/2	3/4	All
Other	0	1/4	1/2	3/4	All	Other	0	1/4	1/2	3/4	All
Drink	0	1/4	1/2	3/4	All	Drink	0	1/4	1/2	3/4	All
SNACK	0	1/4	1/2	3/4	All	**SNACK**	0	1/4	1/2	3/4	All
Drink	0	1/4	1/2	3/4	All	Drink	0	1/4	1/2	3/4	All
EVENING MEAL	**teaplate size portion YES / NO**					**EVENING MEAL**	**teaplate size portion YES / NO**				
Sandwich	0	1/4	1/2	3/4	All	Sandwich	0	1/4	1/2	3/4	All
Main course	0	1/4	1/2	3/4	All	Main course	0	1/4	1/2	3/4	All
Vegetable	0	1/4	1/2	3/4	All	Vegetable	0	1/4	1/2	3/4	All
Potato / rice	0	1/4	1/2	3/4	All	Potato / rice	0	1/4	1/2	3/4	All
Dessert / fruit	0	1/4	1/2	3/4	All	Dessert / fruit	0	1/4	1/2	3/4	All
Other	0	1/4	1/2	3/4	All	Other	0	1/4	1/2	3/4	All
Drink	0	1/4	1/2	3/4	All	Drink	0	1/4	1/2	3/4	All
SNACK	0	1/4	1/2	3/4	All	**SNACK**	0	1/4	1/2	3/4	All

Continued overleaf………

Appendix 8

Leicestershire Nutrition and Dietetic Service
Leicestershire Home Enteral Nutrition Service NHS

REFERRAL FORM

Please complete the details below and return this referral form to the Home Enteral Nutrition Team Either:

By post: Leicestershire Nutrition and Dietetic Service
Home Enteral Nutrition Service
11 and 12 Warren Park Way
Enderby, Leicester. LE19 4SA. Tel: (0116) 2727216

Or by fax: (0116) 2727229

Hospital:	Ward & Ext Number:	Ward Dietitian:	Ext Number:	Bleep:

Patient Sticker: Unit No: M/F Surname: Forename: Address: Postcode: Date of Birth: Telephone no:	Tiara No: NHS Number : Date of commencing Enteral Nutrition in hospital: Enteral Feeding Route (please tick): ☐ PEG ☐ Jejunostomy ☐ PEG -J ☐ Other (please specify) ☐ NG ☐ RIG

Hospital Consultant (and initials if possible): Speciality:	GP (with initials, address and telephone number):

Discharge Destination: Tel No: Name of carer (if not going to Nursing home): Relationship to patient:
Diagnosis:

Current Feeding Regimen:	Weight:

Any other information:

Proposed date of discharge:	Doctor's signature: Date of referral:

Updated November 2009

APPENDIX 9

Adult Speech and Language Therapy Referral Form

Adult Speech and Language Therapy Service

Adult Speech & Language Therapy Service Referral Form (Community Health Services)

Name: **DOB:** **NHS No.:**

Address:

Tel: **Next of Kin:**

Languages Spoken: **Interpreter Required** ☐ **Ethnicity:**

Inpatient Info.: Hospital / Unit: **Ward:** **N/A** ☐

GP Name and Address:

Referrer (if not GP):

Contact No:

Relevant Medical History:

Reason for referral:

On modified diet (e.g. thickened fluids, pureed diet) and change in condition ☐

Feeling like food / drink is 'going down the wrong way' ☐

Coughing, choking immediately following or during eating and / or drinking ☐

Alternative feed in progress and improvement in condition ☐

Other / More information of difficulty: (e.g. duration of difficulty)

Slurred speech ☐

Stammering ☐

Using non or 'made up' words or using words in the wrong place ☐

Unable to communicate verbally ☐

Speech of reduced intelligibility, hoarse voice, low volume etc ☐

Difficulties forming words ☐

Not following spoken commands (with no significant hearing loss) ☐

Difficulties finding words ☐

Other Information (e.g. need for home visit, health & safety issues, other professionals involved, next of kin, religion etc):

Signed: **Print Name:** **Date:**

Where possible form should be signed by doctor. If not, is medical consent for assessment documented in medical notes

Send form to: ……………………………………………………………
Adult Speech and Language Therapy Dept. Prince Philip House, Malabar Road, Leicester LE1 2NZ

Or Fax: 0116 295 4698 **June 2012**

APPENDIX 10

Occupational Therapy Referral Form

Leicestershire County and Rutland Community Health Services

ADULT THERAPIES

REFERRAL REQUEST

Please tick required therapy option:

Physiotherapy □ **Occupational Therapy** □ **PT & OT** □

Urgent □ **Routine** □

Patient Details:

Patients Name ____________________________________

Address ____________________________________

____

Day Time Tel No __________________________________

Date of Birth _______________ Hospital Unit No. _______

Diagnosis / Injury:

Date of Surgery (if applicable):

Details:

X-Ray results (if applicable):

Treatment Required:

PMH and presenting problem (eg Heart condition, epilepsy etc):

Consultant Signature: Date of Referral:

Contact Number: Date next Clinic appointment: