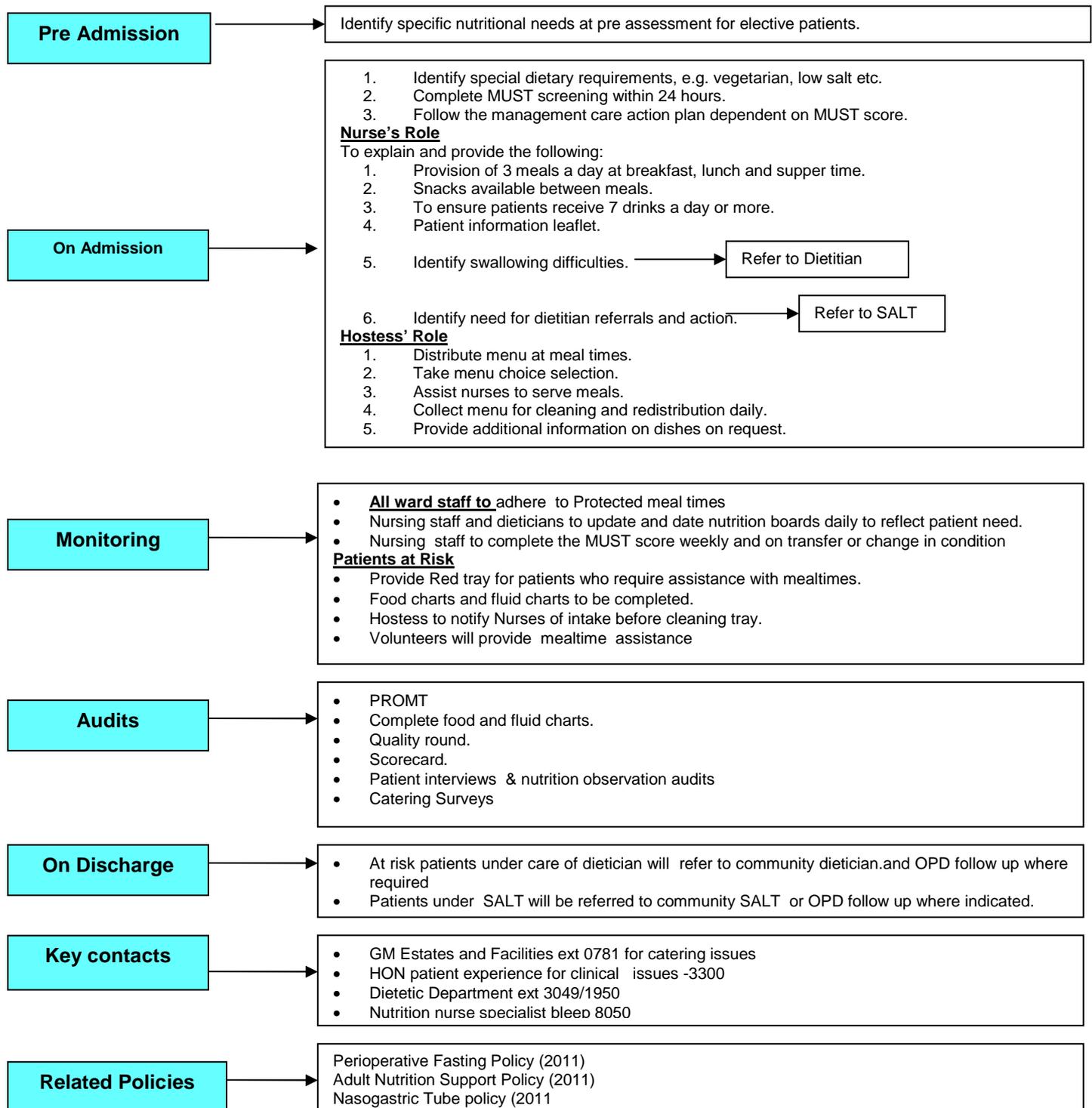


Executive Summary

This policy forms part of the Trust's action plan for adult nutrition and hydration. The implementation of the policy is the responsibility of all staff involved in direct patient care

The purpose of this document is to improve the outcome of hospitalised adult patients by ensuring that malnutrition and dehydration are both recognised and prevented and that appropriate action is taken to correct malnutrition and dehydration.

The flowchart below gives an outline of the management of nutrition and hydration within the Trust.



Appendix A MUST tool

Please Complete or Affix label

Surname: _____

Forename: _____

Date of birth: _____

Hospital No.: _____

St George's Healthcare

NHS Trust

Ward: _____

Sheet No.: _____

'MALNUTRITION UNIVERSAL SCREENING TOOL' ('MUST')

How to use the MUST

Record weight and height to calculate BMI (you can use ulna length to estimate height).
Add the scores for 1, 2, and 3 to get the overall score.

Weight on admission: _____ kg Height: _____ m BMI: _____ Kg/m2

Step 1
BMI score

BMI Kg/m2	Score
>20	= 0
18.5 - 20	= 1
<18.5	= 2

Please document in table below

+

Step 2
Weight loss score

Unplanned weight loss in past 3-6 months

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

Please document in table below

+

Step 3
Acute disease effect score

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

Score 2

Please document in table below

Step 4

ADD SCORES TOGETHER TO CALCULATE OVERALL RISK OF MALNUTRITION AND IMPLEMENT CARE PLAN OVERLEAF

0 =
LOW
RISK

1 =
MEDIUM
RISK

>2 =
HIGH
RISK

Record MUST score weekly/on transfer/change of condition

Date	Weight (kg)	'MUST' scores			'MUST' total score	Referral to dietician Y / N	Date referral made	Sign and print name	Date seen by dietician
		BMI	Weight loss	Disease effect					
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									

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The 'Malnutrition Universal Screening Tool' (MUST) is reproduced here with the kind permission of RANZCP (Royal Australian and New Zealand Association for Parenteral and Enteral Nutrition).

When ordering quote 20.000

COP 2011 malnutrition - 01895 001008

MALNUTRITION UNIVERSAL SCREENING TOOL ('MUST')

What to do with the SCORE
 Identify the risk and follow the management care plan below, document each action **at least weekly** by inserting date and your signature.

Risk of Malnutrition	Aim of Care	Management Actions	Insert date below AND sign off your actions						
Low Risk Score = 0	Maintain nutritional status (All patients)	<ul style="list-style-type: none"> • Re-screen weekly, document score and complete weight chart • Use the red tray if patient needs assistance • If there are any related swallowing difficulties refer to Speech and Language therapist • Maintain oral care 							
Medium Risk Score = 1	Improve & observe nutritional status	<ul style="list-style-type: none"> • Do all of the above actions and: • Keep a record of food and fluid intake for three days and review • Encourage and prompt with meals and snacks. Provide help if required with food choices, eating and drinking. • Check if they like milk. If yes, then ensure they are having full cream milk and are offered milky drinks between meals. (E.g. malted drinks, milky tea and coffee, hot chocolate made with milk, build up shakes) • Check dentures / barriers to eating • Ensure appropriate meal consistency given • If weight loss occurs or no improvement in food intake in medium risk, refer to the Dietitian 							
High Risk Score = 2 or more	Improve nutritional Status	<ul style="list-style-type: none"> • Do all of the above actions and: • Refer to the Dietitian for assessment and advice • Ensure patient is weighed at least weekly, as indicated by the Dietitian • Improve and increase overall nutritional intake • Monitor and review care plan weekly 							

Appendix B: Meal patterns, snack boxes and toast

The standard meal pattern in most inpatient clinical areas is breakfast, lunch and then an evening meal (supper). Additional drinks services supplement this meal pattern throughout the day. Exact meal times are defined by the clinical areas in conjunction with the domestic staff. Breakfast is of a 'continental' type with cereals, bread, jam and marmalade supplied by the clinical areas with bread, milk and dairy produce supplied by the catering department. It is recognised that this type of breakfast may not suit all patient populations so cost-effective alternatives will be sourced in order to meet cultural need, based on patient consultation (see section 4.1.3 *Equality and Diversity*). For those patients under review by the dietetic service there is access to cooked breakfasts. Lunch and supper are supplied by the Catering Department according to a 2-week menu cycle. Snacks – these are offered to all patients (where appropriate) mid-morning, mid afternoon and mid evening with the beverage service,

Snack boxes – are available for any patient who misses a meal between 7am - 8pm via the Catering department on ext 4000 or out of hours through the porters' lodge on ext 2134.

Hot meals – available from the Lanesborough Wing restaurant on presentation of a late meal requisition from the ward. (Currently only available up to 8pm)

Toast – If toast is to be provided to patients than a local risk assessment must be undertaken in consultation with the Trust Fire Officer. Toast must only be prepared in ward kitchens and must not be left alone whilst the toaster is in operation. The fire risks and unwanted fire alarm activations associated with toasters must be minimized. The management of fire risks must take precedent over the wishes of patients requesting toast.

There are exceptions to this meal pattern to accommodate certain clinical areas which include (this list is not exhaustive):

- Accident and Emergency – CDU has a regular meal service and can access snack boxes as necessary. A&E offers meals if patients are in the department for a long time (ie ONS patients) and can access sandwiches as necessary. There is a tea machine in majors which can be accessed by all if appropriate
- Gray Ward – elective surgical ward which offers sandwich only lunch, other mealtimes same as normal service.
- Delivery Suite (sandwiches and snack boxes)
- Post-natal wards (high calorie snack boxes available in addition to regular meal service)
- Dialysis - Dialysis patients are offered sandwiches on all 3 shifts and a beverage from the drinks machine. Sandwiches/drinks are usually offered once all patients are on dialysis at 10am, 2.30pm, 9pm.
- Day Surgery - offer cold and hot drinks, biscuits and toast to patients before discharge home.
- Maternity wards have access to a hot meal provision outside of the normal meal times and these meals can be ordered via the catering department on ext 4000.

Queen Mary's Hospital

The meal pattern, breakfast and snacks provision are the same as at St Georges Hospital, with the following differences:

- Meals are supplied by the Catering Department at Queen Mary's Hospital according to a 3 week menu cycle.
- Snack boxes – are available for any patient who misses a meal between 7am - 8pm via the Catering help desk department on ext 6100.
- During out of hours the wards can provide toast and a few hot snack

Appendix C: Protected Meal times

In order to effectively implement protected mealtimes, the Trust will:

- Conduct an observational audit of the meal delivery service.
- Discuss the results with relevant teams.
- Establish changes in practices required (times of ward rounds, visiting times, etc).
- Obtain agreement from those involved and set dates for implementation of changes.
- Provide information to patients, relatives, staff and other departments.

10 key points for Protected Mealtimes

1. All non-essential clinical activity will stop.
2. Protected mealtimes occur between mid-day and 1pm and between 5-6pm on most ward areas
3. The patient environment will be prepared for mealtimes. Bedside tables will be cleared; commodes and urinals will be removed by the nursing staff.
4. The nursing staff will ensure that the patient is appropriately positioned and that they are given the opportunity to wash their hands.
5. The nursing staff will provide supervision of the meal service and assist in serving meals to the patient and providing meal feeding support where needed.
6. Visiting will be restricted during this period, with the exception of those carers who assist in feeding the patient.
7. Where possible, patients will not leave the ward area for non-urgent investigations.
8. Routine ward rounds will not take place.
9. Medicine rounds will not take place.
10. Every effort will be made to make the patient's mealtime a positive experience.

Portion Sizes

Staff also need to ascertain an appropriate portion size for the patient – some patients might be put off food by seeing a large portion size on the plate and so offering smaller portions may be of benefit and others might like second helpings so they need to know that these are available. Those patients classed as most vulnerable should be served first to allow for optimal food choices.

Stimulating Poor Appetite

Where patients have little appetite, staff may have to offer other snacks or options – catering supply the wards with Build up Soup® and Build Up Milkshakes®. Additionally each ward can request different milks as a nutritious drink. The Dietitian for each ward can alter the milk order and provide whole milk where it may be more appropriate. If agreed with catering and the dietetic department each ward can have a stock of yogurts, jellies and/or mousse for those patients with poor appetite. Certain wards can offer toast or patient visitors may request food brought in from home be heated up (on completion of disclaimer form – Appendix F of [H&S25.2](#)). If poor appetite continues nutritional screening should be repeated and referral to the dietetic team made as appropriate.

Modified Fluids and Diets

Patients who have been assessed by a Speech and Language Therapist may have specific modified food and fluid recommendations made e.g. Syrup thickened fluids, puree meals. These guidelines will be documented in the medical notes, behind the patient's bed, as well as on the Patient Status Board. Adherence to these guidelines is important as this may reduce the risk of aspiration related illness.

Appendices E and F: Food and fluid chart

Please Complete or Affix label		St George's Healthcare NHS NHS Trust	
Surname:			
Forename:			
Date of birth:	Ward: _____		
Hospital No.:	Sheet No.: _____		
DIETARY INTAKE			
PLEASE RECORD ALL FOOD, DRINK and SUPPLEMENTS actually eaten including a brief description and approximate quantities: <div style="text-align: right; font-size: small;"> e.g.: 1/2 bowl cornflakes + 2 tsp. sugar 1 scoop of mashed potato 1/2 carton of Ensure Plus 4 tsp. Mousse </div>			
This Information will be used to calculate the nutritional intake of the patient	Date	Date	Date
	Description & Amount	Description & Amount	Description & Amount
Breakfast			
Mid-morning Snack			
Lunch			
Mid-afternoon Snack			
Supper			
Evening Snack			
For Dietetic use only	Total Kcal:	Total Kcal:	Total Kcal:
For Dietetic use only	Total Protein:	Total Protein:	Total Protein:

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 Moulton Park Ind. Estate - Northampton NN3 6GB
 Phone (01604) 646 633 - Fax (01604) 644 646 - System No. 20.340

Appendices E and F: Food and fluid chart

Please Complete or Affix label						St George's Healthcare NHS NHS Trust					
Surname:						Ward: _____					
Forename:						Sheet No.: _____					
Date of birth:											
Hospital No.:											
FLUID BALANCE CHART											
Date: _____											
Previous days balance (+ or -)											
INTAKE						OUTPUT				Total Fluid Balance (ml/24hr)	
Time	Oral		Intra-venous	Intra-venous	Total Intake	Urine	Others				Total Output
01.00											
02.00											
03.00											
04.00											
05.00											
06.00											
07.00											
08.00											
09.00											
10.00											
11.00											
12.00											
13.00											
14.00											
15.00											
16.00											
17.00											
18.00											
19.00											
20.00											
21.00											
22.00											
23.00											
24.00											
SUB TOTAL											
TOTAL:						+ OR -	TOTAL:				
Date and Time:		Signature of Nurse Totalling Chart and Designation:				Trust / Bank / Agency Print Name:					

FLUID BALANCE

*Derived from forms developed by Standex Systems Ltd in conjunction with St George's Healthcare NHS Trust

Appendix G: Standard Fluid Volumes

Item	Illustration	Volume/mls
Plastic Tumbler e.g. UMT2002 and UMT003 in catalogue		200mls
Disposable Plastic cup eg in catalogue UTC021		150mls
Cup from Vending Machine eg Kenco in-cup		150mls
Tea cup * Picture Source: http://www.wade.co.uk/	 *	175mls
Mug - NHS Supply chain		200mls
Cereal/soup bowl	 *	175mls
Beaker with lid UMH079 , UMH077, UMH078 **Picture Source: http://www.henleysmed.com/	 **	200mls