



# **LINDSEY LODGE NUTRITIONAL CARE POLICY FOR INPATIENTS AND DAY PATIENTS**

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## **1.0 Purpose**

- 1.1 Meeting the nutritional needs of all patients is an integral part of effective healthcare. There are a wide range of people who may influence the success of delivering full and adequate nutrition. The Hospice has undertaken, through this policy, to co-ordinate the input of each department in order to ensure that appropriate and adequate nutrition may be achieved.
- 1.2 This policy sets out how Lindsey Lodge Hospice will ensure that appropriate food, drink or specialised nutrition/fluid is made available to each individual patient in order to meet their nutritional needs.
- 1.3 This policy will do this in a manner which embraces Nutrition Guidelines (2006) and Obesity Guidelines (2010).
- 1.4 Improving the nutritional status has a multitude of benefits such as:
  - Reducing acquired infections
  - Improving wound healing
  - Improving rehabilitation and thereby reducing length of stay
- 1.5 This policy is intended to provide guidelines for all staff who have a responsibility for the nutritional status of patients. It is intended to:
  - Ensure all inpatients receive appropriate, adequate nutrition during their period in Lindsey Lodge Hospice
  - Ensure that all patients attending the Day Care Unit have their nutritional needs assessed and appropriate referrals and advice are given
  - Reduce the adverse clinical impact of malnourishment on patients
  - Ensure provision of appropriate nutritional advice, assessment and support for patients and their relatives prior to discharge from the Hospice.
- 1.6 The core principles are to improve or maintain the nutritional status of ill patients, provide appropriate nourishment at appropriate times and improve patient satisfaction.

## **2.0 Area**

The scope of the policy for all adult patients who attend the Day Care Unit or who are Inpatients at Lindsey Lodge Hospice

## **3.0 Duties**

The duties are for all staff at Lindsey Lodge Hospice.

## **4.0 Actions**

- 4.1 It is recognised that some patients admitted to the Hospice are approaching the end of their lives, but not fulfilling the criteria of the Last Days of Life care pathway. For those patients malnutrition screening should be discussed within the MDT and if it is then considered that no benefit would be expected from dietetic referral/nutritional support and therefore will be encouraged to eat for pleasure only within their capabilities and for those patients a Malnutritional Universal Screening Tool (MUSTassessment ) is not required.
- 4.2 For other patients being admitted to the Inpatient Unit, a nutritional risk assessment screen will be completed using the MUST screening tool (Appendix B).
- 4.3 Patients who attend Day Care Unit will have MUST assessment performed every 4 weeks unless the patients' condition changes or the patient/relatives express concern or indicate a particular problem, e.g. nausea, swallowing problems. Day Care Unit will record the MUST scores on Systmone so that they may more readily liaise with the wider community team.
- 4.4 Daycare patients who are also under the care of the District Nursing team in the Community have a MUST performed as part of the initial assessment (LLH named nurse to check this has been completed and a review date allocated). If the LLH nurse considers that the patients' condition has changed or if the patient/relatives express concern regarding nutritional intake then the MUST should be reassessed and District Nurses informed of the outcome.

- 4.4 Where the initial risk assessment demonstrates the presence of a nutritional risk, a Care plan will be commenced. Where it is identified that a referral to a dietician is required, this will be made via Systmone and, recorded in the Care Plan.
- 4.5 A comprehensive nursing assessment will be completed on admission for each patient. This will identify individual patient needs i.e. where the patient may require help to choose their meals or need physical assistance in managing to eat their food. Support in meeting identified needs will be provided by the ward nursing team in conjunction with the Hospice catering team and documented in the Care Plan.
- 4.6 Nutritional screening will be repeated at least weekly for those inpatients, or as indicated within the screening tool, or at a change in condition. It is the responsibility of the Senior Nurse/Shift Leader to ensure that this takes place. Appropriate action will be taken where changes in nutritional status occur. On-going records, which document changes in a patient's nutritional status will be maintained. Changes in each patient's condition which may affect appetite or ability to eat will be recorded in the nursing notes together with the action in order to safeguard adequate, safe nutrition. Outcomes of this intervention will also be recorded in the patient notes.
- 4.7 Intake of food, supplements and fluids to be documented for all patients who have an increased risk score on the dietary intake form (Appendix C). This will be completed fully and accurately, including the quantity of food consumed.
- 4.8 Patients who are found to be at high risk of malnutrition or who are malnourished will be assessed by the dietetic team and where required, will be given appropriate dietetic treatment and intervention.
- 4.9 The needs of patients with swallowing problems will be met through multidisciplinary approach including Speech and Language Therapists, nursing and dietetic staff. Help with positioning for eating and drinking will be given in advance of a meal to allow the patient to be settled before the meal is served. When relatives, care workers or volunteers assist patients, nursing staff will remain diligent to the patient's needs and safety.
- 4.10 Once referred to the Community Dietetic service they will provide assessment, treatment and education to those patients found to be at highest risk of malnutrition or in need of therapeutic dietetics. Where deemed necessary by a dietitian, care plans for treatment will be drawn-up by the dietitian. Nursing, medical and catering staff will be informed of the therapy which has been advocated for the individual patient.
- 4.11 Patients may require modified diets, including those who have food allergies or intolerances, once agreed with the patient, an advice sheet will be placed in the patient notes and explained to nursing staff who will cascade the plan of care to the catering team, volunteers and relatives in order to promote the safety of an individual and to avoid inappropriate liquids or textures being offered.
- 4.12 The Hospice will provide all help necessary for patients to receive appropriate nutrition in an environment where food and drink are recognised as an essential part of patient care. Patients will be encouraged to sit out of bed where possible at mealtimes.
- 4.13 Appropriate cutlery/aids will be provided.
- 4.14 Staff will ensure that they place food/drink within easy reach for the patient.
- 4.13 Patients unable to feed themselves will be given the appropriate assistance.
- 4.14 Meal times will be protected from unnecessary and avoidable interruptions whilst providing an environment conducive to eating and supporting good patient nutrition. Family and carers can support meals times if they wish.

## **5.0 The Food**

### **5.1 Food will be served:**

- At the correct temperature
- In an appetising manner
- At the appropriate portion size for the patient

**5.2** Inpatients will be provided with three full meals daily i.e. Breakfast, lunch and dinner. Meals together with beverages will be sufficient to meet the nutritional requirements of all patients who can eat normally.

**5.3** Patients who attend the Day Care Unit will be offered a choice of food for their midday meal including a hot option.

**5.4** Food will be of a visibly good quality with a range of contrasting dishes each day.

**5.4** Those patients who have special needs in terms of therapeutic diet, texture modification or cultural or ethnic needs will be offered a range of contrasting dishes each day.

**5.5** Foods will be safe and meet food standards at all times. Staff involved in the Hospice's food chain will receive food handling training and be aware of potential risks.

**5.6** All hospice food is prepared on site with fresh, local produce sourced. Choice can be offered to patients to support things they find appealing or have a preference for at differing times of the day. The catering staff will interact with the patient and family/carers at least daily to discuss diet and preferences in order that choice is supported as far as possible.

**5.7** Patients are able to eat meals in the dining room or if preferred meals are served in patient bedrooms or in privacy in the day care setting.

## **6.0 Oral Nutritional supplements**

**6.1** Where a person is recognised as malnourished, or at risk of malnutrition following risk assessment, first line treatment where appropriate should be increasing menu choice, food fortification, nourishing fluids, provision of snacks and support at mealtimes when required.

**6.2** Where oral nutritional supplements are deemed necessary, a nutritional assessment should be undertaken by the dietitian prior to a prescription being written and the supplements prescribed on the medication chart by the Doctor.

**6.3** Prescribers are reminded that the Advisory Committee on Borderline Substances (ACBS) recommends products on the basis that they may be regarded as drugs for the management of specified conditions. Prescribers should satisfy themselves that the product can safely be prescribed and that patients are adequately monitored.

**6.4** Patients should only be discharged with sip feeds following assessment by a dietician who has recommended their continued use for a defined period post discharge.

**6.5** The quantity supplied at discharge should be sufficient to enable effective continuity of care - usually 7 days' supply.

**6.6** When sip feeds are to be continued in Primary Care - dieticians will continue to review the on-going nutritional care and follow up - informing the GP of subsequent changes required to supplement prescription.

## 7.0 Discharge

- 7.1 Where a risk has been identified, the outcome of the nutritional screening and any on-going nutritional needs of the patient will form part of the medical and nursing discharge summary. GP's will be informed of any need for monitoring of nutritional status and the potential need for nutritional supplementation.
- 7.2 The discharging registered nurse will be responsible for ensuring that clear information and a care plan is provided to the appropriate healthcare team and/or carers on discharge where any nutritional risk or special need has been identified. This will be documented in the nursing records.
- 7.3 Patients who are continuing enteral or sip feeding on discharge from hospice will be given a seven day supply of products.
- 7.4 On patient discharge, receiving healthcare teams will be provided with appropriate information to ensure continuity of nutritional care where necessary.
- 7.5 Patients who require a Textured Diet will have the advice sheet sent with them on discharge.

## 8.0 Monitoring Compliance and Effectiveness

8.1 Senior Management Team

8.2 Unit Managers

## 9 References

9.1 NICE Nutrition Guidelines February 2006.

9.2 NICE Obesity Guidelines January 2010.

9.3 NLaG Nutritional Care Policy for Hospital Inpatients

9.4 NLaG Nutritional Care Policy for Community Patients (North Lincs Only)

## 10.0 Definitions

None

## 11.0 Equality Act (2010)

- 11.1 In accordance with the Equality Act (2010), the Hospice will make reasonable adjustments to the workplace so that an employee with a disability, as covered under the Act, should not be at any substantial disadvantage. The Hospice will endeavour to develop an environment within which individuals feel able to disclose any disability or condition which may have a long term and substantial effect on their ability to carry out their normal day to day activities.
- 13.2 The Hospice will wherever practical make adjustments as deemed reasonable in light of an employee's specific circumstances and the Hospices' available resources paying particular attention to the Disability Discrimination requirements and the Equality Act (2010).

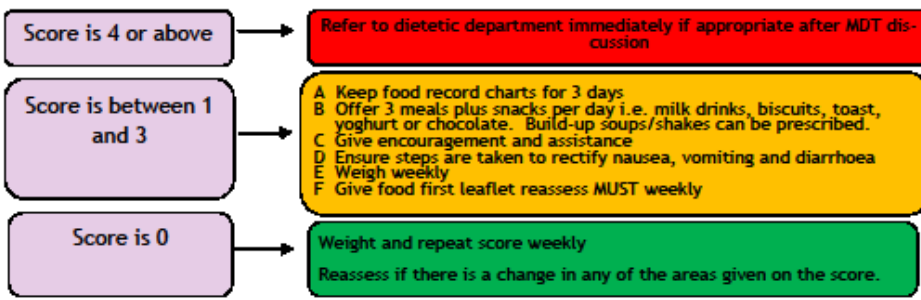
<b>Lead Author of Policy: Karen Wright</b> <b>Responsible Sub-group: QA</b> <b>RATIFICATION DATE BY TRUSTEES 13<sup>th</sup> July 2017</b> Review interval 2				
To Be reviewed	Review completed	By	Approved By	Circulation
July 2019				

Appendix A  
Must Screening Tool for Inpatients

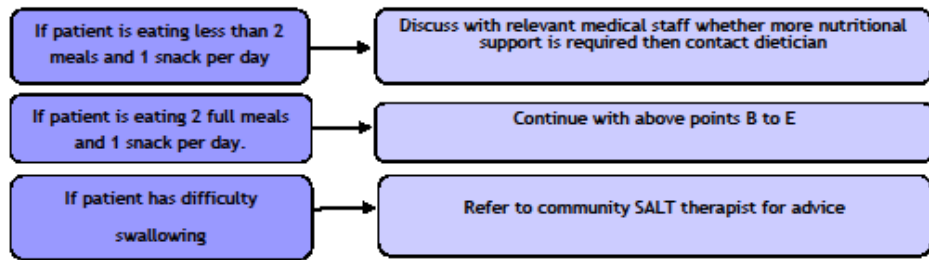
**Managing Nutrition  
Malnutrition Universal Screening Tool (MUST)**

If MUST screening has been considered but not appropriate after discussing within MDT if nutritional support is not considered to be of any benefit to the individual patient. Sign.....Date.....

Date							
Time							
Weight							
Height							
BMI							
Sign							
BMI Score> >20 (>30) obese    Score 0 18.55–20            Score 1 <18.5                 Score 2							
Weight loss score Unexpected weight loss in past 6 months <5%                 Score 0 5–10%              Score 1 >10%                Score 2							
Acute disease effect score If patient is acutely ill and there has been or likely to be no nutritional intake >5 days Score 2							
Overall risk Add scores together							



After 3 days—what next ?



**Appendix B**  
 Must Screening Tool for patients attending Day Care Unit  
 To follow



**Community MUST Management Steps**

<p><b>Step 1</b>  <b>BMI score</b>          BMI kg/m<sup>2</sup>          &gt;20 (&gt;30 obese) - 0          18.5-20 = 1          &lt;18.5 = 2</p>	<p><b>Step 2</b>  <b>Weight Loss Score</b>          Unplanned weight loss in          past 3– 6 months</p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td style="padding: 0 10px;">%</td> <td style="padding: 0 10px;">Score</td> </tr> <tr> <td style="padding: 0 10px;">&lt;5</td> <td style="padding: 0 10px;">= 0</td> </tr> <tr> <td style="padding: 0 10px;">5-10</td> <td style="padding: 0 10px;">= 1</td> </tr> <tr> <td style="padding: 0 10px;">&gt;10</td> <td style="padding: 0 10px;">= 2</td> </tr> </table>	%	Score	<5	= 0	5-10	= 1	>10	= 2	<p><b>Step 3</b>  <b>Acute disease          effect Score</b></p> <p>If patient is acutely ill          and there has been or is          likely to be no nutritional          intake for &gt;5 days          Score 2</p>
%	Score									
<5	= 0									
5-10	= 1									
>10	= 2									
<p><b>Step 4</b>  <b>Overall risk of malnutrition</b></p> <p>Add scores together to calculate overall risk of malnutrition.          Score 0 = low risk; score 1 = medium risk; score 2 or more = high risk</p>										

<b>Step 5</b> <b>Management Guidelines</b>		
<p style="text-align: center;"><b>0</b></p> <p style="text-align: center;"><b>Low risk</b></p> <p style="text-align: center;">Routine Clinical Care</p> <p>Repeat Screening monthly          in care homes or annually          in the community and additionally          whenever there is clinical concern</p>	<p style="text-align: center;"><b>1</b></p> <p style="text-align: center;"><b>Medium Risk</b></p> <p style="text-align: center;">Observe</p> <ul style="list-style-type: none"> <li>Record or review food intake over 3 days</li> <li>Encourage nourishing snacks, drink and food fortification</li> <li>Provide 'food first' leaflet</li> <li>Encourage Build-up or Compan, up to 3 times daily</li> <li>Repeat screening in 1 month.</li> </ul> <p style="text-align: center;">If weight stable/increased at review,          repeat screening every 2-3 months          If weight has fallen continue to screen          monthly</p>	<p style="text-align: center;"><b>2 or more</b></p> <p style="text-align: center;"><b>High Risk</b></p> <p style="text-align: center;">Treat</p> <ul style="list-style-type: none"> <li>Refer to Dietician*</li> <li>Follow Advice as per medium Risk</li> </ul> <p style="text-align: center;">*Unless detrimental or no          benefit is expected from nutritional          support (eg imminent death)</p>



**Appendix C**  
Food record chart for Inpatients

**Appendix C**  
Food record chart for Inpatients



Name:	DOB:	NHS No:
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**FOOD RECORD CHART**

**IT IS THE RESPONSIBILITY OF THE REGISTERED NURSE ASSIGNED TO THE CARE OF THE PATIENT TO ENSURE COMPLETION**  
Document as accurately as possible the **TYPE** and **AMOUNT** of **FOOD** and **DRINK** consumed each meal (to include added milk & sugar and SIP FEED drinks)

<b>Date</b>							
<b>Breakfast</b>							
<b>Nurse Signature</b>							
<b>Snacks</b>							
<b>Lunch</b>							
<b>Nurse Signature</b>							
<b>Snacks</b>							
<b>Tea</b>							
<b>Nurse Signature</b>							
<b>Supper/Snacks</b>							
<b>Ward/Dietician comments</b>							

## “Food First” -your Guide to Making the Most of your Food

This leaflet provides some simple ideas on how you can get the most nutrition from the food you are eating.

### Little and Often

Eating smaller meals and snacks, and nourishing drinks in between meals may be more manageable

Try having drinks separately from meals, as these can fill you up

Try having a pudding once or twice a day such as full cream yogurt, ice cream, cake, custard

Snacks in between meals can help to boost your intake

#### Snacks Ideas:

Sandwiches, fruit cake, nuts, crisps, cereals, soups, yogurts, finger foods (e.g. sausage rolls, scotch eggs), toasted tea cakes with butter, crackers and cheese, toast + topping (e.g. beans, scrambled egg, butter), tinned fruit in syrup

### Enriching your Food

Choose full fat/full cream foods with sugar rather than low fat /low sugar types e.g. full cream yogurts, full cream milk

Add cheese to soups, mashed potatoes, vegetables, pasta dishes

Use butter in sandwiches, on potatoes and with crackers or vegetables

Add cream or condensed milk to puddings

Add sugar, jam, honey or milk powder to porridge, breakfast cereals or puddings

Use cooking methods that include the addition of oil e.g. shallow fry, roast or grill but coat or spray the food with oil first

### Nourishing Drinks

Milk is full of goodness. To make fortified milk add 4 tablespoons of milk powder to one pint of milk. This can be used throughout the day in drinks, on cereals, in sauces, to make custard

Using milk (including fortified milk) to make the following drinks is also a good idea:

Hot chocolate or cocoa

Coffee and cappuccinos

Malted drinks

Milkshakes or smoothies

Choose fruit juices and sugar containing squashes

Powdered supplements such as Complan and Build Up are available from most supermarkets and pharmacies and can be used between meals

### Other Helpful Tips

Indulge in the foods you fancy

Try not to miss or skip meals

Ready meals (frozen or tinned) are a good, easy to prepare option. Consider adding some frozen vegetables to make a more balanced meal

It is useful to keep a store of some basic foods in case you are not able to get to the shops e.g. long life milk, tinned meat, ready meals, hot chocolate, tinned or frozen fruit and vegetables, cereals, biscuits

If preparing food is too much, why not consider meal delivery services or ask friends and family for help in shopping, preparing and cooking meals

Try to have company at meal times

If food choice and quantity is limited take a one-a-day complete multivitamin and mineral supplement

For more specific dietary advice including advice for a particular medical condition, or for further advice if you are losing weight please see your GP, who may seek advice / refer you to a Dietitian



Supported by the  
British Dietetic Association



Supported by the  
National Nurses Nutrition Group



Endorsed by the Royal  
College of General Practitioners



Supported by the  
Royal College of Nursing



Endorsed by the British Association for  
Paediatric and Enteral Nutrition



Endorsed by the British  
Pharmaceutical Nutrition Group



Endorsed by the Pharmaceutical  
Services Negotiating Committee



Endorsed by the Primary Care  
Society for Gastroenterology

Endorsed by the  
Royal Pharmaceutical Society

For further information on malnutrition please visit: [www.malnutritionpathway.co.uk](http://www.malnutritionpathway.co.uk)

Adapted from a leaflet developed by a multi-professional group of healthcare professionals

May 2013 (to be reviewed May 2018)