**Dietitian Referral Pathway for Care Home Residents at Risk of Undernutrition**

# How to identify and make an appropriate referral to the dietitian

See the flow chart on page 3 - ‘Dietitian Referral Pathway for Care Home Residents at Risk of Undernutrition’.

**Step 1:** Complete Nutrition Risk Screening Tool (‘MUST’ or alternative)

**Step 2:** If identified at nutritional risk complete the nutritional assessment to identify problems & actions.

**Step 3:** Form nutrition care plan using the actions from the assessments as a guide.

**Step 4:** Review the care plan on a weekly basis to evaluate the progress of the resident. Continue with care plan actions for 4 weeks.

**Step 5:** If nutritional concerns unresolved refer resident to dietitian via the care home self-referral pathway

**Complete & Send:**

* **Dietitian referral form (ensure full completion & meets referral criteria)**
* **Nutrition Assessment-first line care plan (include details of ‘FOOD FIRST’ actions)**
* **3 Day Food & Fluid chart with meals, snacks & drinks recorded**

**Advise GP that a dietetic referral** **has been requested**

Please complete the **FOOD & FLUID RECORD CHART** attached or your own care home’s forms.

* These **need to be detailed** including types of food & fluids offered (including any food or fluid offered between meals), portion sizes, ‘food first’ actions, amount taken or refused
* **Food & Fluid record charts are an essential part of the assessment & if not completed correctly the referral will be declined**

If a resident is on the ‘End of Life pathway’ they are not appropriate for a referral to a dietitian and should be offered fluid and food little and often for comfort as able to tolerate - see additional guidance ‘Eating & Drinking in the Last Weeks & Days of Life’ under “Additional Resources’’.

## High Priority Dietetic referral

A resident may be high priority if:

* Category 3/4/Unstageable Pressure Ulcer **AND** MUST of 2 or above
* New enteral feed discharged from HDFT or out of area
* Individual being considered for enteral tube insertion
* Malabsorption –such as a high output stoma (>1.5l/day)
* MUST of 4 (calculated over 3 months)
* Dysphagia limited to liquid diet only

**Remember clinical judgement needs to be used, if you have any queries please contact the Nutrition & Dietetic department. Tel: 01423 553329 or Email: hdft.carehomediet@nhs.net**

**First Line Approach ‘Food First’**

**Available Resources:**

The resources listed below are available on the Harrogate & District NHS Foundation Trust internet site **under Care Home Services** using the following link: [Nutrition and Dietetics - Harrogate and District NHS Foundation Trust (hdft.nhs.uk)](https://www.hdft.nhs.uk/services/therapy-services/nutrition-and-dietetics/)

‘’Food First’’ is food based nutrition support aimed at providing a ‘nutrient dense’ diet. The aim is to provide about an additional 500 calories per day, using food fortifiers, snacks and nourishing drinks. This can be achieved by only making 3 or 4 changes to an individual’s dietary intake per day.

1. **Food Fortifiers: Food Fortification**

The nutritional content of an individual’s diet can be increased by adding small amounts of household ingredients (‘food fortifiers’) to normal food. This will make the food more nutrient dense without significantly increasing the amount of food to be eaten. Encourage the use of the most nutritious ingredients to fortify food, not just butter or cream (these are good sources of calories but contain little protein & few vitamins and minerals). Aim for at least 3 per day.

1. **High energy snacks**

If individuals cannot eat full portions of meals, including snacks between meals can help increase their overall intake of food and nutrients**.** **Try encouraging them to have 2-3 small nourishing snacks per day in addition to meals,** so that they are eating small amounts regularly**.**

1. **Nourishing drinks**

Nourishing drinks can provide extra energy/calories as well as fluid to help keep individuals hydrated. These drinks should be included in addition to meals, not as a replacement. Encourage to try to drink at least 6-8 cups of non-alcoholic fluid daily, including at **least 2 nourishing ones.** Try to encourage drinks that contain lots of calories rather than the resident filling up on low calorie choices such as tea, coffee, water and sugar free/diet drinks.

1. **Food First Videos**

Series of videos demonstrating how to fortify food and make nourishing drinks.

**Additional resources:**

**Increasing Protein intake/Wound healing leaflet:** Protein is necessary for the growth and repair of all tissues including muscle and skin. Individuals may need to increase the amount of protein in their diet to help with wound healing, as requirements for protein are higher at this time. Particularly true if they have multiple wounds, or wounds are weeping fluid.

**Nutrition support for residents with Diabetes: guidance for staff**

If an individual has diabetes and their appetite is poor, extra snacks, food fortifiers and nourishing drinks may help prevent more weight loss

**Eating and Drinking in the Last Weeks and Days of Life leaflet:**

This information sheet is to provide advice for families and carers.

**Care Home Digest**

A resource produced by the British Dietetic Association & the National Association of Care Caterers on menu planning & food service guidelines for older adults living in care homes. **Available via link:** [Care Home Digest - British Dietetic Association (BDA)](https://www.bda.uk.com/practice-and-education/nutrition-and-dietetic-practice/care-home-digest.html)

# Dietitian Referral Pathway for Care Home Residents at Risk of Undernutrition

**NUTRITIONAL RISK SCREENING OF RESIDENT**

Complete screening tool on admission/monthly/ when clinical concern

**Identiied at Nutritional Risk**

***No Nutritional Risk identified***

***DO NOT refer resident if:***

***or***

***Is end of life (no longer for medical treatment & on end of life pathway)***

***or***

***or***

**Consider any underlying problems & possible interventions required. May involve discussion with GP/district nurse & referral on to other health care professionals**

**Form nutrition risk care plan**

**Provide high calorie/high protein diet**

**(include food fortification, high calorie snacks & nourishing drinks)**

**Review care plan weekly.**

**Continue with care plan actions for 4 weeks then follow next step**

***DO NOT refer resident if:***

**Nutritional concerns unresolved**

**All Nutritional concerns resolved**

* **Complete & send Dietitian referral form – ensure full completion & meets referral criteria**
* **Complete & send Nutrition Assessment - first line care plan - include ‘Food First’ actions trialled**
* **Send 3 day Food & Fluid chart with meals, snacks & drinks recorded**
* **Advise GP that have requested a dietetic referral**

**Consider referring resident to Dietitian or other health care professional**

**Discuss with GP**

**Do Not refer, repeat screening monthly / when clinical concern**

**NUTRITION ASSESSMENT- FIRST LINE CARE PLAN**

The assessment process enables a specific treatment plan to be developed for the individual. It aims to identify any underlying causes of malnutrition and any possible interventions that need to be actioned.

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| **Problem** | **Action** |
| **Swallowing problems** | Consider referral to Speech & Language Therapists if indicated (discuss with GP)  Ensure appropriate texture food & fluid is offered  Fortify modified consistency diet & offer naturally thick fluids if required |
| **Chewing problems/**  **Sore mouth /**  **Poor Dentition/** | Assess Oral Hygiene, treat as needed  Get sore mouth / mouth ulcers treated  Check teeth/dentures-refer to Dentist if needed |
| **Consider if a medical condition is:-**  **a) Increasing requirements** *(e.g. pressure sore, infection)*  **b) Affecting dietary intake** *(e.g. vomiting, diarrhoea, constipation, depression, pain)* | Seek medical advice.  Ensure treatment to control / treat any identified condition is provided  Consider side-effects of medications. Request a medication review |
| **Unable to feed independently** | Position correctly-consider referral to Occupational Therapist or Physiotherapist  Provide appropriate cutlery/crockery  Provide assistance/supervision at meal and snack times |
| **Consistently not finishing meals despite assistance** | Assess comfort at mealtimes – e.g. need to empty bowels, pain, positioning  Consider environment & minimise distractions  Find out likes/dislikes & mealtime preferences from patient or relatives  Use verbal or visual prompts to help eating  Explore anxieties or communication difficulties  If signs of depression or pain seek medical advice  Encourage 3 **small fortified** meals/snacks a day and *at least* 2 **nutritious** snacks and 2 **nourishing** drinks a day |
| **Consistently refusing food or fluid** | As above  If at risk of dehydration: Encourage drinks after and in between each meal aiming for 6-8 cups/day & seek medical advice |
| **No interest in food**  **Depression (untreated)** | If depressed seek medical advice  Provide encouragement & support with preferred meals/snacks |
| **Constant activity/agitation** | Provide nutritious snacks - finger foods throughout day  Assess mealtimes - comfort, food and fluid intake and establish cause of agitation |

Please document below any problems identified & actions taken- also include any ‘FOOD FIRST ACTIONS’ taken i.e. types of nourishing snacks, drinks & fortification taken & whether successful

|  |  |  |
| --- | --- | --- |
| **PROBLEM IDENTIFIED:** | **ACTION TAKEN:** | **DATE:** |
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**Referral to the Community Dietitian for nutritional support:**

**Referrals not meeting the criteria or not fully completed will be declined**

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| --- | --- | --- |
| **Resident’s Full Name:**    **Date of Birth: NHS No:** | | |
| **Care Home:**  **Telephone No:** | | |
| **Summary Medical History/Diagnosis:** |  | |
| **Other health professionals involved with resident?**    **GP informed YES/NO** |  | **Previous Dietetic**  **Referral**  **YES/NO** |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Current Weight** | **Weight Last**  **Month** | **Weight 2**  **Months ago** | **Weight 3**  **Months ago** | **Height** (actual /estimated) | **Current**  **BMI** | **MUST Score\*** | **Nutrition risk group**  *(please circle)* | | |
|  |  |  |  |  |  |  | **Low** | **Med** | **High** |
| **Date:** | **Date:** | **Date:** | **Date:** |

**\*Please calculate MUST score based on last 3 months’ weight rather than 6 months’**

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | Is the resident at **high risk** of undernutrition? (assessed via screening tool) *(circle)* | **Yes** | **No** |
| **2** | Has the resident been at **high risk** & showed no improvement despite ‘food first’ approach for 4 weeks i.e. food fortification, nourishing drinks, nourishing snacks *(circle)*  **Please detail ‘Food First Actions’ trialled on the Nutrition Assessment- First Line Care Plan- this must be included as part of the referral** | **Yes** | **No** |
| **3** | Has the resident lost weight in the past three consecutive months? *(circle)* | **Yes** | **No** |

If any questions answer **No**: please **do not refer** to the dietitian, but refer to the ‘Food First’ guidelines for advice. If the answer to ALL questions is **YES:** refer the resident to the dietitian.

## High Priority Dietetic referral

A resident may be high priority if:

* Category 3/4/Unstageable Pressure Ulcer **AND** MUST of 2 or above
* New enteral feed discharged from HDFT or out of area
* Individual being considered for enteral tube insertion
* Malabsorption –such as a high output stoma (>1.5l/day)
* MUST of 4 (calculated over 3 months)
* Dysphagia limited to liquid diet only

If a resident is high priority please state reason…………………….…………………………………………………………..

**COMPLETE ALL SECTIONS OF REFERRAL FORM including:**

**3 DAY FOOD & FLUID CHART & NUTRITION ASSESSMENT - FIRST LINE CARE PLAN**

**Return to: Email: hdft.carehomediet@nhs.net**

**If you have any queries please contact the Nutrition & Dietetic department. Tel: 01423 553329 or Email: hdft.carehomediet@nhs.net**

**Food and Fluid Chart (3 days)**

To be used as clinically indicated (e.g. reduced appetite, weight loss) and to be sent as part of the referral process to the Dietitian

Name:............................................................................................... ................. Date: ....................................

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| **DAY 1**  **Date:** | **Description of Food / Drink**  *(please specify)*  **(slice, scoop, tbsp, ladle, cup)** | **Amount eaten**  ***(please tick)*** | | | | | **Comments /**  **Alternatives offered/Sign** |
| 0 | **¼** | **½** | **¾** | all |
| **BREAKFAST** |  |  |  |  |  |  |  |
| Food |  |  |  |  |  |  |  |
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| Fluids |  |  |  |  |  |  |  |
| **MID MORNING** |  |  |  |  |  |  |  |
| Food |  |  |  |  |  |  |  |
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| Fluids |  |  |  |  |  |  |  |
| **LUNCH** |  |  |  |  |  |  |  |
| Food |  |  |  |  |  |  |  |
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| Fluids |  |  |  |  |  |  |  |
| **MID AFTERNOON** |  |  |  |  |  |  |  |
| Food |  |  |  |  |  |  |  |
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| Fluids |  |  |  |  |  |  |  |
| **EVENING MEAL** |  |  |  |  |  |  |  |
| Food |  |  |  |  |  |  |  |
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| Fluids |  |  |  |  |  |  |  |
| **SUPPER** |  |  |  |  |  |  |  |
| Food |  |  |  |  |  |  |  |
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| Fluids |  |  |  |  |  |  |  |

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| **DAY 2**  **Date:** | **Description of Food / Drink**  *(please specify)*  **(slice, scoop, tbsp, ladle, cup)** | **Amount eaten**  ***(please tick)*** | | | | | **Comments /**  **Alternatives offered/Sign** |
| 0 | **¼** | **½** | **¾** | all |
| **BREAKFAST** |  |  |  |  |  |  |  |
| Food |  |  |  |  |  |  |  |
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| Fluids |  |  |  |  |  |  |  |
| **MID MORNING** |  |  |  |  |  |  |  |
| Food |  |  |  |  |  |  |  |
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| Fluids |  |  |  |  |  |  |  |
| **LUNCH** |  |  |  |  |  |  |  |
| Food |  |  |  |  |  |  |  |
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| **MID AFTERNOON** |  |  |  |  |  |  |  |
| Food |  |  |  |  |  |  |  |
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| Fluids |  |  |  |  |  |  |  |
| **EVENING MEAL** |  |  |  |  |  |  |  |
| Food |  |  |  |  |  |  |  |
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| Fluids |  |  |  |  |  |  |  |
| **SUPPER** |  |  |  |  |  |  |  |
| Food |  |  |  |  |  |  |  |
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| Fluids |  |  |  |  |  |  |  |

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| **DAY 3**  **Date:** | **Description of Food / Drink**  *(please specify)*  **(slice, scoop, tbsp, ladle, cup)** | **Amount eaten**  ***(please tick)*** | | | | | **Comments /**  **Alternatives offered/Sign** |
| 0 | **¼** | **½** | **¾** | all |
| **BREAKFAST** |  |  |  |  |  |  |  |
| Food |  |  |  |  |  |  |  |
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| Fluids |  |  |  |  |  |  |  |
| **MID MORNING** |  |  |  |  |  |  |  |
| Food |  |  |  |  |  |  |  |
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| Fluids |  |  |  |  |  |  |  |
| **LUNCH** |  |  |  |  |  |  |  |
| Food |  |  |  |  |  |  |  |
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| Fluids |  |  |  |  |  |  |  |
| **MID AFTERNOON** |  |  |  |  |  |  |  |
| Food |  |  |  |  |  |  |  |
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| Fluids |  |  |  |  |  |  |  |
| **EVENING MEAL** |  |  |  |  |  |  |  |
| Food |  |  |  |  |  |  |  |
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| **SUPPER** |  |  |  |  |  |  |  |
| Food |  |  |  |  |  |  |  |
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| Fluids |  |  |  |  |  |  |  |