

Nutritional Care Policy

(Acute & Specialist Services)

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Document Development Coversheet

NHS SHETLAND DOCUMENT DEVELOPMENT COVERSHEET*

Name of document	Nutritional Care Policy		
Registration Reference Number	NUPOL002	New <input type="checkbox"/>	Review <input checked="" type="checkbox"/>
Author	Nutritional Steering Group		
Executive Lead	Kathleen Carolan		

Proposed groups to present document to:	
Nutritional Steering Group (NSG)	Hospital Management Team (HMT)
Equality Network (EN)	SCN/Sisters and Team Leaders Group (SCN&S/TLG)
Patient Focus Public Involvement (PFPI)	Consultants Group

DATE	VERSION	GROUP	REASON	OUTCOME
26/06/14	1	Nutritional Steering Group	For comment	Changes made to document
	1	SCN & TLG	For comment	AC
		Consultants Group	For comment	-
31/07/2014	2	Hospital Management Team	For comment	-
		PFPI	For comment	-
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Examples of reasons for presenting to the group	Examples of outcomes following meeting
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DATE	CHANGES MADE TO DOCUMENT
26/06/2014	Layout of document / appendices / following comments from NSG
30/07/2014	Additional header sections added for managed mealtimes, guidance on artificial nutritional support, guidance on food and fluid provision in outpatients and A&E (changes made by DNAS).

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Policy for Nutritional Care for Patients in Hospital

1.0 PURPOSE

This is an updated document and has been produced by the Nutritional Steering Group (NSG) and should be read in conjunction with the NHS QIS Standards and local policies and procedures.

The purpose of this document is to provide a framework for ensuring that nutritional care standards are met and the policy aims are that:

- Patients receive a high standard of nutritional care whilst in hospital
- Food and fluids are effectively provided to meet patient needs whilst in hospital (including special dietary requirements and preferences)
- All patients admitted to NHS Shetland are screened within 24 hours of admission using the Malnutrition Universal Screening Tool (MUST) and reassessed as appropriate. Appropriate care plans are developed based on the screening outcome and patient preferences.

2.0 INTRODUCTION

Every patient in Scotland is entitled to expect that the treatment they receive is safe and meets the highest clinical standards. Good nutritional care, adequate hydration and enjoyable meal times can improve health and well-being, as well as increasing resistance to disease and improving recovery times from illness, trauma or surgery. Achieving adequate nutritional support for all patients admitted to hospital is an organisational priority.

Medical evidence shows drinking enough water (i.e. adequate hydration) can also assist in preventing or treating pressure ulcers, urinary tract infections, heart disease, low blood pressure and diabetes.

NHS Shetland will ensure that appropriate food, drink and specialised nutrition is made available to each individual patient and our commitment is to ensure that:

- We provide food that is nutritionally balanced and supports health
- We identify patients who are at risk from poor nutrition, dehydration or swallowing difficulties and support them to meet their nutritional needs
- Patients are able to make an informed choice
- Patients receive support to eat meals, if required
- Patients receive access to meals that are appropriate to their cultural background, or Religious and philosophical beliefs
- Patients receive meals and nutrition that takes into consideration any allergies or intolerances

NHS Shetland will also make provision for a range of catering services which will reflect the activity of the hospital and needs of staff and visitors. A Managed Mealtimes Policy is in operation and shown in Appendix 1.

This policy describes how we meet national standards including:

- Healthcare Improvement Scotland (2003). Clinical standards - Food, fluid and

nutritional care in hospitals

- National Institute for Health and Care Excellence (2006). Nutrition support in adults: oral nutrition support, enteral tube feeding and parenteral nutrition, CG32. London
- The Scottish Government (2008). Food in Hospitals: National Catering and Nutrition Specification for Food and Fluid Provision in Hospitals in Scotland. Edinburgh.
- Healthcare Improvement Scotland (2011). Making meals matter
- Dental Services Oral Health Care recommendations

3.0 SCOPE OF THE POLICY

The scope of this policy is to provide guidance on the management of patients, staff and visitors with nutritional needs whilst they are in hospital (in both the inpatient and outpatient setting). It does not include the procedures that relate to the management of patients in the community setting.

This policy will be followed by all members of staff involved at any stage of the food chain e.g. catering, dietetic, pharmacy, nursing, medical, speech and language therapist and portering staff.

4.0 BACKGROUND

This policy is intended to set out the principles and procedures underpinning the approach to the management and nutritional care of the patients and support for families and carers. It also signposts the reader to other important guidelines, policies and procedures associated with nutritional care management as shown in Appendix 1

The policy content is based on guidance and best practice statements e.g. Health Improvement Scotland: Food Fluid and Nutrition Care in Hospitals. It also reflects national policy on patient safety and clinical quality standards.

There are clear links between this policy and others which are identified in Appendix 1.

5.0 POLICY DEVELOPMENT

The Nutritional Steering Group was established with membership including representation from: dietetics, catering services, link nurses, midwifery and community care. The group reviewed the existing guidance, procedures and policies as well as Food Fluid and Nutrition Care in Hospitals guidance published by Health Improvement Scotland and national policy and strategy detail.

The policy content has been developed through consultation including contributions from:

- Nutritional Steering Group
- Hospital Managers Team
- SCN / Sisters and Team Leaders Group
- NHS Dental Services

- Equality Network
- Patient Focus Public Involvement Steering Group
- Consultants Group

6.0 ROLES & RESPONSIBILITIES

The **Chief Executives of the Health Board** has overall responsibility for ensuring that all care offered to patients / clients conform to the required standards. That responsibility includes ensuring that hospital food and fluid provision in hospital meets national standards and the needs of patients, carers and staff.

The Director of Nursing & Acute Services – is the executive lead for this policy area and is responsible for ensuring that appropriate governance systems are in place to support the delivery of Nutritional care to patients, staff and visitors using NHS Shetland Acute & Specialist Services.

Senior Managers – (in general) are responsible for ensuring that all staff groups support and/or adhere to the policy and that there are appropriate resources in place to implement the key aims of the policy.

All Medical Staff are responsible for ensuring that patients with nutritional requirements receive appropriate medical care in hospital on discharge to community setting.

All clinicians involved in providing care should ensure that there is good communication between health and social care teams and working with the patient and relatives to ensure that their wishes are appropriately incorporated into decisions about their management and care and that the patient and relatives are kept fully informed.

Senior Nurses – e.g. The Chief Nurse (s) are responsible for ensuring that the policy is monitored and that any associated governance issues are highlighted through an appropriate route e.g. Hospital management Team and corrective actions taken (e.g. ensuring that resources for training are in place).

Senior Charge Nurses carry the day-to-day operational responsibility for ensuring that patients who have nutritional care requirements, have a full holistic assessment of their needs and that the wider nursing team are able to appropriately provide management and care to the patient / client.

Dietician and Pharmacist - To provide expert advice and support to clinical staff concerning general nutritional care, artificial nutritional support and interactions between medications and nutrients.

Head of Catering is responsible for ensuring that meals are provided and the food meets national standards for quality and nutritional value.

All clinical staff have a responsibility to provide management and care using the principles and care plans set out in the Nutritional Care Policy and ensure that this care is managed with the utmost respect and sensitivity.

7.0 DEFINITIONS

Healthy Eating

Healthy eating is used to describe the Government's Directives for eating for health. These guidelines include eating lower fat/lower sugar foods and more fruit and vegetables, plenty of starchy carbohydrates, with smaller amounts of protein from meat, fish, milk and vegetarian sources. The guidelines are meant for healthy adults and may not be suitable for children, the elderly, those who are unwell or malnourished.

Any patient requesting weight loss advice and support should be signposted to seek advice from their GP or Practice Nurse.

Malnutrition Universal Screening Tool (MUST)

This is the tool that is used by NHS Shetland to identify patients who are or are at risk of being malnourished. The tool takes into account a patient's current intake, history of any weight loss, barriers to maintaining nutritional intake and stress factors.

Malnutrition

The terms malnutrition, under nutrition, sub-nutrition and sub-clinical nutritional deficiency are often used interchangeably. Malnutrition is an overall term that encompasses:

- Under nutrition due to inadequate food intake
- Deficiencies of specific nutrients
- Dietary imbalance due to disproportionate intake of certain nutrients

Malnutrition includes overweight and obesity. These conditions result from an excessive intake of energy.

Nutrition Support

At its most simple nutrition support is to provide adequate food and drink to meet a person's nutritional needs. It may involve avoiding food that causes an allergic reaction. It may however, encompass food fortification, extra snacks, and supplements, enteral tube feeding or parenteral nutrition.

Enteral Tube Feeding

Indicated when oral feeding is unsafe or insufficient. It is a specialised liquid feed which is placed directly into the gastrointestinal tract.

Parenteral Nutrition

Is a highly specialised liquid nutrition which is administered into the circulatory system via central access lines.

Special Diets including Therapeutic Diets

Food or fluid which has had its nutrients or texture modified to meet the nutritional needs of a patient. This forms part of their medical treatment to prevent or alleviate symptoms or improve nutritional status.

Oral Care and Health including Dental Care

Mouth care is the care given to the oral mucosa, lips, teeth and gums in order to promote health and prevent and treat disease. It involves assessment, correct care and patient education to promote independence in oral health care.

Religious or Personal Belief

Belief means any religious or ethical viewpoint and may include for example halal diet or vegan diet when describing personal nutritional care requirements and preferences.

8.0 PLANNING OF CARE AND TREATMENT

Depending on the reason for admission a variety of tests / interventions may be required. Planning of care and treatment requires consideration of the individual care requirements of the patient, including their ongoing nutritional requirements. Other teams or departments may need to be made aware that the patient has nutritional care needs so that adequate planning can take place (e.g. Dietician, Dental, Speech and Language, Catering and Stores). See admission flowchart Elective / Emergency in Appendix 2e for management process.

8.0 THE PROVISION OF FOOD & FLUIDS IN HOSPITAL

On admission a multidisciplinary assessment should accurately identify and record:

- a. Height (or ulna length) and weight, with the date that these measurements were taken
- b. food allergies
- c. eating and drinking likes and dislikes
- d. therapeutic diet requirements
- e. cultural, ethnic or religious dietary requirements
- f. social and environmental mealtime requirements
- g. physical difficulties with eating and drinking, and
- h. the need for help and support with eating and drinking, for example equipment or community meals

Risk assessments must be reviewed daily or an appropriate frequency agreed for longer stay patients.

All hospital in-patients should be screened for malnutrition or the risk of malnutrition within 24 hours of admission using the Malnutrition Universal Screening Tool (shown in Appendix 2a).

If this information is not available or cannot be obtained (e.g. height and weight recordings) a record of this and the reason why, should be documented on the MUST tool.

Patients with dementia or delirium should have a document setting out their preferences e.g. 'This is Me' and nutritional preferences should be recorded in this document by someone who knows them well. A flow chart setting out the process is shown in Appendix 2e.

As patient safety is paramount, particular attention should be given to patients with a swallowing difficulty. Where any risk to patient safety is suspected, a swallowing assessment will be made by either a Speech or Language Therapy (SALT) or appropriately trained nurse.

Screening should be repeated weekly for inpatients and recorded on the MUST tool. Where there is clinical concern, patients should be re-screened as appropriate and the update recorded in the patient's personalised care plan. An example of the care plan is shown in Appendix 2d.

If a patient requires closer monitoring then a food chart should be commenced as per the nutritional risk assessment. Oral nutritional supplements should only be supplied if they have been prescribed (by a nurse, doctor or dietician).

A patient may need additional support in the form of adapted cutlery, modified food consistencies or help with feeding. The details of the support required should be

recorded in the personalised care plan.

10.0 PATIENTS REQUIRING ARTIFICIAL NUTRITIONAL SUPPORT

Artificial nutritional support may also be considered or necessary for patients with malnutrition and guidance is shown in Appendix 3 along with the regimes and an example of the prescription.

If enteral feeding is indicated then the dietician will prescribe the first three enteral feed doses as a 'starter regime' and a permanent prescription will be agreed thereafter. The permanent prescription can be administered on a rolling basis and patients will be reviewed by the dietician at a frequency appropriate to the patients' individual clinical requirements. If the dietician is unavailable, then the doctor or a competent (non medical) independent prescriber should review the regime.

11.0 MANAGED MEALTIMES

Interruptions at mealtimes will be minimised other than for urgent situations or where prolonged investigations or treatments are necessary. Where a patient's meal is missed, the patient will be offered an alternative (see emergency meal provision).

12.0 OUT PATIENTS, PRE-OPERATIVE ASSESSMENT AND A&E

Nutritional assessment is not undertaken routinely for patients who are attending outpatient appointments; unless it is specific feature of the ongoing care plan e.g. patients attending the diabetic clinic or receiving cancer care. If this is the case, then the doctor, specialist nurses and dietician will decide what the most appropriate assessment and ongoing nutritional support should be – along with monitoring arrangements.

Patients attending pre-operative assessment should receive a nutritional risk assessment in the same way that patients admitted to hospital do (i.e. MUST screening) – and a nutritional care plan will be commenced at that stage as part of pre-operative preparation and optimisation.

Patients will not be routinely offered food in the outpatient setting as it is not clinically indicated - but staff should signpost patients to the availability of refreshments in the Restaurant.

MUST screening and nutritional care planning will commence in A&E and the documentation will follow the patient through on admission. A&E staff will record if when a patient last ate and drank as part of the initial assessment, where appropriate they may offer a patient refreshments and mechanisms are in place for snacks to be made available via the Restaurant. Patients will not be offered food routinely whilst waiting in A&E or if taking food orally is contraindicated (e.g. they need to be nil by mouth as part of the assessment process), but A&E staff will ensure that patient comfort is met/replaced if food and fluids are restricted.

13.0 ORAL HEALTH CARE

A healthy mouth is central to good nutrition, effective communication, comfort and acceptable personal appearance. There are evidence based local Oral Health Guidelines see Appendix 9a and care plans detailing the nursing role in providing oral health care and onward referral to a Dentist as required. Oral health may be compromised by the effect of aging, some medical conditions and their treatments. Oral Care Plans can be found in Appendix 9b/9c and should be used as appropriate.

14.0 EMERGENCY MEAL PROVISION & SNACKS

Contact the kitchen during opening hours and request a meal that the patient is able to eat. During the out of hours period when the kitchen is closed a meal can be provided from the ward snack stock or snack menu (shown in Appendix 4a) or an emergency snack box can be provided and they are held the vending machine. The emergency snack provision includes a vegetarian sandwich, a piece of fruit and a yogurt. Hot and cold drinks will be supplied at ward level. There is a process to follow if a patient is identified as requiring snacks, see Appendix 4b and 4c.

15.0 DISCHARGE PLANNING

This should begin as soon as is possible to minimise potential risk of delays in discharge. Any patient that is discharged on oral supplements, peg or a tube feeding regime should be referred to the dietician prior to discharge. See flow chart referral in Appendix 5a.

Communication with the multi-disciplinary team and outside agencies e.g. Scottish Ambulance Service (SAS), Occupational Therapist (OT), Care at Home team etc will be required to ensure appropriate arrangements are in place e.g. catering, assistive devices etc prior to discharge. Training may also need to be provided where necessary and carers prepared as part of the discharge planning process. The most recent reliable record of the patient's weight needs to be recorded in the patient's notes and communicated to the teams that will be providing care. Any special diet requirements highlighted to continuing care staff in the community. See guidance in Appendix 5b and 5c

It may be appropriate to arrange for the community staff to visit the patient in the ward prior to discharge and this should be organised in a timely manner.

16.0 EQUIPMENT

All Heads of Service are responsible for ensuring that the correct equipment is available to support patients with their nutritional and dietary requirements (e.g. crockery, utensils, napkins, non slip mats etc).

HoDs are also need to ensure that risk assessments are undertaken in respect of equipment required to support nutritional care (e.g. in cubicles and at the bedside) so that adequate space is available and equipment can be used safely and effectively. For instance a patient requiring parenteral nutrition may have additional infusion pumps and equipment in the space around the bed area and this should to be taken into consideration when moving and handling.

17.0 THERAPEUTIC & PERSONAL DIETARY NEEDS

The Catering Team provide a range of therapeutic meal options (e.g. high energy, gluten free etc) as well as meals to meet special dietary requirements associated with ethical or religious beliefs. Meal plans and guidance to order a special meal is shown in Appendices 6 & 7.

18.0 TRAINING

The training available is mapped against current best practice standards and guidelines and available in a number of formats e.g. online resources, locally provided 'taught' sessions and access to local specialists who can help with specific training requirements (e.g. the dietician, oral health advisers and nutritional link nurses).

It is the responsibility of the Head of Service to ensure that staff in their department have access to appropriate training opportunities including training offered at a departmental level if this is necessary.

It is the responsibility of the individual member of staff to ensure that they take the training opportunities available and they participate in compulsory training activities. Staff will consider competency and training requirements annually as part of the PDP review.

19.0 AUDIT & MONITORING

At an organisational level, there will be an ongoing review of procedures relating to the provision of nutritional care, through specific governance and business meetings such as:

- Nutritional Steering Group
- SCN Meeting
- Hospital Management Team
- Clinical Governance Committee

From a clinical governance perspective, multi-disciplinary teams will:

- Review of care standards at clinical governance meetings
- If adverse events occur, then cases will be reviewed as per the incident management policy shown in Appendix 1

The audit and review cycle will take place through:

- An annual audit of managed meal times in all inpatient areas
- Annual report on compliance with nutritional care standards
- Feedback from service users collated on a quarterly basis
- Monthly or bi-monthly review of CQI compliance and the completion of personalised care plans
- Review of incidents and complaints (in line with current policy on timescales etc) Appendix 1

There will also be an ongoing review of service provision in relation to care for the nutritional needs of the patient through specific fora:


- Nutritional steering group
- Link nurse meetings
- SCN Meeting
- Hospital Management Team
- Area Nursing & Midwifery Committee (ANMAC)

20.0 COMMUNICATION PLAN

This policy will be cascaded to staff via Heads of Department (HoD) and made available in electronic format on the Internet and Intranet. The Clinical Governance Committee is responsible for ensuring that the policy has been developed in accordance with the Framework on Document Development and is reviewed according to the schedule set.

21.0 KEY PERFORMANCE INDICATORS – Included in quality scorecard

Indicator	Measure of Performance	Comments
All in-patients will have a Malnutrition Universal Screening Tool (MUST) assessment on admission	100% of patients have an appropriate assessment (as per audit) 100% of patients will have their MUST assessment completed within 24 hours of admission (as per audit)	
All in-patients will have a Malnutrition Universal Screening Tool assessment updated as per the clinical assessment	100% of patients have an appropriate assessment (as per audit)	
All in-patients will have a personalised nutritional care plan if MUST score is medium risk level or above	100% of patients have an appropriate personalised care plan (as per audit)	
All staff are aware of the Nutritional Care policy and procedures	100% of staff in wards, A&E and OPD understand the policy and procedures – and know where to access them (as per audit)	

Please affix Patient label:		Appendix 2c NUTRITION CORE CARE PLAN WARD		Please document review & discharge date, with signature Please document NA if not applicable do not leave blank			
PROBLEM	EXPECTED OUTCOME	NURSING INTERVENTION	REVIEW DATE	SIGNATURE	DISCHARGE DATE		
<p>PATIENT HAS A MUST SCORE OF _____</p> <p>MAY BE AT RISK OF MALNUTRITION and DEHYDRATION DUE TO:</p> <p>-</p> <p>-</p> <p>-</p> <p>REQUIRES ASSISTANCE TO EAT AND DRINK AT MEALTIMES</p> <p>• SUPPORT REQUIRED: TICK LEVEL OF SUPPORT REQUIRED</p> <p>▪ FOOD MODIFICATION</p> <ul style="list-style-type: none"> ➤ SOFT ➤ PUREED ➤ FINGER FOOD ➤ FOOD CUT TO BITE SIZE PIECES <p>▪ UTENSILS REQUIRED/ DIGNITY WARE:</p> <ul style="list-style-type: none"> ➤ NON- SLIP PLACEMAT ➤ MODIFIED UTENSILS ➤ KEEP WARM DISH ➤ CUP WITH LID ➤ CUP WITH TWO HANDLES ➤ CONTOURED PLATE ➤ NYLON SPOONS 	<p>To maintain/improve patients overall nutritional status by:</p> <p>(Strike out not applicable)</p> <p>1) Parenteral Nutrition</p> <p>2) Enteral Nutrition</p> <p>3) Oral Nutrition, e.g. Increasing overall intake of food and fluids</p> <p>To maintain/increase their body weight</p>	<ul style="list-style-type: none"> • Commence Food & Fluid Chart for 3 days if MUST score of 1 or more. • If patient can't take food orally refer Dietitian and consider naso-gastric feeding • Any vomiting and/or diarrhoea, consider Antiemetics / Antidiarrhoeal medication • Consider referral to: <ul style="list-style-type: none"> ➤ Dentist, ➤ Speech And Language Therapy, ➤ Occupational therapist, ➤ and document • If patients have poor oral intake/appetite assist the patient to eat and drink, consider : <ol style="list-style-type: none"> 1) Providing additional high calorie/protein food/fluids, e.g. full cream ice-cream - 2) Trial Nutritional Supplements/Puddings, e.g. forticreme, fortisip as prescribed by the dietitian- <p>Reassess using MUST Screening Tool</p> <p>As per Step 5 Management Guidelines on Score Sheet</p> <ul style="list-style-type: none"> ▪ Document if a patient misses a meal. Ensure he/she is then provided with a meal/supplement that meets his/hers needs. 					

Written By: Naomi Brosnahan- Dietitian, Heather Chalmers- Staff Nurse, Laura Whittall- Ward Sister. Reviewed: March 2014.

References: Malnutrition Advisory Group (November 2003)

Appendix 1 Hyperlinks

<http://www.shb.scot.nhs.uk/board/policies/NutritionalCarePolicy.pdf>

<http://www.shb.scot.nhs.uk/board/policies/NutritionalCareStrategy.pdf>

<http://www.shb.scot.nhs.uk/board/policies/ManagedMealTimesPolicy.pdf>

<http://www.shb.scot.nhs.uk/board/policies/HealthyEatingPolicy.pdf>

<http://www.shb.scot.nhs.uk/board/policies/CateringStrategy.pdf>

<http://www.shb.scot.nhs.uk/board/policies/IncidentReportingAndInvestigation.pdf>

<http://www.shb.scot.nhs.uk/board/policies/HealthAndSafety2012.pdf>

<http://www.shb.scot.nhs.uk/board/policies/RiskAssessmentProcedureAndRiskRegisterGuidance.pdf>

<http://www.shb.scot.nhs.uk/board/policies/AdmissionProtocol.pdf>

<http://www.shb.scot.nhs.uk/board/policies/DischargeProtocol.pdf>

<http://www.shb.scot.nhs.uk/board/policies/ResusPolicy.pdf>

<http://www.shb.scot.nhs.uk/board/equality/EqualityAndDiversityPolicy.pdf>

<http://www.shb.scot.nhs.uk/board/policies/FallsPolicy-Inpatients.pdf>

<http://www.shb.scot.nhs.uk/board/policies/FrameworkForDocumentDevelopment.pdf>

http://www.bapen.org.uk/pdfs/must/must_full.pdf

<http://www.royalmarsdenmanual.com/view/onlineNhs.html>

<http://www.healthcareimprovementscotland.org/default.aspx?page=11926>

http://www.rcn.org.uk/_data/assets/pdf_file/0004/70375/Hydration_Toolkit_-_cover.pdf

http://www.healthcareimprovementscotland.org/previous_resources/standards/nutritional_care_-_2003.aspx

<http://www.cqc.org.uk/content/essential-standards>

<http://www.cqc.org.uk/>

http://www.bapen.org.uk/pdfs/coe_leaflet.pdf

Appendix 2a MALNUTRITION UNIVERSAL SCREENING TOOL (MUST) SCORE SHEET



(To be completed within 24 hours of admission for all patients over 16 years of age)

Date: _____ Time: _____

Name _____
 Address _____

 DOB _____
 CHI _____

Allergies, Therapeutic, Cultural, Religious & Ethnic Dietary Requirements:		
Assistance Required to Eat/Drink	Assistance required Ordering from Menus	Likes/Dislikes
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	

STEP 1 BMI score	+ STEP 2 Weight Loss Score	+ STEP 3 Acute Disease Effect																						
<table border="1" style="width: 100%;"> <tr> <td>BMI kg/m² Please Circle Score</td> <td></td> </tr> <tr> <td>>20(>30 Obese)</td> <td>= 0</td> </tr> <tr> <td>18.5-20</td> <td>= 1</td> </tr> <tr> <td><18.5</td> <td>= 2</td> </tr> </table>	BMI kg/m ² Please Circle Score		>20(>30 Obese)	= 0	18.5-20	= 1	<18.5	= 2	<table border="1" style="width: 100%;"> <tr> <td>Unplanned weight loss in past 3-6 months Please Circle Score</td> <td></td> </tr> <tr> <td>None</td> <td>= 0</td> </tr> <tr> <td>> ½ stone/3kg</td> <td>= 1</td> </tr> <tr> <td>> 1 stone/6kg</td> <td>= 2</td> </tr> </table>	Unplanned weight loss in past 3-6 months Please Circle Score		None	= 0	> ½ stone/3kg	= 1	> 1 stone/6kg	= 2	<table border="1" style="width: 100%;"> <tr> <td>Ability to eat Please Circle Score</td> <td></td> </tr> <tr> <td>Able to eat</td> <td>= 0</td> </tr> <tr> <td>Is unlikely to eat for >5 days</td> <td>= 2</td> </tr> </table>	Ability to eat Please Circle Score		Able to eat	= 0	Is unlikely to eat for >5 days	= 2
BMI kg/m ² Please Circle Score																								
>20(>30 Obese)	= 0																							
18.5-20	= 1																							
<18.5	= 2																							
Unplanned weight loss in past 3-6 months Please Circle Score																								
None	= 0																							
> ½ stone/3kg	= 1																							
> 1 stone/6kg	= 2																							
Ability to eat Please Circle Score																								
Able to eat	= 0																							
Is unlikely to eat for >5 days	= 2																							
<p>STEP 4 Overall Risk of Malnutrition</p>																								
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NUTRITIONAL CARE PLAN FOR PATIENTS WITH MUST SCORE OF ≥ 1

Assist with meals:	Sit patient upright Place cutlery and meal within patients reach Cut up food for patients Assist with feeding patients if required Use appropriate cutlery
To increase intake of food:	Commence Patient on a Red Tray Encourage them to make high kcal choices from the menu Offer small frequent meals If they cannot manage meals offer snacks every 2hours Make food look attractive; don't put patients off by giving large portions of food: they may prefer soup and a pudding instead of a main meal. Offer high calorie/protein snacks between meals, e.g. yoghurt, crackers and cheese, bread/buns/bannocks and spreads, e.g. jam, peanut butter, marmalade, custard, rice puddings, mini magnums, Mackies ice cream, drinks of whole milk. Offer milky drinks, milkshakes, Horlicks, Ovaltine, Drinking chocolate or coffee with milk. Add sugar to breakfast cereals, cups of tea/coffee and puddings Add butter to meals
If fatigue is a problem:	Always make sure patients are alert, and awake to take food Offer most nutritious foods first, e.g. milky puddings Maximise on the time when patients are most able to take food, by offering lots of high calorie/protein foods.
Sore mouth:	Offer appropriate medications if patient has ulcers/thrush, e.g. Nystatin Offer a soft/pureed diet, serve attractively, e.g. don't mix all pureed foods together! Make food moist with sauces and gravies Avoid foods that are hard and require a lot of chewing Avoid citrus fruits and drinks Avoid salt and spicy foods
Nausea and Vomiting:	Have cold foods in preference to hot as these emit fewer odours Keep away from cooking smells Sip flat lemonade or glucose-containing drinks Try dry ginger drinks and ginger biscuits
Early satiety	Eat small frequent meals Avoid high fat foods, which delay gastric emptying Avoid drinking large quantities when eating Use prokinetics, e.g. Metaclopramide or erythromycin to encourage gastric emptying

For further details see www.bapen.org.uk/must_tool.html
Lead: Head of Dietetic Service Review July 2014

2a

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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	31	30	30	29	28	28	27	27	27	15 2
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For further details see www.bapen.org.uk/must_tool.html
 Lead: Head of Dietetic Service Review July 2014

ADDRESSOGRAPH LABEL

PATIENT DETAILS

Food record chart – Ward

Please record all diet taken, including when the patient refuses diet. Fluids can be recorded but should also be recorded on a fluid balance chart.

PLEASE PROVIDE DETAILED DESCRIPTION OF ALL FOOD AND DRINK CONSUMED

	Example	Date	Date	Date
Breakfast	Full small bowl of porridge Full fat milk 1 tsp sugar			
Mid-morning	Cup of tea Full fat milk 1 tsp sugar Digestives x 2			
Lunch	½ small plate of mince Full bowl of jelly Scoops ice cream x 2 Cup of tea / juice			
Mid-afternoon	Cup of tea Full fat milk 1 tsp sugar Ginger Snaps x 2			
Evening Meal	1/3 large baked potato with cheese & 1 tomato Scoops ice cream x 2 Cup of tea / juice			
Supper	Large cup of Full fat milk or Horlicks or Hot Chocolate			

Addressograph Label

Patient Details

Guidance for Improving / Supporting Nutritional Intake For _____

Assist with meals:	Sit patient upright Place cutlery and meal within patients reach / Use appropriate cutlery Cut food for patient Assist with feeding patient if required
To increase intake of food:	Commence patient on a red tray Encourage them to make high kcal choices from the menu & offer small frequent meals If they cannot manage meals offer snacks every 2 hours Make food look attractive; don't put patients off by giving large portions of food: they may prefer soup and a pudding instead of a main meal Offer high calorie / protein snacks between meals, e.g. yogurt, crackers & cheese, bread, buns, bannocks, & spreads e.g. jam, peanut butter, marmalade, custard, rice puddings, mini magnums, mackies ice cream, drinks of whole milk Offer milky drinks, milkshakes, horlicks, ovaltine, drinking chocolate or coffee with milk Add sugar to breakfast cereals, cups of tea / coffee and puddings Add butter to meals
If fatigue is a problem:	Always make sure the patients are alert, and awake to take food Offer most nutritious food first, e.g. milky puddings Maximise on the time when the patients are most able to take food, by offering lots of high calorie / protein foods
Sore Mouth:	Offer prescribed medications if patient has ulcers / thrush Offer a soft 'pureed diet, serve attractively, e.g. do not mix all pureed food together! Make food moist with sauces and gravies Avoid food that are hard and require a lot of chewing Avoid citrus fruits and drinks Avoid salt and spicy foods
Nausea and vomiting:	Have cold food in preference to hot as these omit fewer odours Keep away from cooking smells Sip flat lemonade or glucose containing drinks Try dry ginger and ginger biscuits
Early satiety:	Eat small frequent meals Avoid high fat foods, which delay gastric emptying Avoid drinking large quantities when eating Use prokinetics as prescribed, e.g. metoclopramide or erythromycin to encourage gastric emptying

Appendix 2c

Food rules of religions

Food	Hindu	Muslim	Sikh	Jewish	Roman Catholic	Buddhist	Rastafarian	7 th Day Adventist	Mormon
Vegetables	A	A	A	A	A	A	A	A	A
Fruit	A	A	A	A	A	A	A	A	A
Milk / Yoghurt	Yoghurt only with vegetable rennet	Yoghurt only with vegetable rennet	A	A	A	A	A	Most	A
Cheese	Some	Vegetarian	Some	Not with meat	A	A	A	Most	A
Eggs	Some	No blood spots	Some	Kosher	A	F*	Some	Some	A
Chicken / Turkey	Some	Halal	Some	Kosher	Some still prefer to not eat meat, particularly during Lent or on Fridays	F*	Some	Some	A
Mutton / Lamb	F	Halal	Some	Kosher		F*	Some	Some	A
Beef	F	Halal	F	Kosher		F*	Some	Some	A
Pork	Rarely	F	Rarely	F		F*	F	F	A
Fish	With fins and scales	With fins and scales	Some	With fins, scales and backbone		Some	A	Some	A
Shellfish	Some*	Halal	Some	F		F	F	F	F
Nuts	A	A	A	A	A	A	A	A	A
Pulses	A	A	A	A	A	A	A	A	A
Tea / Coffee / Cocoa	A	A	A	A	A	A - No milk	A	A	F
Alcohol	Some*	F	A	A*	A	F	F	F	F
Fasting		Ramadan		Yom Kippur	Some for a short time before communion.				24 Hours once a month

A = Acceptable **F** = Forbidden **F*** = Some Buddhists are not vegetarian, depending on degree of orthodoxy.

Some* = In Asian tradition, eggs are not a vegetarian food. Hindus, particularly women, may not eat eggs since they are potentially a source of life. Some Asian adults may find the flavour of Western cheese rancid and very strong. Cheeses that are **not** made with animal rennet may be acceptable.

CARE REQUIREMENT		EXPECTED OUTCOME	NURSING INTERVENTION	REVIEW DATE	SIGNATURE	DISCHARGE DATE
<p>Please affix Patient label:</p> <p>..... HAS A MUST SCORE OF _____</p> <p>MAY BE AT RISK OF MALNUTRITION and DEHYDRATION DUE TO:-</p> <p>-</p> <p>-</p> <p>-</p> <p>REQUIRES ASSISTANCE TO EAT AND DRINK AT MEALTIMES</p> <p>DESCRIBE THE SUPPORT REQUIRED HERE (e.g. assistant with eating):</p> <p>FOOD MODIFICATION (TICK OPTIONS THAT APPLY)</p> <p><input type="checkbox"/> SOFT</p> <p><input type="checkbox"/> PUREED</p> <p><input type="checkbox"/> FINGER FOOD</p> <p><input type="checkbox"/> FOOD CUT TO BITE SIZE PIECES</p> <p>UTENSILS REQUIRED/ DIGNITY WARE:</p> <p><input type="checkbox"/> NON- SLIP PLACEMAT</p> <p><input type="checkbox"/> MODIFIED UTENSILS</p> <p><input type="checkbox"/> KEEP WARM DISH</p> <p><input type="checkbox"/> CUP WITH LID</p> <p><input type="checkbox"/> CUP WITH TWO HANDLES</p> <p><input type="checkbox"/> CONTOURED PLATE</p> <p><input type="checkbox"/> NYLON SPOONS</p>		<p>To maintain/improve</p> <p>.....</p> <p>overall nutritional status by:</p> <p>(Strike out not applicable)</p> <p>1) Parenteral Nutrition</p> <p>2) Enteral Nutrition</p> <p>3) Oral Nutrition, e.g. Increasing overall intake of food and fluids</p> <p>To maintain/increase their body weight</p>	<p>Ensure.....wishes are respected whilst supporting nutritional intake. Include..... and family in the decision making process and give..... the opportunity to communicate "what matters to me" within the assessment and agreed plan.</p> <p>Commence Food & Fluid Chart for 3 days if MUST score of 1 or more.</p> <p><input type="checkbox"/> If patient can't take food orally refer Dietitian and consider naso-gastric feeding</p> <p><input type="checkbox"/> Any vomiting and/or diarrhoea, consider</p> <p><input type="checkbox"/> Antiemetics / Antidiarrhoeal medication</p> <p>If necessary make a referral and document details in the health record:</p> <p><input type="checkbox"/> Dentist,</p> <p><input type="checkbox"/> Speech And Language Therapy,</p> <p><input type="checkbox"/> Occupational Therapist,</p> <p>If patients have poor oral intake/appetite assist the patient to eat and drink, consider the following options and document in the health record:</p> <p><input type="checkbox"/> Providing additional high calorie/protein food/fluids, e.g. full cream ice- cream</p> <p><input type="checkbox"/> Trial Nutritional Supplements/Puddings, e.g.forticreme, fortisip as prescribed by the dietitian</p> <p>Reassess using MUST Screening Tool</p> <p>As per Step 5 Management Guidelines on Score Sheet</p> <p>Document if a patient misses a meal. Ensure he/she is then provided with a meal/supplement that meets his/hers needs.</p>			

NUTRITION CORE CARE PLAN

WARD

Please tick all options that apply

Please document how frequently the care plan should be reviewed in the section below (e.g. every 8 hours, 24 hours etc). Sign and date each entry



Patient Name: CHI: Appendix 3	<h2 style="margin: 0;">ENTERAL TUBE FEEDING RECORD</h2>	
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The position of the nasogastric tube must be checked:

- Following initial insertion
- Before administration of EVERY feed
- Following episodes of vomiting, retching or coughing spasms
- Before ALL medication administration (Check medications are suitable for tube)
- If there are any new unexplained respiratory symptoms
- At least once daily if feeding continuous
- When there is suggestion of tube displacement

Patient Requirements	Energy (kcal/day)	Protein (g/day)	Fluid (ml/day)

Full Feed Provides	Total Volume (ml)	Energy (kcal)	Protein (g)	Potassium (mmol)	Sodium (mmol)	Fibre (g)

Initial Prescription

Date	Feed Type	Volume @ Rate (mls @ mls/hr)	Duration (hrs)	Break (hrs)	Dietitian Signature	1.Start Time 2.End Time	External Tube length	pH (<5.5)	Additional Comments (i.e variances from prescription, problems with feed/tube or any problems experienced by patient)	Batch No. And Expiry Date Of Feed	Nurse Signature
						1. 2.					
						1. 2.					
						1. 2.					

Flush tube with _____ml of water pre and post feed. Flush tube with _____ml of water pre and post medication.

Additional fluid _____



Permanent prescription **Date:**

Patient Name: _____

CHI: _____

Feed Type	Volume @ Rate (mls @mls/hr)	Duration (hrs)	Break (hrs)	Dietitian Signature



Flush tube with _____ ml of water pre and post feed. Flush tube with _____ ml of water pre and post medication.

Additional fluid _____

Date	Feed Type	Volume @ Rate (mls @mls/hr)	Duration (hrs)	Break (hrs)	1.Start Time 2.End Time	External Tube length	pH (<5.5)	Additional Comments (i.e variances from prescription, problems with feed/tube or any problems experienced by patient)	Batch No. And Expiry Date Of Feed	Nurse Signature
					1. 2.					
					1. 2.					
					1. 2.					
					1. 2.					
					1. 2.					

Appendix 4a Snack Menu

Ward _____

Name _____

Day _____

Yogurt full fat

Yogurt low fat

Rice pots

Custard pots

Fruit

Apple

Orange

Banana

Ice Cream 4oz tub

Choc Ice

Cheese & Cracker

Cheese 25gm

Dairylea Triangle

Baked beans 4oz tub

Fruit Scone & Jam

Available week days only

Small Sandwich Ham

Brown

White

Small Sandwich Cheese

Brown

White

Slice toast & butter

Made at ward level

Additional snack requested by dietician

Authorised Signature _____

**Ward One
Appendix 4b**

ITEM	VOL	Allocation	Stock	Order
Full Fat Milk	Pergal			
Full Fat Milk	Litre			
Semi Skimmed Milk	Pergal			
Semi Skimmed Milk	Litre			
Orange Juice	Litre			
Apple Juice	Litre			
Cranberry Juice	Litre			
Orange Squash	Litre			
Sugar Free Orange Squash	Litre			
Instant Coffee	Tin			
Tea Bags	440 Bag			
Horlicks	200g Jar			
Drinking Chocolate	200g Jar			
White Bread	Loaf			
Wholemeal Bread	Loaf			
Granulated Sugar	1kg			
Candarel	Jar			
Cornflakes	500g			
Weetabix	24s			
Branflakes	500g			
Rice Krispies	340g			
Mini pks Bisc	ind			
Full Fat Yoghurts	ind			
Custard Pots	ind			
Tin Prunes	ind			
Mini Magnum	box			
Mackies	tub			
Ice	Bag			
Strawberry Jam	Jar			
Marmalade	Jar			
Flora	1kg			
Tin Soup Tomato	ind			
Tin Soup Lentil	ind			
Butter	1kg			
Tin Foil	Ind			
Clingfilm	Ind			
Use By Labels	Sheet			
Bendy Straws	Box			
Plastic Cups	Sleeve			

Signature: _____

Date: _____

4b

Ward Three				
ITEM	VOL	Allocation	Stock	Order
Full Fat Milk	Pergal			
Full Fat Milk	Litre			
Semi Skimmed Milk	Pergal			
Semi Skimmed Milk	Litre			
Orange Juice	Litre			
Apple Juice	Litre			
Cranberry Juice	Litre			
Orange Squash	Litre			
Sugar Free Orange Squash	Litre			
Instant Coffee	Tin			
Tea Bags	440 Bag			
Horlicks	200g Jar			
Drinking Chocolate	200g Jar			
White Bread	Loaf			
Wholemeal Bread	Loaf			
Granulated Sugar	1kg			
Candarel	Jar			
Cornflakes	500g			
Weetabix	24s			
Branflakes	500g			
Rice Krispies	340g			
Mini pks Biscuits	ind			
Full Fat Yoghurts	ind			
Custard Pots	ind			
Tin Prunes	ind			
Mini Magnum	box			
Mackies	Tub			
Ice	Bag			
Strawberry Jam	Jar			
Marmalade	Jar			
Flora	1kg			
Butter	1kg			
Tin Soup Tomato	ind			
Tin Soup Lentil	ind			
Tin Foil	Ind			
Clingfilm	Ind			
Use By Labels	Sheet			
Bendy Straws	Box			
Plastic Cups	Sleeve			

Signature: _____

Date: _____

Matty				
ITEM	VOL	Allocation	Stock	Order
Full Fat Milk	Litre			
Semi Skimmed Milk	Litre			
Orange Juice 200ml	Ind			
Apple Juice 200ml	Ind			
Orange Squash	Litre			
Lucozade charge to ward	500ml			
Instant Coffee	Tin			
Tea Bags	440 Bag			
Drinking Chocolate	200g Jar			
White Bread	Loaf			
Wholemeal Bread	Loaf			
Granulated Sugar	1kg			
Candarel	Jar			
Cornflakes	500g			
Weetabix	24s			
Branflakes	500g			
Rice Krispies	340g			
Mini pks Biscuits	ind			
Ice	Bag			
Bottles Water	Ind			
Full Fat Yoghurt	Ind			
Jam Portions	Ind			
Marmalade Portions	Ind			
Flora Portions	Ind			
Butter Portions	Ind			
Tin Foil	Ind			
Clingfilm	Ind			
Use By Labels	Sheet			
Bendy Straws	box			
Plastic Cups	Sleeve			

Signature: _____

Date: _____

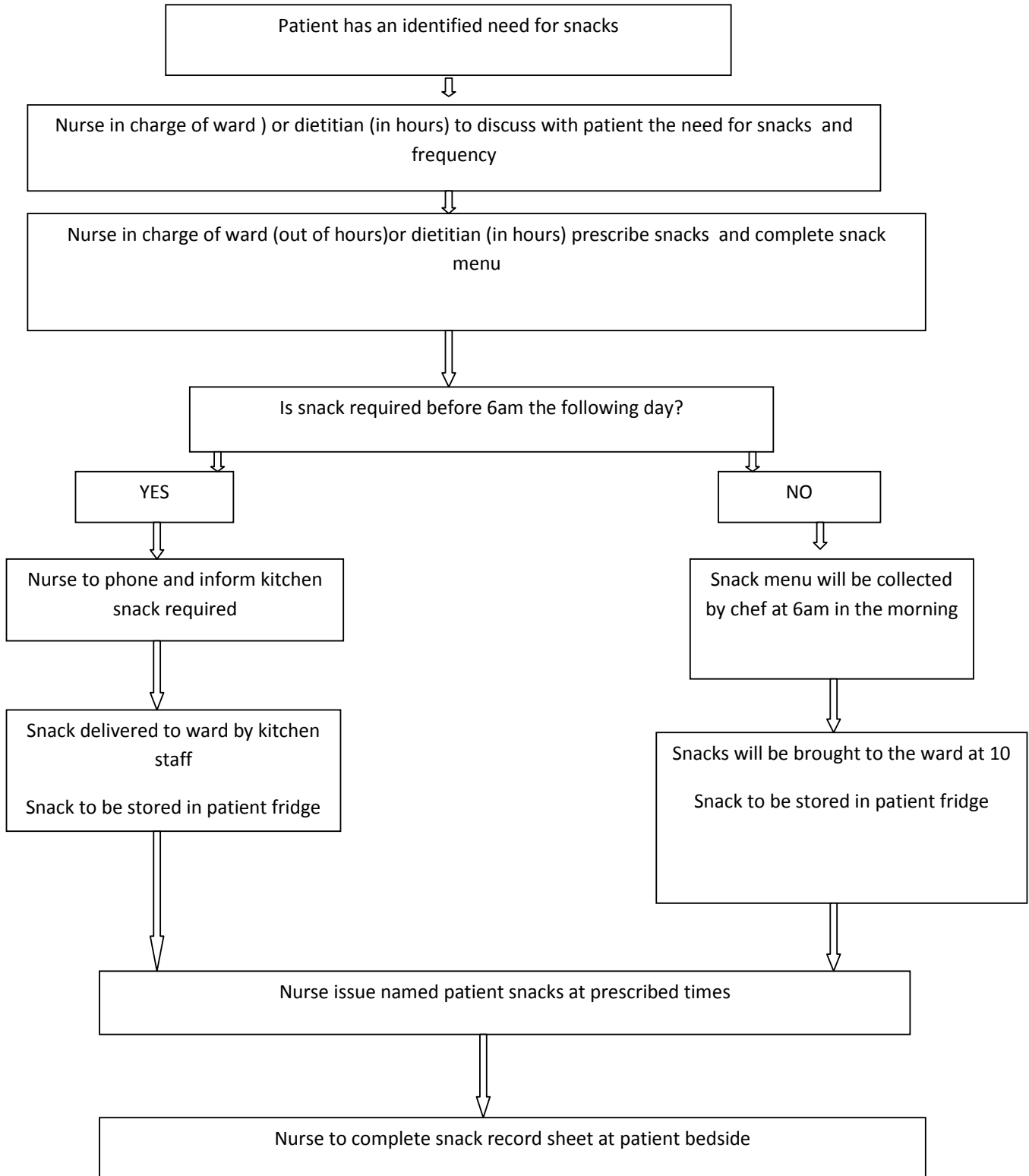
Ronas

ITEM	VOL	Allocation	Stock	Order
Full Fat Milk	Pergal			
Full Fat Milk	Litre			
Semi Skimmed Milk	Pergal			
Semi Skimmed Milk	Litre			
Orange Juice	Litre			
Apple Juice	Litre			
Cranberry Juice	Litre			
Orange Squash	Litre			
Sugar Free Orange Squash	Litre			
Instant Coffee	Tin			
Tea Bags	440 Bag			
Horlicks	200g Jar			
Drinking Chocolate	200g Jar			
White Bread	Loaf			
Wholemeal Bread	Loaf			
Granulated Sugar	1kg			
Candarel	Jar			
Cornflakes	500g			
Weetabix	24s			
Branflakes	500g			
Rice Krispies	340g			
Oat so Simple	26g			
Mini pks Biscuits	ind			
Mackies	tub			
Mini Magnum	1 pk			
Full Fat Yoghurts	ind			
Custard Pots	ind			
Rice Pots	ind			
Tin Prunes	ind			
Ice	Bag			
Ice Cream	4 ltr			
Strawberry Jam	Jar			
Marmalade	Jar			
Bisto Gravy Granules	ind			
Bisto Cheese Sauce Granules	Ind			
Bisto Parsley Sauce Granules	Ind			
Flora	1kg			
Butter	1kg			
Tin Soup Tomato	Tin			
Tin Soup Lentil	Tin			
Tin Foil	ind			
Clingfilm	Ind			
Use By Labels	Ind			
Bendy Straws	box			
Plastic Cups	Sleeve			
Glen Delight Cream	1 Ltr			

Signature: _____

Date: _____

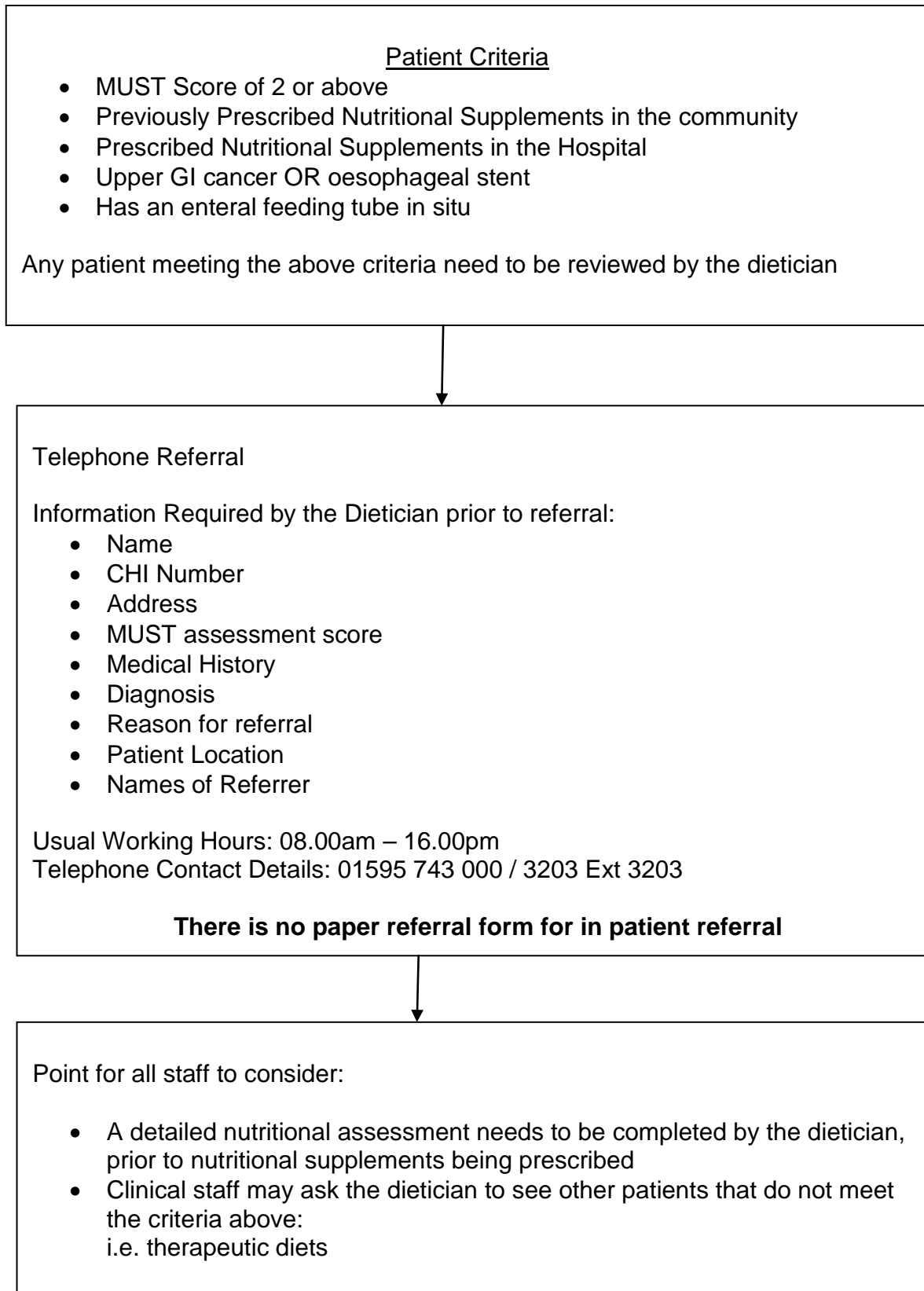
Appendix 4c Process to order snacks and distribute for patients



Final Process for prescribing, ordering and delivery of patient snacks 9th March 2014 nutritional link nurse group [Type text] [Type text] [Type text]

4c

Flow Chart for Inpatient Referral to Dietitian



Nutrition & Dietetic Service
 Dietitian, Gilbert Bain Hospital, Shetland, ZE1 0TB
 (01595) 743203

OUTPATIENT/COMMUNITY REFERRAL CRITERIA (MARCH 2010). Patients must meet the following Criteria to be seen by the Dietitian:

Urgent (aim to see within 2-3 weeks)

- Bowel resection/stoma management
- Dysphagia or severe swallowing disorders
- Gestational Diabetes
- Infants with faltered growth & food allergies
- Inflammatory Bowel Disease
- NEW Enteral Feeding in the community (seen within 2 weeks)
- Newly diagnosed Coeliac Disease
- Newly diagnosed type 1 Diabetes
- Pregnancy and Nutritional Risk
- Type 2 diabetes commencing insulin

Soon (aim to see within 4 weeks)

- Diseases requiring dietetic intervention and/or nutritional risk: e.g. liver & biliary; pancreatic; gastrointestinal; renal; MS; cancer; cystic fibrosis
- Eating Disorders: Anorexia Nervosa/Bulimia
- MUST Score ≥ 2 (e.g. BMI 18.5 – 20kg/m² **and** recent unintentional weight loss of >3kg **or** BMI < 18.5kg/m² **or** recent unintentional weight loss of >6kg)
- Paediatric overweight/obesity: BMI >91st centile

Routine (aim to see within 6 weeks)

- Adult overweight/obesity (BMI **must** be stated on referral): BMI ≥ 30 – 40kg/m² patients have to complete the Counterweight programme **before** referral to Dietitian. BMI ≥ 40 kg/m² offer place on Counterweight or refer to Dietitian
- Autism and behavioural problems, which lead to feeding difficulties
- Constipation/Diarrhoea
- Coronary Heart Disease, including Dyslipidaemia
- Diverticular Disease
- Food hypersensitivity
- Fussy eaters (with normal growth)
- Gout; renal stones; cholecystitis
- Impaired Glucose Tolerance/PCOS
- Irritable Bowel Syndrome
- Type 2 Diabetes

NOTE: Patients will only be seen in the Community if they are unable to attend an outpatient appointment

**Gilbert Bain hospital
ZE1 0TB
Tel: 01595 743203**

REQUEST FOR COMMUNITY SERVICE

PATIENT'S NAME:	G.P.:
ADDRESS:	PRACTICE:
	REFERRING HCP:
	ADDRESS:
TEL. NO:	
DOB & CHI	TEL. NO:
EMPLOYED YES/NO IF NO – BARRIERS TO WORK?	ALLERGIES
ABLE TO ATTEND CLINIC: YES / NO	DATE OF REFERRAL:
HOME VISIT REQUIRED: YES / NO	SIGNATURE:
	PRINT:
Reason for Referral: (Please indicate where possible weight/BMI/recent unexplained weight loss/appetite problems/previous dietetic contact etc.)	
Has any first line dietary advice (verbal or leaflets) been given?	
Relevant Medical History/Medication/Biochemical results e.g., lipid profile	
Relevant Social History (e.g. Will it be appropriate to have family/carers present?)	
Any additional Information (e.g. Directions to house, name of main carer etc.)	

RED TRAY DRINK
Orange Apple Pineapple Milk

MONDAY LUNCH WK 2

WARD _____ NAME _____

PLEASE CHOOSE NO MORE THAN ONE ITEM FROM EACH BOXED SECTION

STEAK & ONION PIE S	<input type="checkbox"/>
BAKED FISH IN MUSHROOM SAUCE DRLFS ■	<input type="checkbox"/>
LENTIL LAYER PIE DRLS	<input type="checkbox"/>

BOILED POTATOES DRLFS ■	<input type="checkbox"/>
----------------------------	--------------------------

GRAVY DRLFS ■	<input type="checkbox"/>
------------------	--------------------------

MIXED VEGETABLES DRLFS ■	<input type="checkbox"/>
-----------------------------	--------------------------

GREEN BEANS DSRLF ■	<input type="checkbox"/>
------------------------	--------------------------

MANDARIN CHEESECAKE LS	<input type="checkbox"/>
JELLY & ICE CREAM DRFLS DLS	<input type="checkbox"/>
FRESH FRUIT ORANGE DRF ■ <input type="checkbox"/> APPLE DRFS ■ <input type="checkbox"/> BANANA DRF ■ <input type="checkbox"/>	

CUSTARD DFLS	<input type="checkbox"/>
-----------------	--------------------------

BAKED POTATOES, WHITE AND WHOLEMEAL SANDWICHES, AND SALADS, ARE AVAILABLE WITH A SELECTION OF FILLINGS (AS EVE. MEAL). PLEASE STATE YOUR CHOICE.
PORTION SIZE – PLEASE TICK ONE

SMALL MEDIUM LARGE

DIET OCDES

D DIABETIC S SOFT ■ HEALTHY CHOICE
R REDUCING F LOW FAT L LIGHT

If required, Hallal, Kosher and Vegan meals are available upon request. Please ask staff to contact the kitchen on your behalf.

RED TRAY DRINK
Orange Apple Pineapple Milk

MONDAY EVE. MEAL WK2

WARD _____ NAME _____

PLEASE CHOOSE NO MORE THAN ONE ITEM FROM EACH BOXED SECTION

WHOLEMEAL SANDWICH DRLFS ■	<input type="checkbox"/>
WHITE BREAD SANDWICH DRLFS	<input type="checkbox"/>
SALAD DRLF ■	<input type="checkbox"/>
BAKED POTATO DRLFS ■	<input type="checkbox"/>
SAVOURY MINCE DRLFS ■	<input type="checkbox"/>

Fillings for sandwiches, salads & baked potatoes – Please choose one	
GRATED CHEDDAR CHEESE DRS	<input type="checkbox"/>
TUNA DRLFS ■	<input type="checkbox"/>
SLICED MEAT DRLF ■	<input type="checkbox"/>
EGG MAYONAISSSE DRLS	<input type="checkbox"/>
BAKED BEANS DRSF ■	<input type="checkbox"/>
COTTAGE CHEESE DRSFL ■	<input type="checkbox"/>

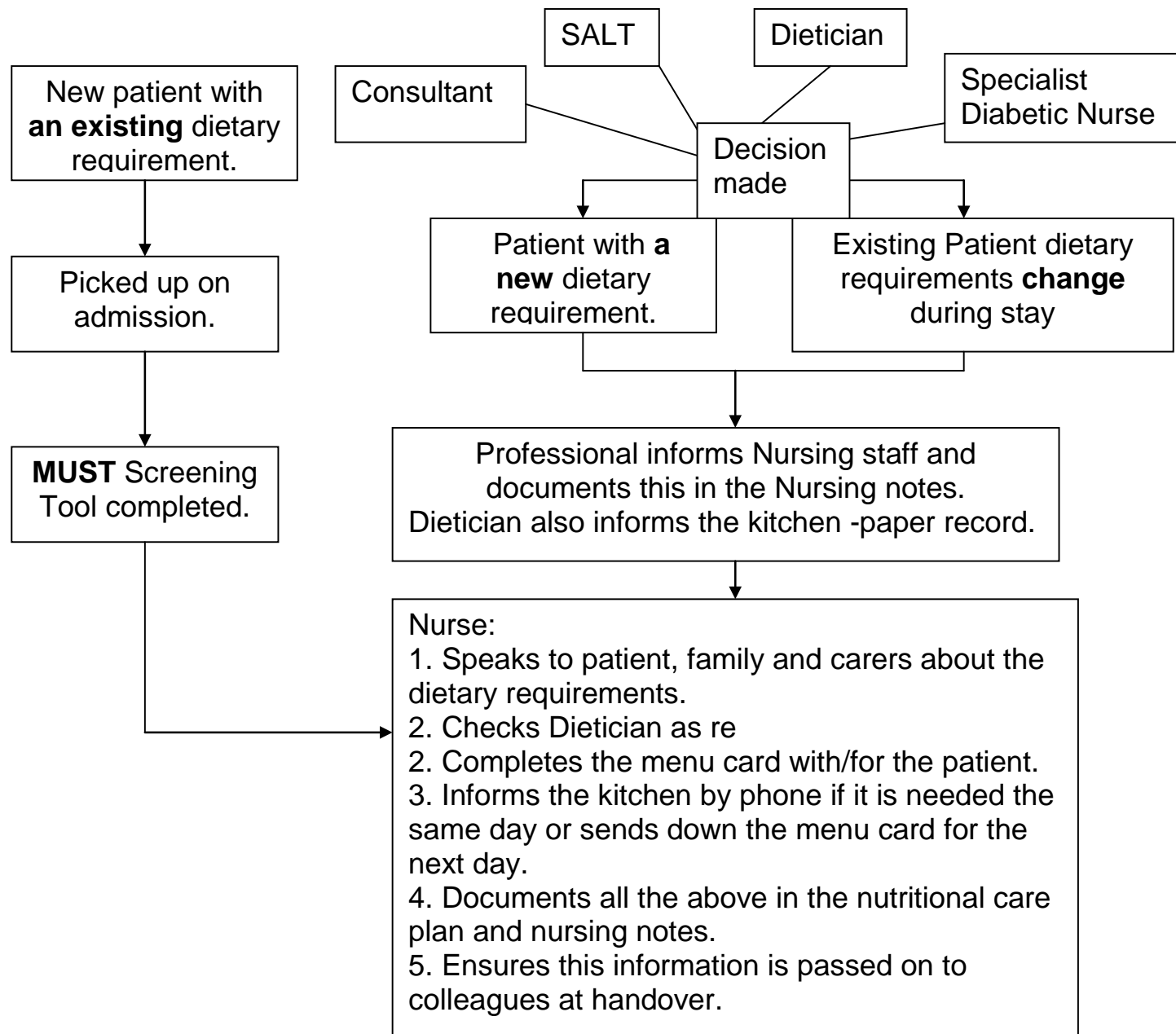
BOILED POTATOES DRFLS ■	<input type="checkbox"/>
----------------------------	--------------------------

PEAS DRLFS ■	<input type="checkbox"/>
-----------------	--------------------------

CREAM OF VEGETABLE SOUP DRLFS ■	<input type="checkbox"/>
CHEESE & CRACKERS DL	<input type="checkbox"/>
RICE PUDDING DLFS	<input type="checkbox"/>
FRESH FRUIT ORANGE DRF ■ <input type="checkbox"/> APPLE DRFS ■ <input type="checkbox"/> BANANA DRF ■ <input type="checkbox"/>	

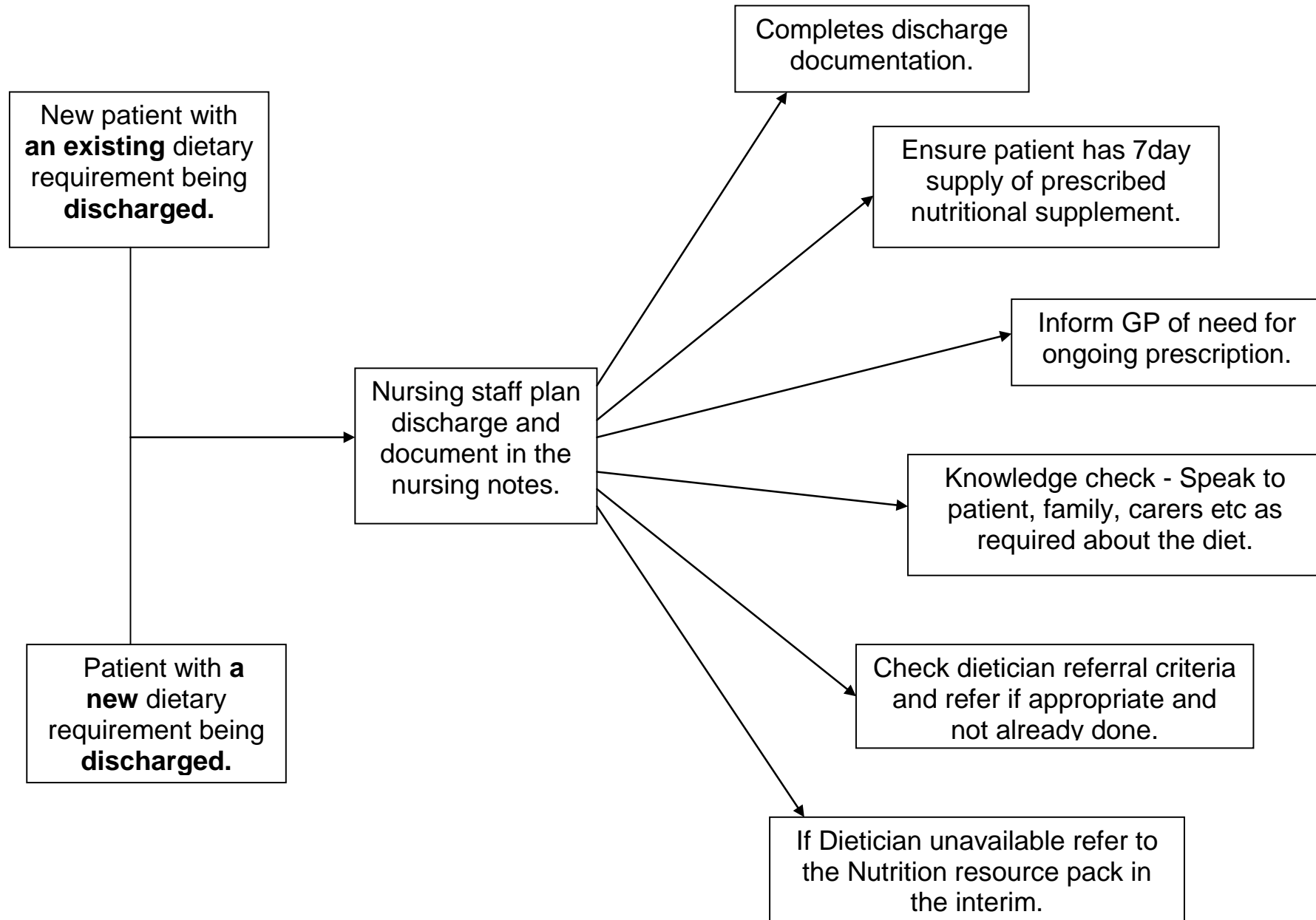
PORTION SIZE – PLEASE TICK ONE		
SMALL <input type="checkbox"/>	MEDIUM <input type="checkbox"/>	LARGE <input type="checkbox"/>

Special Dietary Requirements Process Map



At the Gilbert Bain Hospital food is delivered on named patient trays and given out by nurses. **Ronas Ward** food is delivered in bulk, nurses plate and serve meals to patients, **some unusual special diets i.e. halal meals are sent separately in named foil container, served by nursing staff. Other diets staff would prepare from the food supplied.**

Special Dietary Requirements Process Map





Patient Catering Services - Quality Control Checklist

Ward Name:

Date:

	Yes /NO	COMMENTS
Timeliness Did the meal trolleys arrive on time?		
Meal Service Were patients given the opportunity to prepare for their meal? Were patients given the opportunity to wash their hands before their meal? Were ward staff ready for meal service? Number of staff on duty to help with meal service? Where clinically appropriate were patients given the opportunity to eat / drink away from their bed?		
Ordering Have patients been given the opportunity to choose their own food and fluid? Was all food ordered received (including special diets) Was wastage recorded at the end of service		
Portions Were portion sizes in accordance with patients request on menu card?		
Temperature Was the temperature of food recorded upon arrival of trolley at ward? Was the food at the correct temperature?		
Presentation Were meals / dishes provided for patients appetising? Were condiments available for patient use?		
Patient Satisfaction Were patients satisfied with their meals?		

Version 2 Appendix 8a

Was there a lot of plate waste?		
Fluid Did patients have access (where clinically appropriate) to fresh drinking water at all times?		
Collection Were patients given sufficient time to eat and drink without interruptions? Did domestic staff clear away crockery and cutlery on time and in a satisfactory manner?		

Nursing

	Yes /NO	COMMENTS
Leadership Was their clear and effective leadership at mealtime i.e. did someone take charge Number of staff on duty. Activities of other staff.		
Interruptions Number of visitors to the ward during protected time. Number of staff that came on the ward during protected time. Reasons for staff attendance Number of incoming phone calls from staff during protected time.		
Support Number of visitors / volunteers assisting with the meal. Are patients identified that require support with eating and drinking? Are patients who require support with eating and drinking receiving assistance when required? Are patients identified that require a food or fluid chart on the ward?		

Patient Questionnaire Please ask 5 Patients

	Yes /NO	COMMENTS
NHS Hotel Services Manager, NHS Shetland and lay representative.		
Patient 1 Did you enjoy your meal • Did you have the opportunity to wash your hands prior to eating • Was the meal sufficient for you • Was the meal warm enough • Were you given plenty time to eat your meal without interruption. • Any other comment		
Patient 2 Did you enjoy your meal • Did you have the opportunity to wash your hands prior to eating • Was the meal sufficient for you • Was the meal warm enough • Were you given plenty time to eat your meal without interruption. • Any other comment		

Version 2 Appendix 8a

<p>Patient 3</p> <ul style="list-style-type: none">• Did you enjoy your meal• Did you have the opportunity to wash your hands prior to eating• Was the meal sufficient for you• Was the meal warm enough• Were you given plenty time to eat your meal without interruption.• Any other comment		
<p>Patient 4</p> <ul style="list-style-type: none">• Did you enjoy your meal• Did you have the opportunity to wash your hands prior to eating• Was the meal sufficient for you• Was the meal warm enough• Were you given plenty time to eat your meal without interruption.• Any other comment		

Version 2 Appendix 8a

<p>Patient 5</p> <ul style="list-style-type: none"> • Did you enjoy your meal • Did you have the opportunity to wash your hands prior to eating • Was the meal sufficient for you • Was the meal warm enough • Were you given plenty time to eat your meal without interruption. • Any other comment 		
---	--	--

Page 44 of 54

Form Completed by:

Verified By:

Comments reported to:

Agreed actions:

On behalf of NHS Shetland

Catering department

Appendix 8b

Welcome

Dear Patient,

Our aim is to provide a quality service to all our customers.

To enable us to achieve this we would be grateful if you could write in the space below any comments you may have on the food service.

We will collect the card from your tray when it is returned.

Many thanks
The Catering Team

To help us monitor our service to you, please indicate in the box provided against the categories below:

Meal Presentation

/10

Meal Satisfaction

/10

Was assistance given
when required

Any additional comments you wish to make:

Name:	Ward:

Welcome

Dear Patient,

Our aim is to provide a quality service to all our customers.

To enable us to achieve this we would be grateful if you could write in the space below any comments you may have on the food service.

We will collect the card from your tray when it is returned.

Many thanks
The Catering Team

To help us monitor our service to you, please indicate in the box provided against the categories below:

Meal Presentation

/10

Meal Satisfaction

/10

Was assistance given
when required

Any additional comments you wish to make:

Name:	Ward:

Appendix 8c

Nutritional Assessment / Care Plan Audit Tool for In Patients

Audit / review needs to include evidence located in: Evaluation Sheet
 Comfort Rounding Checklist
 Nutritional Risk Assessment
 Food Chart / Prescription Chart

No.	Question	Yes	No	Reason for non compliance
1	Is there evidence that the care plan is personalised?			
2	Does the care plan reflect "What Matters to Me"?			
3	Was the patient's MUST score completed within a 24 hour period of admission?			
4	If the MUST score was 1 or more was a food chart completed for 3 days?			
5	If the patient could not take food orally: <ul style="list-style-type: none"> • Were they referred to the Dietician? • Is there evidence that naso-gastric feeding considered? 			
6	If the patient had vomiting or diarrhoea is there evidence that anti-emetics/ anti-diarrhoeal medication was considered?			
7	Is there evidence that referral to the Dentist was considered?			
8	Is there evidence that referral to the Speech and Language Therapist was considered?			
9	Is there evidence that referral to the Occupational Therapist was considered?			
10	If the patient had poor oral intake or appetite is there evidence that: <ul style="list-style-type: none"> • Providing additional high calorie /protein food/fluids was considered? • A trial of nutritional supplements/puddings was considered? 			
11	Is there a documented time scale for the MUST score to be re-assessed? If "Yes" has it been completed within the timescale set?			

Consider 5 patients per audit to be completed 6 times per year by link nurses

NHS Dental Services Oral Health Care recommendations for additions in NHS Shetland Nutritional Care Policy 2014

Oral Nutritional Supplements

All hospital in-patients who have been screened and recorded on the MUST tool and are prescribed Oral

Nutritional Supplements (ONS) should have oral care included in care plans in an attempt to minimise

damage to natural teeth.

Oral assessment by trained hospital staff using agreed criteria is recommended and will provide information

for oral care plan. (Attached) these supplements are high sugar foods and drinks and frequency of sugar is

damaging to natural teeth. This assessment is a basic check only.

Intensive oral care is recommended, which may include:

- Use a small headed brush with toothpaste containing at **least 1450ppm fluoride at least twice a day.** Assistance may be required if patient is unable to manage themselves.
- Spit out after brushing but **do not rinse** with water, this will allow fluoride to be more effective.
- Fluoride mouthwash may be used at a different time of day from brushing. Mouth wash contains lower fluoride levels than toothpaste so effectiveness is reduced.
- Use a straw for sugary drinks.
- Frequent sips of water and rinse with water after using supplement.

Enteral Feeding Tubes

It is essential that oral care is maintained and promoted and oral assessment and care plans are in place.

The effects of mouth breathing, intermittent suction of airway and continually open mouth as in intubated

patients and restriction of food and fluids will lead to xerostomia. Patients on enteral tube feeding

will have special problems as the oral tissues are more prone to disease. In patients with heart conditions,

diabetes or general ill health this may lead to more serious health problems.

- Use a small headed brush with toothpaste containing at **least 1450ppm fluoride at least twice a day.** Assistance may be required if patient is unable to manage

themselves.

- Spit out after brushing but **do not rinse** with water, this will allow fluoride to be more effective.
- If toothbrushing is not possible cleanse regularly with dampened uncut gauze.
- Lubricate lips with water based saliva gel.

Dysphagia

An oral risk assessment should be carried out for individuals with swallowing difficulties and oral care

plans in place.

- Use a small headed toothbrush and a smear of, non foaming toothpaste (without sodium lauryl sulphate) should be used to clean natural teeth.
- Do not use mouth wash for patients due to risk of choking.
- Care must be taken with denture adhesives. Apply sparingly if necessary, thick applications can lead to gagging.

Caring for Smiles training is available for ward staff from Oral Health Improvement Services.

Training in basic oral risk assessment may be provided to any staff who require.

Contact: Oral Health Improvement at Montfield Dental Admin.

Royal Marsden Nursing Guidelines provide oral health guidance under Patient Comfort (Chapter 9).

References.

1. NHS Quality Improvement Scotland (2005), Best Practice Statement Working with Dependent Older People to Achieve Good Oral Health
2. British Society for Disability and Oral Health (2000), Guidelines for Oral Health Care for Long-stay Patients and Residents
3. Scottish Government (2005), An Action Plan For Improving Oral Health And Modernising NHS Dental Services In Scotland
<http://www.scotland.gov.uk/Publications/2005/03/20871/54815>
4. Scottish Government (2012), Caring for Smiles, Guide for Trainers
<http://www.healthscotland.com/documents/4169.aspx>

Appendix 9b Oral Health Risk Assessment:
Name _____ Date _____
DOB/CHI _____

<p>1. Any current oral complaints? a. e.g. pain, decayed teeth, denture problems, dry mouth, ulcers, halitosis (bad breath)</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes – assess and detail in Care Plan - refer to dentist if required</p>																												
<p>2. If there are any oral concerns please contact Laura Johnson on 01595743000 ext3488 who will seek advice from a dental professional. if unavailable please contact your local dental clinic .</p>	<p>Which dental practice did the patient last attend? Please detail: _____</p>																												
<p>3. Do they have any natural teeth?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No - go to 5</p>																												
<p>4. Can they manage to clean own teeth adequately? a. Yes. b. No / don't know – assess & assist as per local guidelines assess and detail in Care Plan</p>	<p>Do they have suitable equipment? <input type="checkbox"/> Yes. <input type="checkbox"/> No – provide equipment & support as detailed in Care Plan</p>																												
<p>5. Do they wear dentures? a. No dentures worn - See section in Care plan b. Yes. Tick all that apply c. Full upper <input type="checkbox"/> Full lower <input type="checkbox"/> d. Partial upper <input type="checkbox"/> Partial lower <input type="checkbox"/></p> <p>6. Can they clean own dentures adequately? a. Yes – check they have suitable equipment i.e. brush/soap/named denture bowl. If no suitable equipment then supply. b. No / don't know– assess & clean as per local guidelines See section in Care Plan c. Do they smoke? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>If yes, are they labelled? <input type="checkbox"/> Yes <input type="checkbox"/> No – gain permission to label as per guidelines</p> <p>If yes note amount per day</p>																												
<p>7. Are there any visible signs of:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Lips: Dry /cracked:</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Unable to access</td> </tr> <tr> <td>Tongue: Dry /coated</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Unable to access</td> </tr> <tr> <td>Gums/soft tissue: soreness, ulceration</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Unable to access</td> </tr> <tr> <td>bleeding gums or whiteness</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Unable to access</td> </tr> <tr> <td>Saliva : Dry mouth (xerostomia)</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Unable to access</td> </tr> <tr> <td>Swallowing: Difficulty with swallowing</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Unable to access</td> </tr> <tr> <td>Facial Swelling</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Unable to access</td> </tr> </table>		Lips: Dry /cracked:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unable to access	Tongue: Dry /coated	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unable to access	Gums/soft tissue: soreness, ulceration	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unable to access	bleeding gums or whiteness	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unable to access	Saliva : Dry mouth (xerostomia)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unable to access	Swallowing: Difficulty with swallowing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unable to access	Facial Swelling	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unable to access
Lips: Dry /cracked:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unable to access																										
Tongue: Dry /coated	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unable to access																										
Gums/soft tissue: soreness, ulceration	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unable to access																										
bleeding gums or whiteness	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unable to access																										
Saliva : Dry mouth (xerostomia)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unable to access																										
Swallowing: Difficulty with swallowing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unable to access																										
Facial Swelling	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unable to access																										
<p>8. If yes or don't know - a. Discuss with patient/family and if in agreement seek advice by contacting above number</p>																													
<p>9. Oral Health assessment completed by Dentist <input type="checkbox"/> Registered Nurse <input type="checkbox"/></p>																													
<p>10. If further investigations required please refer to dentist: a. Referred to dentist? <input type="checkbox"/> Yes <input type="checkbox"/> No b. Advice from dentist? <input type="checkbox"/> Yes <input type="checkbox"/> No c. Refused referral? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Signature of individual/appropriate person _____ Name and Signature of staff member completing this assessment _____ _____</p>																												
<p>11. Comments</p>																													

APPENDIX 9C_ ORAL CARE PLAN
(Including monthly review of care plan)

Following the initial assessment, please complete the care plan using tick boxes and note extra information in line below. After the monthly review assessment, please complete new care plan overleaf using tick boxes and note extra information in line below

Natural Teeth	Dentures	Dry mouth	Dry Lips	No natural teeth	Other problems, e.g. swallowing	Other problems, e.g. nutrition.	Other problems, e.g. nil by mouth.
<p>Clean twice daily with recommended 1450-15000 ppm fluoride toothpaste</p> <p>Provide additional plaque control at dentist's request. High fluoride toothpaste may be prescribed.</p> <p>Sugar containing food & drinks should be restricted to mealtimes where possible</p> <p>Discourage use of sugar containing fluids between meals. Restrict to water if at all possible</p> <p>Ensure regular dental check ups</p>	<p>Clean twice daily with individual denture cleaning brush and liquid soap . Rinse after meals.</p> <p>On dentists' advice soak for half an hour in Hypochlorite (e.g Milton) for acrylic and Chlorhexidine for metal dentures</p> <p>Leave dentures out at night and store in water.</p> <p>Ensure regular dental check ups</p>	<p>1.Offer frequent water sips</p> <p>2.Artificial saliva may be prescribed High dose fluoride toothpaste. (On prescription)</p> <p>Review regularly (at least monthly)</p>	<p>Apply water-based gel twice daily and more frequently if required</p>	<p>Gently brush tongue and clean soft tissue with moist gauze twice daily</p> <p>Rinse mouth with water after each meal to remove food deposits</p> <p>Ensure resident sees dentist for oral check regularly</p>	<p>Clean teeth and oral cavity after each meal to remove retained food debris</p> <p>Use a non foaming toothpaste (Sodium Lauryl Sulphate free)</p>	<p>Additional care to be taken with oral hygiene routine if on nutritional high energy supplements.</p> <p>Ensure at least twice daily brushing with recommended 1450-15000 ppm fluoridated toothpaste</p> <p>Additional advice may be sought from dental team</p>	<p><u>NBM</u></p> <p>May require two-hourly mouth care or as individual needs are established</p>
<p>YES NO</p>	<p>YES NO</p>	<p>YES NO</p>	<p>YES NO</p>	<p>YES NO</p>	<p>YES NO</p>	<p>YES NO</p>	<p>YES NO</p>
<p>Initial assessment</p> <p>Date / /</p> <p>Signature</p>			<p>Any other information: (e.g. smoking, medication, dexterity or cognitive function; ulcer, pain or referral to dentist)</p>				

Monthly review	Natural Teeth		Dentures		Dry mouth		Dry Lips		No natural teeth		Other problems, e.g. swallowing		Other problems, e.g. nutrition.		Other problems, e.g. nil by mouth	
Date / / Signature	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Any other information(e.g smoking, medication, dexterity, or cognitive function: ulcer, pain, referral to dentist)																
Date / / Signature	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Any other information(e.g smoking, medication, dexterity, or cognitive function: ulcer, pain, referral to dentist)																
Date / / Signature	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Any other information(e.g smoking, medication, dexterity, or cognitive function: ulcer, pain, referral to dentist)																
Date / / Signature	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Any other information(e.g smoking, medication, dexterity, or cognitive function: ulcer, pain, referral to dentist)																
Date / / Signature	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Any other information(e.g smoking, medication, dexterity, or cognitive function: ulcer, pain, referral to dentist)																
Date / / Signature	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Any other information(e.g smoking, medication, dexterity, or cognitive function: ulcer, pain, referral to dentist)																

Appendix 9d
Toothpastes without SLS)Sodium Lauryl Sulphate

1. Corsodyl Daily	1400 ppm
2. Sensodyne Total Care Gel	1450 ppm
3. Sensodyne Total Care Gentle Whitening	1400 ppm
4. Sensodyne ProNamel	1450 ppm

Some brands with lower fluoride than recommended

5. Pearl Drops Hollywood Smile	1300 ppm
6. Rembrant Plus	1160 ppm
7. Rembrant Sensitive	1150 ppm

There are other brands available in Health Food stores, however as these are fluoride free they are not recommended for use.

1450-1500 ppm is recommended for older people and individuals in high decay risk categories

