University Hospitals of Morecambe Bay
NHS Foundation Trust

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Document Title: **Nutrition Policy For Adult Inpatients**	**Version Number:** 2
	Status: Ratified
Scope: This policy applies to the nutritional needs of all adult inpatients on UHMBFT ward areas. It is the responsibility of all Healthcare Professionals to ensure that nutritional care is an integral part of their practice. It will be followed by all members of staff involved in any stage of the food chain.	**Classification:** Organisational
Author / Title: Katy Gillespie, Advanced Dietitian Michelle O'Keeffe, Advanced Dietitian	**Responsibility:** Nutrition & Dietetics
Replaces: Version 1.8, Nutrition Policy Version, G58	**Head of Department:** Tony Crick, Lead Healthcare Professional
Validated By: Core Clinical Services DGAG	**Date:** 25/04/2018
Ratified By: Procedural Document and Information Leaflet Group	**Date:** 16/05/2018
Review dates may alter if any significant changes are made	**Review Date:** 01/05/2020

Which Principles of the NHS Constitution Apply? **Please list from principles 1-7 which apply** 1-7 Principles	**Which Staff Pledges of the NHS Constitution Apply?** **Please list from staff pledges 1-7 which apply** 1-7 Staff Pledges

Does this document meet the requirements of the Equality Act 2010 in relation to Race, Religion and Belief, Age, Disability, Gender, Sexual Orientation, Gender Identity, Pregnancy & Maternity, Marriage and Civil Partnership, Carers, Human Rights and Social Economic Deprivation discrimination? **Yes**

Document for Public Display: Yes

Reference Check Completed by……Joanne Phizacklea……..Date……08/06/2018...

To be completed by Library and Knowledge Services Staff

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BEHAVIOURAL STANDARDS FRAMEWORK

To help create a great place to work and a great place to be cared for, it is essential that our Trust policies, procedures and processes support our values and behaviours. This document, when used effectively, can help promote a workplace culture that values the contribution of everyone, shows support for staff as well as patients, recognises and celebrates the diversity of our staff, shows respect for everyone and ensures all our actions contribute to safe care and a safe working environment - all of which are principles of our Behavioural Standards Framework.

Behavioural Standards Framework – Expectations 'at a glance'

1. SUMMARY

Meeting the nutritional needs of all patients throughout our hospitals is an integral part of effective healthcare. A multidisciplinary approach and the provision of appropriate food and fluids to meet patients' needs are essential to maximise individual health outcomes.

Malnutrition (undernutrition) has the potential to affect the whole hospital population and can adversely affect clinical outcomes for patients. Malnutrition is frequently undetected and untreated causing a wide range of adverse consequences which increase costs to the National Health Service. Malnutrition is not solely BMI related and may affect obese patients as well as underweight patients.

In healthcare, the prevalence of malnutrition varies with age and care setting. On admission to hospital it has been found to be 33.6% in those aged >65 years and 25.1% in adults <65 years (as measured using the Malnutrition Universal Screening Tool (MUST) See Appendix 1 MUST Screening Tool[1] (Lorenzo screenshots).

At a given point in time the prevalence of malnutrition in hospitalised patients was considered to be higher than the admission prevalence, mainly because those with malnutrition have a longer length of hospital stay (30%) than those without.
(taken from 'The cost of malnutrition in England and potential cost savings from nutritional interventions'. Elia on behalf of BAPEN 2015[2])

Over-nutrition (Obesity)
This policy does not address over-nutrition, however; patients identified with a high BMI (not scoring 2 or above on MUST screening) and agreeable to weight reducing intervention can be signposted appropriately on discharge.

2. PURPOSE

The purpose of this policy is to outline the processes involved in optimising the nutritional care of all adult inpatients during their hospital stay in the Trust.

Improving the nutritional care of patients is cited in several key national guidelines and the Trust is committed to ensuring adherence to all relevant standards.

In order to adhere to these guidelines UHMBFT have produced a range of policies, procedures and guidelines. These are listed in Section 6 OTHER RELEVANT / ASSOCIATED DOCUMENTS

Also national documents and guidelines are listed in Section 7 SUPPORTING REFERENCES / EVIDENCE BASED DOCUMENTS

3. SCOPE

This policy applies to the nutritional needs of all adult inpatients on UHMBFT ward areas. It is the responsibility of all Healthcare Professionals to ensure that nutritional care is an integral part of their practice. It will be followed by all members of staff involved in any stage of the food chain.

4. POLICY

4.1 MUST Screening

Nutritional screening is the first step in identifying patients who may be at nutritional risk (or potentially at risk) and would benefit from appropriate nutritional intervention. It is a rapid, simple and general assessment and it is the responsibility of the nurse in charge of the ward to ensure that this takes place.

All patients are screened using the electronic MUST tool[1] within 24 hours of admission and on ward transfer. This screening should be undertaken by a staff member suitably trained in its use.

In cases where the patient may be unconscious, or may be unable to have an objective MUST for other reasons, a subjective MUST should be carried out.

MUST should aid rather than replace clinical judgment.

The electronic MUST details the Nutritional care plan required according to MUST score:

HIGH RISK (SCORE 2 and above)

- Refer to Dietitian – via Lorenzo.
- Initiate Food Record Chart.
- Weekly MUST.
- If previously seen by Dietetics please refer to latest treatment plan as documented in Lorenzo within the Inpatient chart.

N.B. Patients scoring 2 or more where Dietetic referral is felt to be inappropriate e.g. end of life, should have clinical rationale documented in Lorenzo.

MEDIUM RISK (SCORE 1)

- Order Fortified Diet and Snacks on menu.
- Encourage to choose High Energy HE options from the menu.
- Instigate Food Record Chart.
- Offer milky drinks from drinks trolley throughout the day.
- Give patient information leaflet – Poor Appetite in Hospital .
- Weekly MUST.

LOW RISK (SCORE 0)

- Weekly MUST.
- Encourage to choose Healthy Eating options from the menu as indicated by ♥
- Note: Any patient who has had little to no nutrition for 2 or more days should have a Food Record Chart in place.

MUST[1] screening should be repeated weekly for all patients as a minimum, in order to monitor any changes in a patient's nutritional status. Changes in a patient's condition which may affect appetite or ability to eat will be recorded in the nursing notes, together with the action taken in order to safeguard adequate, nutritional intake

4.2 Further indications requiring referral to Dietetic team.

- Patients in need of a therapeutic diet independent of MUST[1] score should be referred to Dietetic team, e.g. Inflammatory Bowel Disease, renal, stoma issues, micronutrient deficiencies etc.
- Where appropriate for Inpatient intervention the Dietitian will provide assessment and a treatment plan, which will be documented on Lorenzo in the In-patient chart.
- Where deemed appropriate a patient will be offered outpatient intervention.

4.2.1 Ward communication of patients nutritionally at risk

All wards should have a process to help staff identify patients nutritionally at risk or require assistance with food and drink, e.g.

- a wall board above their bed.
- ward diet book / board.
- handover documentation.
- electronic white board / e- outcome / patient flow.

4.3 Protected Mealtimes Policy

The purpose of a Protected Mealtime Policy is to protect mealtimes from unnecessary and avoidable interruptions. This provides an environment conducive to eating, enabling staff to provide patients with support and assistance with meals and places, “food first” at mealtimes.

All non-urgent activities should stop at mealtimes. Diagnostic interventions, non-urgent ward rounds, therapeutic interventions or any other activities that might interfere with the patient’s enjoyment of their meal, or interfere with the ward staff’s ability to deliver nutritional care, should be avoided.

Should a patient miss a meal, for any reason, it is the responsibility of the nurse taking care of the patient to ensure there is a meal available, e.g. snack box (available at all times) for them when they are available to eat. If this occurs it should be documented in the patient’s notes.

See Section 6 - Associated Documents - Protected Mealtime Policy

4.4 Food Provision

4.4.1 Patient choice

Patients will be given the opportunity and encouraged, whenever possible, to make their own food choices from the standard menu. Patient menu choices will be adapted if clinically indicated, e.g. low fat. Therapeutic menus are available where required, e.g. low residue, texture modification, specials and dementia.

4.4.2 Nursing responsibility

It is the responsibility of the patient’s named nurse to ensure that patients are not subjected to prolonged or unnecessary periods of fasting prior to surgery or investigations. Theatre co-ordinators have a responsibility to inform wards of alterations to operating lists as well as cancellations to minimise fasting

4.4.3 Food from visitors

Visitors are allowed to bring in food from home. Ward staff should familiarise themselves with foods that are suitable for bringing in on the wards and how to store them.
If patients are on a special diet, patients and visitors should check with nursing staff and the dietitian of the suitability of these items.

Please refer to, “What Can My Visitors Bring in for Me?” in Section 6 – Associated Documents

4.5 Hydration

Hydration is an important element of patient care and UHMBFT is committed to ensuring that, where appropriate, patients are encouraged to take a range of fluids through the day e.g. water, juice, tea, coffee, milk, soup etc.

Individual requirements for fluids differ according to age, height, weight, medical condition and ambient temperature.

Fluids should be placed within the reach of the patient. Assistance to drink should be provided where necessary.

Fluid intake should be documented on a fluid balance chart where indicated.

4.5.1 Speech & Language Therapy guidelines

These should be followed for patients with Dysphagia, i.e. modified consistency diet and fluids.

4.5.2 Alternative routes

If a patient is unable to tolerate oral fluids the use of alternative routes, e.g. enteral, IV for the provision of fluids should be considered.

4.6 Refeeding Syndrome

Refeeding syndrome is defined as severe electrolyte and fluid shifts associated with metabolic abnormalities in malnourished patients undergoing refeeding, whether orally, enterally or parenterally. (Crook et al 2001[3])

This may be a life-threatening complication in the first days after the start of feeding in severely malnourished patients. Clinical presentations are non-specific and can include arrhythmias, muscle weakness, signs of respiratory and/or cardiac failure, oedema, lethargy or seizures.

Risk of refeeding is minimised by slow introduction, followed by the gradual increase of nutrition support over several days in at risk patients.

Throughout this period there should be daily monitoring and replacement of electrolytes together with Thiamine, Vitamin B co strong (or intravenous vitamin B preparation, if necessary) and a balanced multivitamin/trace element supplement

Section 6 – Associated Documents - Refeeding guidelines

4.7 Oral Nutritional Supplements (ONS)

4.7.1 Dietetic assessment

Dietetic Assessment may identify ONS to be appropriate for individual patients. These will be documented on the patient's prescription chart.

In order to maximise the full benefit of ONS the following points should be noted:

- Ensure the correct ONS, as documented on the patient's prescription chart, is offered.
- ONS is usually recommended in addition to meals and not as a meal replacement unless specified otherwise by a Dietitian.
- ONS should be offered at suitable times for the patient, i.e. in between meals or after meals. They should not be offered just prior to serving a meal or during a meal.
- Consideration is given to patient's preferred choice of flavour, temperature and presentation.
- Type and amount of ONS consumed should be documented on the food record and / or fluid charts.
- Ward staff to inform the Dietitian if the patient is not tolerating their ONS.

4.7.2 Meritene™

ONS should not be given to patients unless documented on their prescription chart with the exception of Meritene™ where a maximum of two a day can be offered.

4.7.3 Availability

Issues of availability of any ONS. The ward should contact Pharmacy and / or Dietetics.

4.8. Non-Oral Nutrition Support

4.8.1 Enteral Nutrition (EN)

- EN is the administration of nutrition via a tube into the gastrointestinal tract. This includes nasogastric, gastrostomy, jejunostomy and naso-jejunal feeding.
- Patients who have a functioning gastrointestinal tract requiring non-oral nutritional support should be fed enterally as this maintains gut integrity.
- EN is classed as a medical intervention and requires consent (verbal or written), this needs to be documented in the patient's electronic record.
- EN can be delivered as a sole source of nutrition or as a supplement to oral diet and fluids.
- All patients being considered for EN should be referred to the Dietitian if not previously identified and referred following MUST screening.

See Section 6 for UHMBT documents regarding Emergency feeding regime / stroke pathway / refeeding / Insertion and verification of nasogastric feeding tubes / ethical
See Section 7 for link to NICE[4] and BAPEN guidelines[5]

4.8.2 Parenteral Nutrition (PN)

- Parenteral Nutrition is the administration of nutrition via a dedicated peripheral or central venous catheter.
- PN should only be used when the oral / enteral route is inaccessible or the

gastrointestinal tract is non-functional.

- PN is classed as a medical intervention and requires consent (verbal or written), this needs to be documented in the patient's electronic record.
- All patients being considered for PN should be referred to the Dietitian if not previously identified and referred following MUST screening.

See Section 6 for link to UHMB TPN Supply and prescribing / ethical
See Section 7 for link to NICE[4] and BAPEN guidelines[5]

4.9 Roles and Responsibilities in the Provision of Nutrition on the Ward

Nutritional care is a multi-disciplinary responsibility and all staff within the Trust have a responsibility to ensure that patients meet their nutritional requirements.

4.9.1 ENACT

The Executive Nurse Accountable Care Team (ENACT) has the responsibility for the development, implementation and reviewing of standards of nutritional care for inpatients within UHMBFT. This group is accountable to the Trust Board

4.9.2 Medical Teams

All medical staff should:

- Recognise that proper nutritional care is fundamental to good clinical practice.
- Identify any nutritional issues.
- Recognise the benefits of appropriate nutritional management and treatment.
- Play an active role in the multi-disciplinary nutritional care of patients.
- Lead on ethical decisions in conjunction with multidisciplinary team taking into consideration family/carer views including interpretation of advance directives.
- Ensure that they seek nutritional education and training relevant to their role.

Section 6 – Associated Documents - see Practice and Ethics in Nutritional support in Medical Patients

4.9.3 Ward nursing staff

It is the responsibility of all nursing staff to ensure:

- A comprehensive nursing assessment is 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 and drink. Support in meeting identified needs will be provided by the ward staff.
- All patients are screened using the electronic MUST tool within 24 hours of admission. and on ward transfers. The appropriate treatment plan must be actioned.
  See Appendix 1 – MUST screening Tool (Lorenzo screenshots)
- Timely referral to the Dietitian if indicated on MUST and referral to other Healthcare Professionals (HCP's) in order to support a patient's nutritional needs.
- If a patient scores 2 or more but a Dietetic referral is not deemed appropriate this must be documented with justification e.g. end of life.
- Implementation of the patient's treatment plan as specified by the Dietitian, Speech and Language Therapist (SLT) or other members of the Multidisciplinary Team (MDT), reporting any issues with compliance to the relevant health professional.
- Food and fluid charts are completed correctly and acted on.

Section 6 - Associated Documents - Fluid Balance Chart

- Catering are informed if a patient requires a therapeutic diet or an alternative diet for religious or cultural reasons.
- Assistance with menu choice as appropriate.
- Assistance to eat and drink where appropriate whilst maintaining the patient's dignity.
- Patients understand the impact of nutrition and hydration on their recovery.
- Protected Mealtimes Policy is adhered to, providing an environment conducive to patients enjoying eating and drinking.
  Section 6 – Associated Documents - Protected Meal Times Policy.
- Attendance at training on MUST and other aspects of nutritional care.

4.9.4 Department of Nutrition & Dietetics

The role of the Nutrition and Dietetics department is to:

- Advise and inform the Trust on new initiatives, policies and guidelines in nutrition.
- Maintain evidence based practice within the Trust regarding Nutrition and Dietetics.
- Assess patients referred following MUST or for therapeutic reasons.
- Create, monitor and review nutritional care plans as agreed with the patient and liaising with appropriate members of the MDT.
- Liaise and work in partnership with the Catering service provider in the creation of the hospital menus, ensuring nutritional standards for catering are met
- Identify and provide training to catering, nursing and other clinical staff relating to the nutritional care of patients and deliver where appropriate.
- Contribute to audit of MUST screening, Protected Mealtimes and Assistance, in order to improve/maintain standards of patient care.
- Contribute to health promotion activities, e.g. Nutrition and Hydration week.

4.9.5 Responsibilities of the Nutrition Link Nurses (at ward level)

- Improve communication between dietitians, nurses and catering on all issues regarding nutrition.
- Support evidence based nutritional practice thus raising the profile of nutrition across the trust.
- Ensure current UHMBFT nutrition policies / tools / procedures are in place at ward level.
- Identify and escalate areas of concern and discuss workable solutions.
- Identify training needs and issues at ward level and raise with appropriate HCP e.g. dysphagia screening with SALT.
- To attend the Nutrition Link Nurse Meeting which provides an opportunity to discuss clinical, strategic, and governance issues regarding nutritional issues with a range of HCPs
- Attend relevant training

Section 6 – Associated Documents - Terms of reference for Link Nurses

4.9.6 Health Care Assistants / Clinical Support Workers

Are responsible for:

- Liaising with catering regarding food provision for their ward area.
- Liaising with other members of the MDT regarding the nutritional needs of the patients as appropriate.

- Assisting patients with menu choice, and with eating and drinking where necessary.
- Co-ordinating menu completion/collection.
- Offering snacks as appropriate.
- Maintaining ward dry goods stock levels etc.

4.9.7 Speech and Language Therapists

Are responsible for:

- Conducting specialist swallowing assessments for oral and pharyngeal swallowing difficulties, advising on management of swallowing problems, formulating therapy plan where appropriate
- Ensuring those caring for the patient are aware of the recommendations for swallowing
- Reviewing patients regularly and providing updates on changes to the recommendations.
- Conducting practical assessments for trained nurses who have completed the elearning tool for the nurse dysphagia screening tool
- Providing advice and training where appropriate for staff involved in the care of patients with swallowing difficulties.
- SLT assessment will support in MDT discussions around enteral feeding and feeding at risk decisions.

4.9.8 Pharmacy

Are responsible for:

- Advising on any relevant drug-nutrient interactions
- Ensuring that hospital nutrition stores are monitored and maintained at agreed stock levels for:
    - oral supplements and enteral feeds
    - giving sets and naso-gastric tubes
- Provision of parenteral nutrition as prescribed

4.9.9 Hotel services

4.9.9.1 Catering department

Are responsible for:

- Provision of appetising and varied meals.
- Availability of snacks and drinks 24 hours a day.
- Ensuring meal and snack provision meets the needs of all patients reflecting national standards & guidance.
- Provision of meals to meet therapeutic, cultural and religious needs.
- Liaison with Dietetic department to ensure current guidelines on patient nutritional provision are met.
- Liaison with SLT in relation to texture modified diets.
- Provision of information relating to nutritional and ingredient content, e.g. allergens on request.
- Provision of menus in alternative formats, e.g. pictorial.
- Provision and preparation of specialist food and beverage items which have been identified by a Dietitian as being essential to the nutritional treatment of individual patients.
- Providing food and beverages for other (non UHMB) in-patient areas, staff and

visitors.

4.9.9.2 Catering Staff on the ward

Are responsible for:

- Liaising with ward staff to ensure the correct meal is provided to the correct patient.
- Serving meals at ward level being sensitive to the importance of good presentation in optimising nutritional intake
- Monitoring the temperature of the food at ward level; the temperature of the meal will be recorded
- Removal of all high risk foods from the wards after service, this is taken back to the main Catering Department, buckets with lids are left on the wards to enable all food waste to be stored and returned back to the department for correct disposal
- Leaving the service area clean and tidy before leaving the wards

4.9.9.3 Porters

Are responsible for:

- The safe, timely delivery and removal of ward meal trolleys.
- Delivery of additional food porducts to ward areas.
- These support the quality of meal and nutrition porvisions at ward level.

4.9.10 Other Healthcare Professionals/MDT

Liaise closely with nursing / medical / dietetic staff regarding any potential nutrition issue which may arise.

4.9.11 Mealtime Volunteers

- Assist patients who require help eating and drinking.
- Should receive training before beginning this role and regular updates

4.10 Care of the Dying Patient

- Options regarding hydration and feeding in the dying patient should be discussed and agreed with the patient and their relative(s)/carer(s).
- If there are concerns regarding the safety of patient's swallow they may still elect to eat / drink however of there are issues regarding mental capacity please refer to the guidance in the 'Care for the Dying Patient guideline (see Section 6 for link).

4.11 On Discharge or Transfer of Care

4.11.1 Ward based staff should provide:

- Information regarding Nutritional Screening and any special nutritional needs should form part of every medical and nursing discharge / transfer summary.
- Dietitian with advance notice of home enteral feeding patient discharge plans.
- A 7 day supply of prescribed nutritional products / ancillaries from ward stock where indicated from Dietetic treatment plan. This is in accordance with UHMB Policy.
- Referral to relevant healthcare professionals/agencies within the community as appropriate, e.g. Social Services; District Nursing Service; Homecare Agencies.

4.11.2 Dietetic team should provide:

- Information for patient / carers regarding their ongoing Dietetic treatment plan and follow up
- Information to patient's GP where ongoing prescriptions for nutritional products or supplements is required
- Home enteral feeding pump and stand
- Access to training to ensure effective and safe home enteral feeding
- Information regarding ongoing supply of nutritional products and ancillaries
- Liaision with external agencies for advice and training where appropriate.

5. ATTACHMENTS	
Number	**Title**
Appendix 1	MUST screening tool – Lorenzo screen shots
Appendix 2	Equality & Diversity Impact Assessment Tool

6. OTHER RELEVANT / ASSOCIATED DOCUMENTS	
Unique Identifier	**Title and web links from the document library**
ACU/Guid/001	Fluid Balance Monitoring http://uhmb/cs/tpdl/Documents/ACU-GUID-001.docx
ACU/Guid/001 (attachment)	Fluid balance chart http://uhmb/cs/tpdl/Attachments/ACU-GUID-001/Adult%2024-Hour%20Fluid%20Balance%20Chart.docx
Corp/Proc/032	Protected Mealtimes Policy http://uhmb/cs/tpdl/Documents/CORP-PROC-032.docx
Corp/proc/050	Insertion and verification of nasogastric feeding tubes http://uhmb/cs/tpdl/Documents/CORP-PROC-050.docx
Stroke/SOP/002	Nutrition Post-Stroke http://uhmb/cs/tpdl/Documents/STROKE-SOP-002.docx
Corp/Pol/122	TPN ordering, prescribing and supply http://uhmb/cs/tpdl/Documents/CORP-POL-122.docx
Corp/Strat/005	Food and Drink Strategy http://uhmb/cs/tpdl/Documents/CORP-STRAT-005.docx
	Emergency Enteral feeding http://uhmb/clinicalservices/dnd/Documents/Emergency%20Nasogastric%20Feed%20November%202017.pdf
	Food chart – Electronic version being piloted on Lorenzo
	Poor Appetite leaflet - http://uhmb/clinicalservices/dnd/Documents/Poor%20Appetite%20in%20Hospital.%20Nov%202015.pdf
Refeeding Guidelines	
Corp/Guid/023	Care for the Dying Patient http://uhmb/cs/tpdl/Documents/CORP-GUID-023.docx
GM/Guid/016	Practice and Ethics of nutritional support in Medical Patients http://uhmb/cs/tpdl/Documents/GM-GUID-016.docx
	Refeeding guidelines http://uhmb/clinicalservices/dnd/Documents/Refeeding%20Syndrome%20Guidance%20November%202017.pdf
	What can my visitors bring in for me http://uhmb/clinicalservices/dnd/Documents/What%20can%20my%20visitors%20bring%20in%20for%20me%202017.pdf
	Nutritional Link nurse terms of reference - http://uhmb/clinicalservices/dnd/Documents/Nutritional%20Link%20Nurse%20Team%20ToR%20Nov%202016.pdf-

7. SUPPORTING REFERENCES / EVIDENCE BASED DOCUMENTS

References in full

Number	References
1	BAPEN (2011) Malnutrition Universal Screening Tool (MUST). Available at: http://www.bapen.org.uk/pdfs/must/must_full.pdf (accessed 08/06/18)
2	Elia M on behalf of BAPEN (2015) The cost of malnutrition in England and potential cost savings from nutritional interventions (short version). Available at: https://www.bapen.org.uk/pdfs/economic-report-short.pdf (accessed 08/06/18)
3	Crook MA (2001) The importance of the refeeding syndrome. Nutrition 17(7) p.632-7.
4	NICE (2006, updated Aug 2017) Nutritional support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition [CG32]. Available at: https://www.nice.org.uk/Guidance/cg32 (accessed 08/06/2018)
5	BAPEN (2016) Parenteral Nutrition guidelines. Available at: www.bapen.org.uk/nutrition-support/parenteral-nutrition (accessed 08/06/2018)

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Kopelman, P Lennard-Jones, J (2002) Nutrition and patients: a doctor's responsibility Clinical Medicine, 2(5) p.391-4. Available at: www.clinmed.rcpjournal.org/content/2/5/391 (accessed 08/06/2018)

8. DEFINITIONS / GLOSSARY OF TERMS	
Abbreviation or Term	**Definition**
	The relevant terms and their definitions (within the context of this policy document) are outlined below.
Malnutrition	Malnutrition is a state in which a deficiency of nutrients such as energy, protein, vitamins and minerals causes measurable adverse effects on body composition, function or clinical outcome. (a) The Trust recognises that there are particular physical health conditions with intrinsic consequences for nutrition such as diabetes and high blood cholesterol. Long term mental health condition can compromise nutritional status. The Trust will ensure that specialist advice, support and interventions will be provided and that specific Department of Health guidance relating to these and other such conditions will be followed. (b) Trust will work in partnership with service users and carers to promote good nutrition and hydration as part of a healthy life style, which is in keeping with a recovery focused approach and improving physical health.
Nutrition support for malnourishment	Nutrition Support should be considered in people who are malnourished (undernourished), as defined by any of the following: (a) A body mass index (BMI) of less than 18.5 kg/m2 (b) Unintentional weight loss greater than 10% within the last 3-6 months (c) A BMI of less than 20 kg/m2 and unintentional weight loss greater than 5% within the last 3-6 months.
Nutrition support for malnutrition	Nutrition support should be considered in people at risk of malnutrition, defined as those who have: (a) Eaten little or nothing for more than 5 days and/or are likely to eat little or nothing for 5 days or longer. (b) A poor absorptive capacity and/or high nutrient losses and/or increased nutritional needs from causes such as catabolism. NB – A person may be malnourished but not underweight due to poor diet, substance misuse or physical illness. The term Malnutrition also describes ‘over nutrition’ (over weight/obesity) which can cause health problems
Dysphagia	Dysphagia is a term used to describe swallowing disorders that may occur In the oral and/or pharyngeal stages of eating and drinking. These can arise from a wide range of neurological, structural, psychological and organic conditions including the dementias. People with mental health conditions are more at risk of experiencing swallowing problems and choking.
Obesity	Obesity is defined in terms of Body Mass Index (BMI): BMI is a measure that is used to see if an adult is a healthy weight for their height. Please

	see Appendix B for International guidance on BMI/waist circumference thresholds.

9. CONSULTATION WITH STAFF AND PATIENTS Enter the names and job titles of staff and stakeholders that have contributed to the document		
Name	**Job Title**	**Date Consulted**
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Tony Crick	Lead Healthcare Professional and Deputy Divisional Manager Core Clinical Services UHMBFT	
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Barry Rigg	Engagement Manager, UHMBFT	
Anna Smith	Health & Safety Manager, UHMBFT	
Sue Smith	Executive Chief Nurse, UHMBFT	
Pauline Turner	Discharge Lead, UHMBFT	
David Walker	Medical Director, UHMBFT	
Helen Vernon	Head of Speech & Language Therapy, Cumbria Partnership NHS Foundation Trust	
Sally Young	Quality Assurance Matron, UHMBFT	

10. DISTRIBUTION PLAN	
Dissemination lead:	Nutrition Strategy Group
Previous document already being used?	Yes
If yes, in what format and where?	Procedural Documents Library
Proposed action to retrieve out-of-date copies of the document:	Replace the document within the library
To be disseminated to:	
Document Library	Yes
Proposed actions to communicate the document contents to staff:	Include in the UHMB Friday Corporate Communications Roundup – New documents uploaded to the Document Library

11. TRAINING

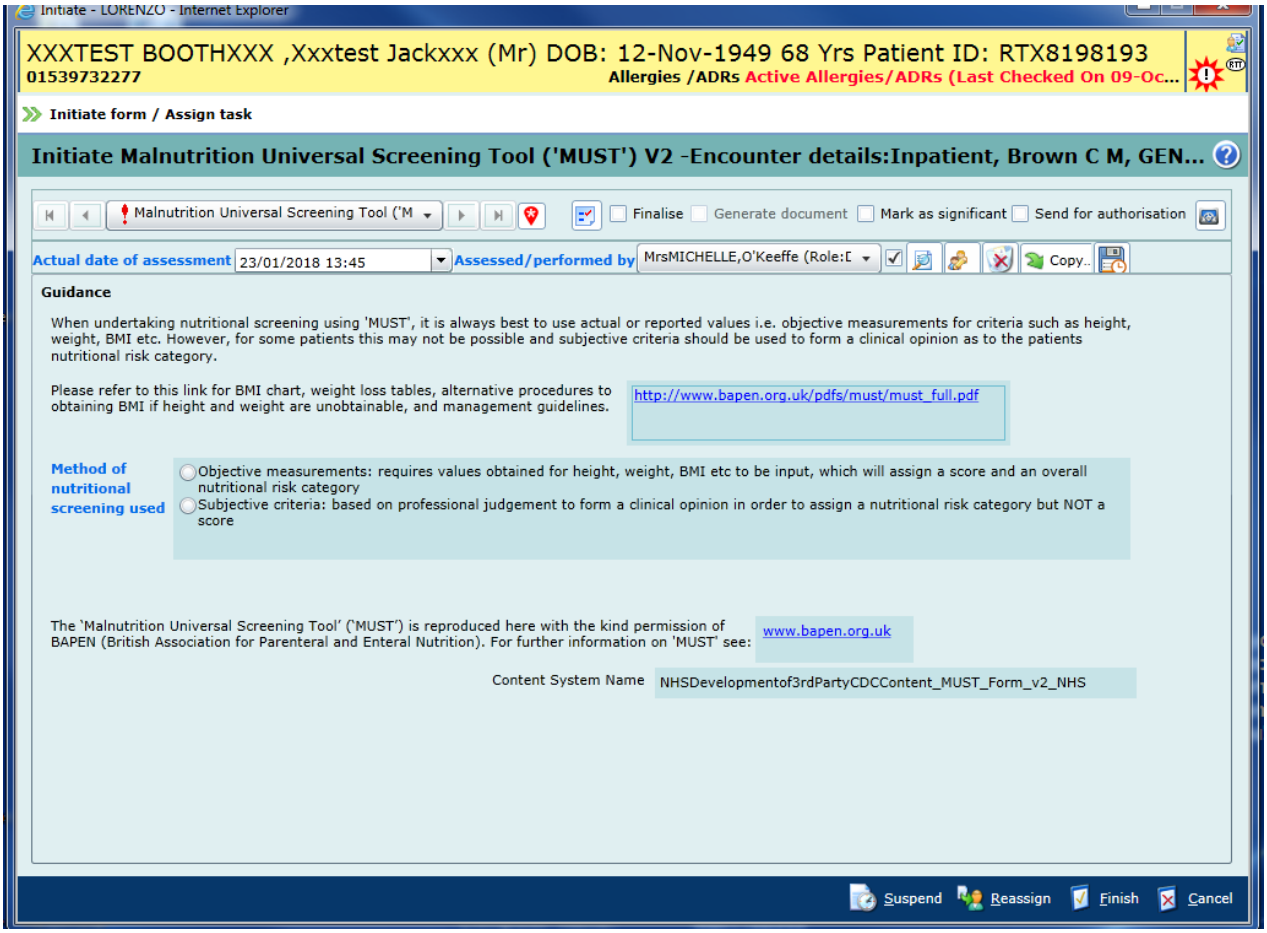
Is training required to be given due to the introduction of this policy? No

Action by	Action required	Implementation Date

12. AMENDMENT HISTORY				
Version No.	**Date of Issue**	**Page/Selection Changed**	**Description of Change**	**Review Date**
1.1 FINAL	Mar 2012	8 9 10 17 	Amendments to reporting flow chart New web link GMC Link nurse responsibilities Monitoring compliance and links to screening tool and Protected Meal Time Policy Removed terms of reference for NSG	
1.2	Oct 2013	4 8 9 	Amendments to Quality and Impact assessment Tool Amendments to scope including references Amendments to reporting flow chart Alternation of terminology of	

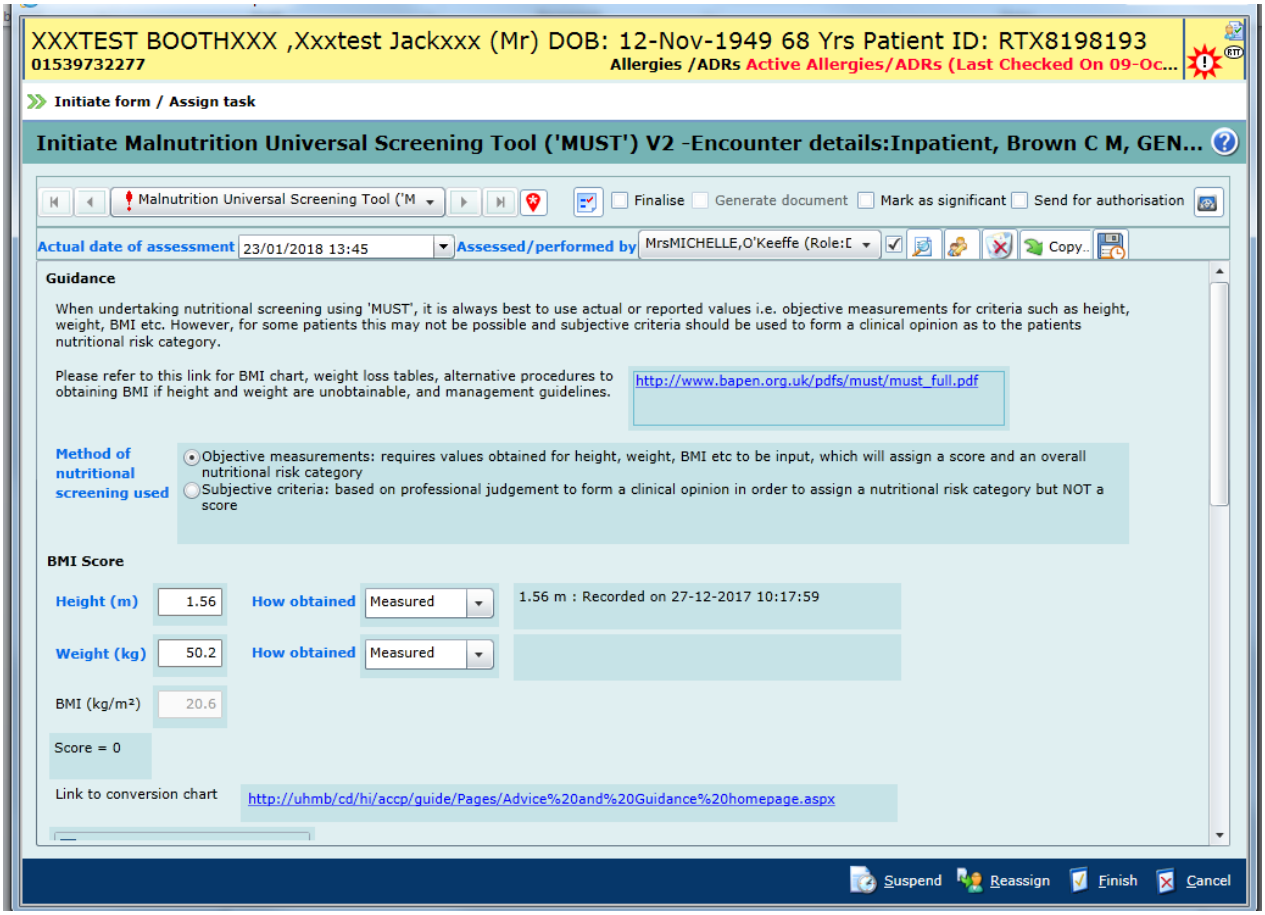
FINAL		11 14 16 17 18 18	NQAT to CQAT Amendments to provision for inpatients – Menu Amendments to provision for inpatients – ONS Oral Nutritional supplements Addition of section “Patients Requesting Food Brought In From Home” Addition of section “Protected Mealtimes” Addition of References	
1.3	17/09/2015	Page 1	Review date extended from 10/10/2015 to 30/11/2015 agreed at 16.9.15 meeting	30/11/2015
1.4	06/10/2016	Page 1	Review Date extended to 01/12/2016	01/12/2016
1.5	04/01/2017	Page 1	Review Date extended – form 147/2016	01/08/2017
1.6	26/06/2017	All	Converted to latest procedural document template	01/08/2017
1.7	20/09/2017	Page 1	Review Date extended – form 161/2017	01/01/2018
1.8	14/02/2018	Page 1	Review Date extended – form 009/2018	01/04/2018
2	14/3/18	Document	Document amended to new format and terms of reference	31/05/2021

Appendix 1 – MUST Screening Tool (Lorenzo screenshots)

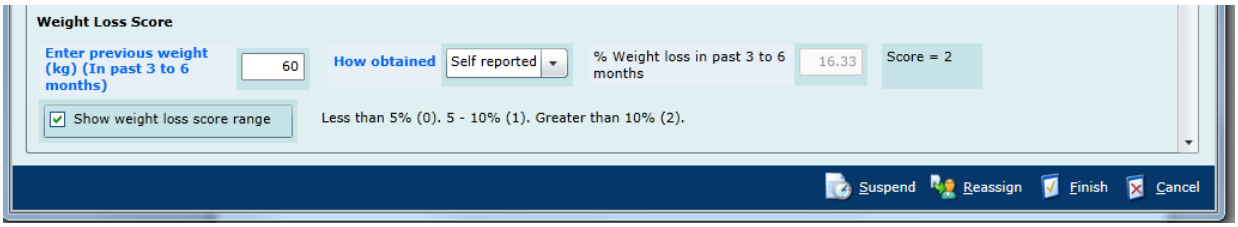


Within this screen you need to choose between:

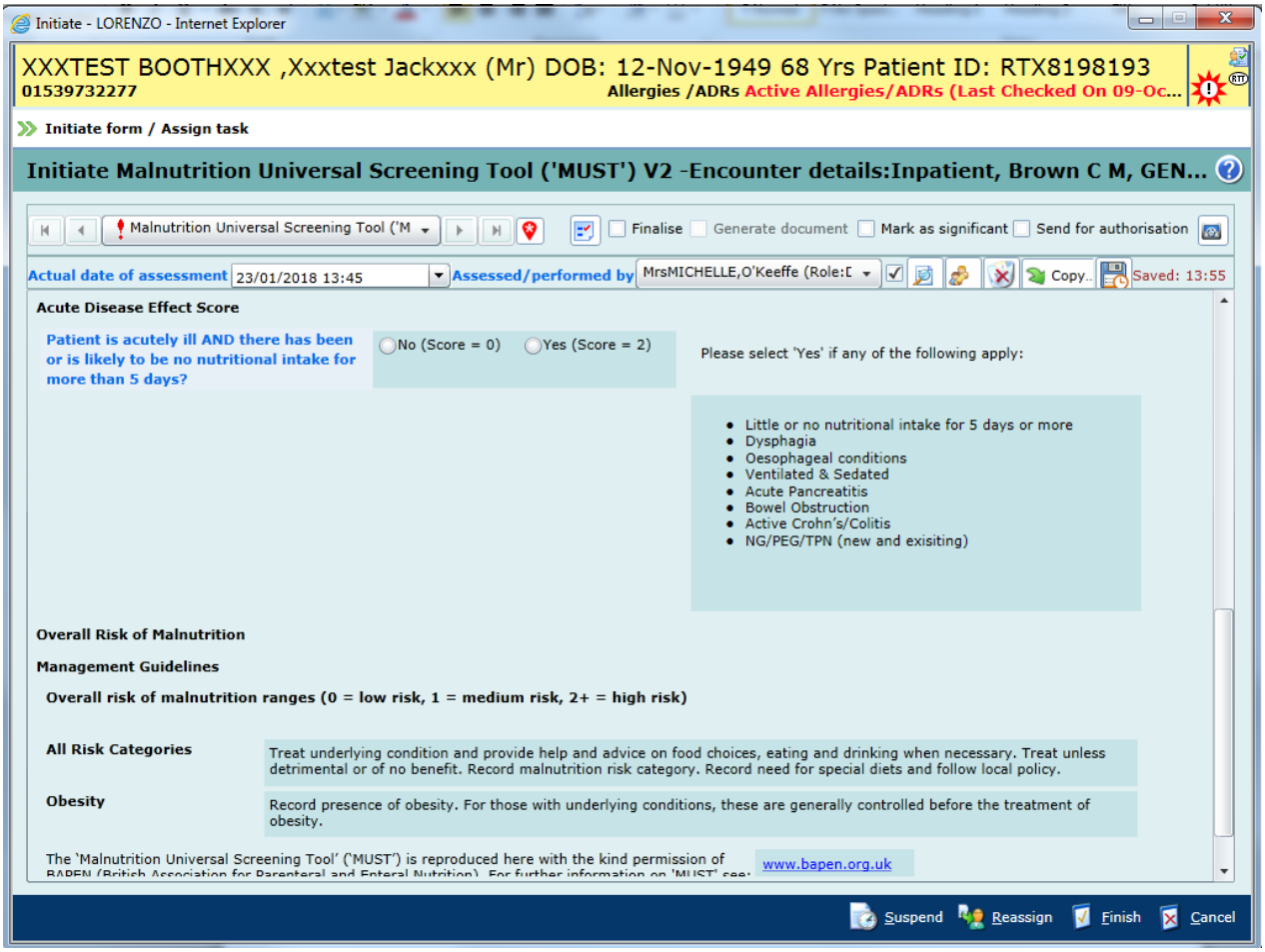
- objective measurements
- subjective measurements



If you have chosen objective measurements, you will need to input height (m) and weight(kg), the BMI will be automatically calculated.
Remember to input how these measurements were obtained



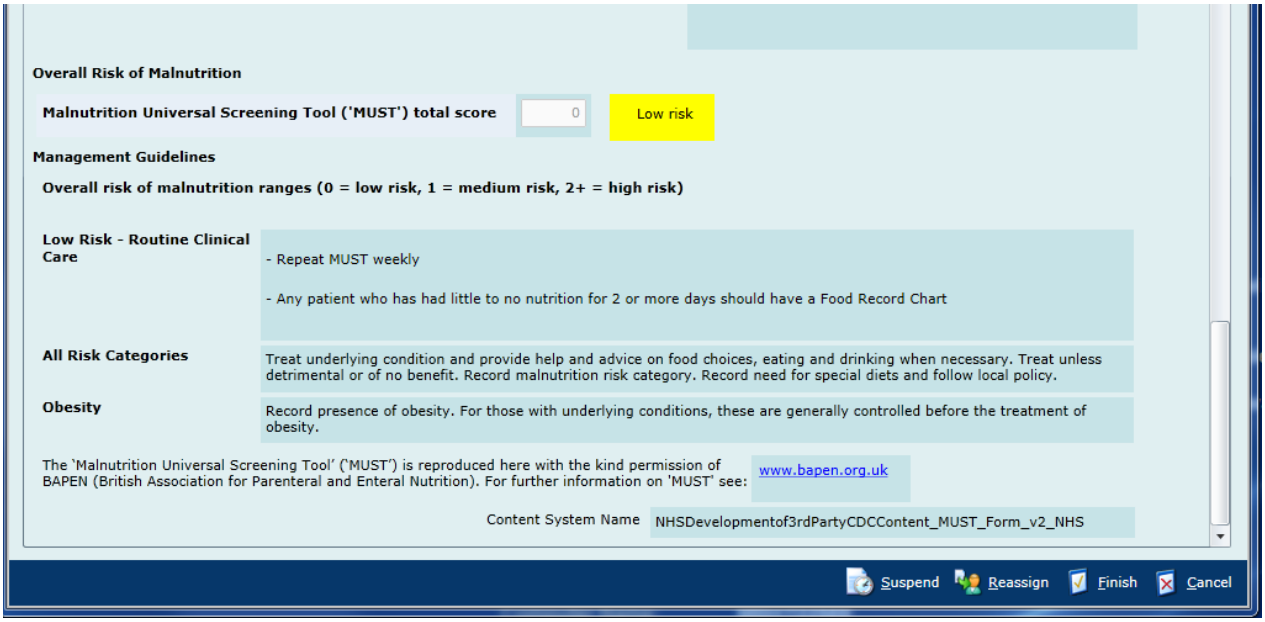
Enter the patient's previous weight from the past 3-6 months to generate a weight loss score



Refer to the bullet point list to determine whether the patient scores for 'Acute Disease'

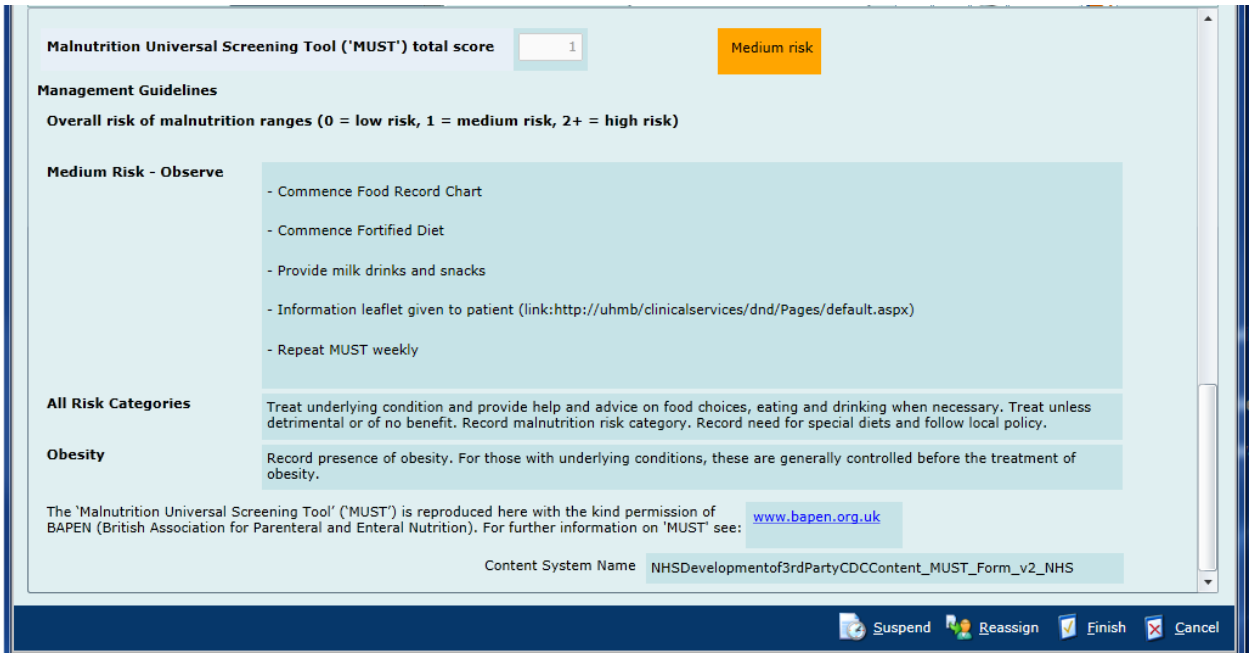
MUST Score Treatment Plans

MUST Score 0



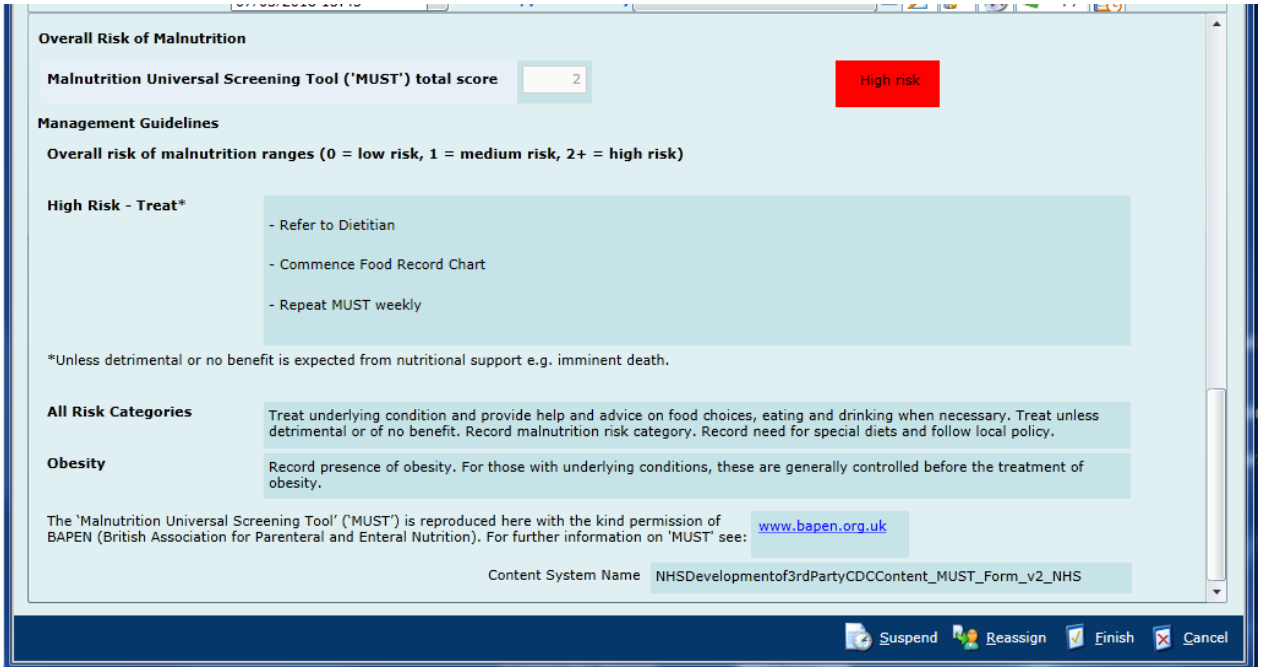
Follow the management guidelines as above

MUST Score 1



Follow the management guidelines as above

MUST Score 2 or above



Please follow the management guidelines as above

Appendix 2: Equality & Diversity Impact Assessment Tool

University Hospitals of Morecambe Bay NHS Foundation Trust

Equality Impact Assessment Form

Department/Function	Dietetics Service			
Lead Assessor	Tony Crick			
What is being assessed?	The application of the Nutrional Policy			
Date of assessment	15/05/2018			
What groups have you consulted with? Include details of involvement in the Equality Impact Assessment process.	Equality of Access to Health Group	☐	Staff Side Colleagues	☐
	Service Users	☒	Staff Inclusion Network/s	☐
	Personal Fair Diverse Champions	☐	Other (Inc. external orgs)	☐
	Please give details: Dietteics leads			

1) What is the impact on the following equality groups?

Positive:	**Negative:**	**Neutral:**
➢ Advance Equality of opportunity ➢ Foster good relations between different groups ➢ Address explicit needs of Equality target groups	➢ Unlawful discrimination, harassment and victimisation ➢ Failure to address explicit needs of Equality target groups	➢ It is quite acceptable for the assessment to come out as Neutral Impact. ➢ Be sure you can justify this decision with clear reasons and evidence if you are challenged

Equality Groups	**Impact** (Positive / Negative / Neutral)	**Comments** ➢ Provide brief description of the positive / negative impact identified benefits to the equality group. ➢ Is any impact identified intended or legal?
Race (All ethnic groups)	Neutral	
Disability (Including physical and mental impairments)	Neutral	
Sex	Neutral	
Gender reassignment	Neutral	
Religion or Belief	Neutral	
Sexual orientation	Neutral	
Age	Neutral	
Marriage and Civil Partnership	Neutral	
Pregnancy and maternity	Neutral	
Other (e.g. caring, human rights)	Neutral	

2) In what ways does any impact identified contribute to or hinder promoting equality and diversity across the organisation?	

3) If your assessment identifies a negative impact on Equality Groups you must develop an action plan **to avoid discrimination and ensure opportunities for promoting equality diversity and inclusion are maximised.**

- This should include where it has been identified that further work will be undertaken to further explore the impact on equality groups
- This should be reviewed annually.

Action Plan Summary

Action	**Lead**	**Timescale**

This form will be automatically submitted for review for Policies and Procedures once approved by Policy Group. For all other assessments, please return an electronic copy to EIA.forms@mbht.nhs.uk once completed.