FOOD, FLUID AND NUTRITION POLICY
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1. Introduction

Lothian NHS Board, referred to by its common name of NHS Lothian, recognises the importance and value of effective nutritional care and hydration as an essential part of clinical care, and recognises that it is an integral part of the work of many staff disciplines. Line managers have a particular role to play in developing a positive culture regarding nutritional care and hydration with staff. NHS Lothian expects the co-operation and involvement of all those working in the food chain (clinical and non-clinical) such as catering, domestic service, medical, nursing, allied health professional, portering, procurement and managerial staff.

2. Aim of the policy

NHS Lothian’s principal concern is the delivery of safe and effective food, fluid and nutritional care that ensures the best possible clinical outcomes for patients, staff and visitors.

NHS Lothian will ensure that all individuals at greatest risk of malnutrition (overnutrition and undernutrition) are assessed and cared for without prejudice thereby helping to improve the quality of overall clinical care. By addressing the problem of malnutrition NHS Lothian will reduce inpatients stays and avoid complications associated with malnutrition.

3. Key objectives

Giving clear instruction to health care workers on how to address food, fluid and nutritional care will achieve optimal nutritional care and hydration by:

- Providing a coordinated and whole-system approach to the delivery of food and fluid by different health professionals that views individual needs and preferences:
  i. Determining a person’s preferences, food allergies and cultural needs, defining his or her physical requirements, and then providing the person with what is needed.
  ii. Following a person’s progress through an illness, by responding to changing nutritional and fluid requirements.
  iii. Monitoring and reassessing nutritional and hydration status at regular intervals, referring for specialist care when appropriate, and communicating with services within and across care settings.
- Recognising that ethical issues relating to feeding difficulties may arise in disabled or cognitively impaired individuals or those at ‘end of life’, and that such individuals require particular consideration. The full facts of the situation should be understood by all involved to enable a person-centred decision about food, fluid and nutrition, including artificial and the means of delivery.
- Making staff aware of the importance of applying the food, fluid and nutritional care policy.
• Ensuring that staff adheres to protocols and standard operating procedures.
• Ensuring staff have the knowledge and training to undertake the necessary actions to improve and maintain satisfactory food, fluid and nutritional care.
• Enabling staff to make healthier food and drink choices within NHS settings and beyond.
• Ensuring individuals have timely access to appropriate information.
• Monitoring adherence to the policy and standard operating procedures.
• Developing, implementing, reviewing and evaluating a strategic plan with a financial framework for the implementation of this policy.

4. Policy scope

This policy relates to all NHS Lothian personnel with responsibilities linked to the achievement of the highest standards of food, fluid and nutritional care within NHS Lothian hospitals, care settings or the community.

5. Food Fluid and Nutrition Policy

The NHS Lothian policy on food, fluids and nutrition is that any patient suffering from malnutrition or dehydration will always be identified and remedial action taken to improve the patient’s health & wellbeing.

6. Nutrition screening within NHS Lothian

All inpatients, must receive a nutritional screening assessment to identify malnutrition on admission and throughout the healthcare journey.

Outpatients should also be screened for evidence of malnutrition and appropriate action taken.

The Malnutrition Universal Screening Tool (MUST) will be used in NHS Lothian for screening all adult patients.

All paediatric inpatients will be screened using the Paediatric Yorkhill Malnutrition Score (PYMS) tool.

All inpatients will be re-screened at least weekly or more frequently depending on individual patient assessment.

Screening for malnutrition and the risk of malnutrition should be carried out by healthcare professionals with the appropriate skills and training.

Other procedural documents available:
Nasogastric feeding tube insertion
Subcutaneous fluid administration
Enteral Tube feeding Best Practice Statement
Protected meal times procedure
Peg Tube Care guidelines
TPN administration procedure
Palliative Care Guidelines
Hydration Guidelines
IV Fluids Prescribing Guidelines

Appendix 1: MUST Risk Assessment
Appendix 2: PYMS Risk Assessment
Appendix 3: Malnutrition Universal Screening Tool (‘MUST’) Adult Acute Dietetic Service
Appendix 4: Food chart
Appendix 5: Fluid Balance Chart
## Appendix 1: MUST

### Malnutrition Universal Screening Tool

**Refer to full guidance prior to undertaking MUST Screening**

Full MUST guidance is recommended when carrying out the Malnutrition Screening Tool to ensure accurate results and full guidance following outcome of result. Within the Action Plan, please document plan of care. Screening should be carried out weekly or if clinical concerns.

Previous refer to Dietician: Yes ☐ No ☐

Current Care of Dietician: Yes ☐ No ☐

Community: / Other ☐

Please state:

- Usual weight kg (prior to admission)
- Height

### Guidance

<table>
<thead>
<tr>
<th>Step 1</th>
<th>Step 2</th>
<th>Step 3</th>
<th>Step 4</th>
<th>Step 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;20 = 0</td>
<td>Unplanned weight loss</td>
<td>If patient is acutely ill and there has been or is likely to be no nutritional intake for &gt;5 days</td>
<td>MUST score add steps</td>
<td>Category</td>
</tr>
<tr>
<td>18.5-20 = 1</td>
<td>In past 3-6 months 5% = 0</td>
<td>Acute disease 0 or 2</td>
<td>1 + 2 + 3</td>
<td>Low = 0</td>
</tr>
<tr>
<td>&lt;18.5 = 2</td>
<td>5-10% = 1</td>
<td>Weight loss 0,1 or 2</td>
<td>Medium = 1 ref to guidance</td>
<td>Medium = 1</td>
</tr>
<tr>
<td>BMI score 0,1 or 2</td>
<td>&gt;10% = 2</td>
<td></td>
<td>High ≥ 2</td>
<td>Ref to Dietician</td>
</tr>
</tbody>
</table>

#### Low Risk 0

- Routine clinical care
- Repeat screening weekly

#### Medium Risk 1

- Observe
  - Document dietary intake for 3 days: If improved or adequate intake little clinical concern; if no improvement and clinical concern – follow local policy (snack list available)
  - Repeat screening weekly

#### High Risk 2 or more

- Refer to dietitian
- Improve and increase overall nutritional intake (refer to local policy / snack list)
- Monitor and review care plan weekly
- Unless detrimental or no benefit is expected from nutritional support e.g. imminent death.

### Date

<table>
<thead>
<tr>
<th>Time</th>
<th>Week</th>
<th>Repeat assessment due:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight</td>
<td>BMI</td>
<td>Step 1</td>
</tr>
</tbody>
</table>

### Action Plan

<table>
<thead>
<tr>
<th>Time</th>
<th>Week</th>
<th>Repeat assessment due:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight</td>
<td>BMI</td>
<td>Step 1</td>
</tr>
</tbody>
</table>

### Weight Chart

Daily Weekly Twice Weekly Please state:

Weight Chart only requires to be completed if clinically indicated

<table>
<thead>
<tr>
<th>Time</th>
<th>Week</th>
<th>Repeat assessment due:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>Weight KG</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Weight KG</th>
</tr>
</thead>
</table>

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Food, Fluid and Nutrition Policy

Page 6 of 11
### Nutritional Profile

**Name**
- Addressograph, or
- NHS Lothian

**Unit no. / CHI**

<table>
<thead>
<tr>
<th>Fasting/ Nil by Mouth : Commenced</th>
<th>Recommedented diet and Fluids</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>Time</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Nutritional Profile</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients eating and drinking preferences, including likes and dislikes?</td>
</tr>
<tr>
<td>Yes ☐ No ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Does the patient have special dietary requirements?</th>
</tr>
</thead>
<tbody>
<tr>
<td>i.e. vegetarian, texture, modified diet and fluids, small portions including cultural, religious and/or ethnic dietary preferences? If yes please comment:</td>
</tr>
<tr>
<td>Yes ☐ No ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Are there any contributing factors that may affect food intake?</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes please state below</td>
</tr>
<tr>
<td>Such as physical, oral problems, physiological i.e. nausea Psychological i.e. dementia, social or environmental? If Yes please give details:</td>
</tr>
<tr>
<td>Yes ☐ No ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Does the patient have any swallowing difficulties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes ☐ No ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Does the Patient have any food allergies?</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, please give details</td>
</tr>
<tr>
<td>Yes ☐ No ☐</td>
</tr>
</tbody>
</table>

### Individual Care Requirements with Nutritional and Hydration needs

<table>
<thead>
<tr>
<th>Assistance with Fluids</th>
<th>Yes ☐ No ☐</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Assistance with Eating</th>
<th>Yes ☐ No ☐</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Is there a need for equipment</th>
<th>Yes ☐ No ☐</th>
</tr>
</thead>
</table>

Profile completed by: Initial Date: Time:

Nutritional information required on discharge Yes ☐ No ☐
# Appendix 2: Paediatric Yorkhill Malnutrition Score (PYMS)

## Paediatric Yorkhill Malnutrition Score (PYMS)

<table>
<thead>
<tr>
<th>Name:</th>
<th>Hospital No:</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surname:</td>
<td>CHI:</td>
<td>Nurse Signature</td>
</tr>
<tr>
<td>DoB:</td>
<td></td>
<td>Weight</td>
</tr>
<tr>
<td>Age:</td>
<td>Sex: F / M</td>
<td>Height</td>
</tr>
<tr>
<td>Ward:</td>
<td>Consultant:</td>
<td>BMI</td>
</tr>
</tbody>
</table>

### Step 1
- **Is the BMI below the cut-off value in the table overleaf?**
  - **NO**: 0
  - **YES**: 2

### Step 2
- **Has the child lost weight recently?**
  - **NO**: 0
  - **YES**
    - Unintentional weight loss
    - Clothes looser
    - Poor weight gain (if <2yrs)
    - 1

### Step 3
- **Has the child had a reduced intake (including feeds) for at least the past week?**
  - **NO**
    - Usual intake
    - 0
  - **YES**
    - Decrease of usual intake for at least the past week
    - 1
    - No intake (or a few sips of feed only) for at least the past week
    - 2

### Step 4
- **Will the child’s nutrition be affected by the recent admission/condition for at least the next week?**
  - **NO**: 0
  - **YES**
    - For at least the next week
    - Decreased intake and/or
    - Increased requirements and/or
    - Increased losses
    - 1
    - No intake (or a few sips of feed only) for at least the next week
    - 2

### Step 5
- **Calculate total score (total of steps 1-4)**

**Total PYMS Score**

PYMS must be completed by a registered nurse.

Appendix 3: Malnutrition Universal Screening Tool (‘MUST’)

**BMI Score**

<table>
<thead>
<tr>
<th>BMI (KG/M²)</th>
<th>Score</th>
</tr>
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<tbody>
<tr>
<td>&gt;20 (&gt;30 obese)</td>
<td>0</td>
</tr>
<tr>
<td>18.5-20</td>
<td>1</td>
</tr>
<tr>
<td>&lt;18.5</td>
<td>2</td>
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</table>

**Weight Loss Score**

Unplanned weight loss in past 3-6 months

<table>
<thead>
<tr>
<th>%</th>
<th>Score</th>
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<tbody>
<tr>
<td>&lt;5</td>
<td>0</td>
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<tr>
<td>5-10</td>
<td>1</td>
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<tr>
<td>&gt;10</td>
<td>2</td>
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</table>

**Disease Score**

See local information relating to your clinical area for guidance on scoring medical conditions/diseases

**Score 0**

Low Risk

Repeat MUST assessment weekly

**Score 1**

Medium Risk

Follow food first advice (see local guidance)
Monitor intake with food record chart
Repeat MUST assessment weekly

**Score 2**

No weight loss

Medium Risk

If score calculated as 2 from Step one (a low BMI only) then:
Follow food first advice (see local guidance)
Monitor intake with food record chart
Repeat MUST assessment weekly

**Score 2 or above**

High Risk

Refer to Dietitian
Food first advice (see local guidance)
Monitor intake with food record chart
Repeat MUST assessment weekly

Any patients with an EDD within 72 hours of referral are unlikely to be seen by acute dietetic team.
Please give “Nourishing Ideas” leaflet and include MUST score on
Appendix 4: Food Chart

Food Record Chart
- Record all food and fluid taken including the amount actually consumed. Do not record anything left on the plate
- Give a careful description of the quantity of food eaten in handy measures e.g. slices, scoops, cups, tablespoons
- Include a description of how the food is cooked e.g. grilled chop, boiled potato
- Keep the Food Record Chart for _____ days

<table>
<thead>
<tr>
<th>Date</th>
<th>Offered</th>
<th>Eaten</th>
<th>Offered</th>
<th>Eaten</th>
<th>Offered</th>
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<th>Offered</th>
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FLUID PRESCRIPTION CHART

Volume status: Hypovolaemic  Euvoalaemic  Hypervolaemic

Does the patient need IV fluids? Yes  No

If Yes, circle all appropriate: Resuscitation  Replacement  Maintenance  Restriction

Replacement needed: enter volume lost in the preceding 24 hours from the fluid balance chart

Upper GI lesions: __ml  Use 0.9% sodium chloride to replace.

Other losses: __ml  Use Plasma 148 (Extra K+ may be needed)

Receiving IV meds?: Yes  No

If Yes, estimate volume and sodium likely to be given via IV meds in next 24hrs: __ml  Na+ = __mmol

Maintenance fluids needed in next 24 hours:

30 ml/kg = __ml  Na+ @ 1 mmol/kg = __mmol  K+ @ 1 mmol/kg = __mmol (unless ↑ K+)

Estimate oral intake in the next 24 hours: __ml. Oral intake will reduce the intravenous volume required

Maintenance Fluid Requirement and Rate

<table>
<thead>
<tr>
<th>Weight (kg)</th>
<th>Maintenance Fluid Requirement (ml/hr)</th>
<th>Rate (ml/hr)</th>
<th>Equivalent to 1000 ml over:</th>
</tr>
</thead>
<tbody>
<tr>
<td>35-44</td>
<td>1200 ml</td>
<td>50</td>
<td>20 hr</td>
</tr>
<tr>
<td>45-54</td>
<td>1500 ml</td>
<td>80</td>
<td>10 hr</td>
</tr>
<tr>
<td>55-64</td>
<td>1800 ml</td>
<td>75</td>
<td>14 hr</td>
</tr>
<tr>
<td>65-74</td>
<td>2100 ml</td>
<td>80</td>
<td>12 hr</td>
</tr>
<tr>
<td>≥70</td>
<td>2400 ml</td>
<td>100 (max)</td>
<td>10 hr</td>
</tr>
</tbody>
</table>

Reassess only:

Fluid Challenge 250-500ml over 5-10min

Request serum/CCI opinion if 2000ml insufficient

Prescribe Maintenance fluids and diabetic fluids here.

Max rate is 100 ml/hr.

Prescribe subcutaneous fluids using SC guidelines

Use separate prescription chart if more bags are required mark as “Sheet 2”

<table>
<thead>
<tr>
<th>Type + Additives</th>
<th>Vol (ml)</th>
<th>IV/SC</th>
<th>Rate (ml/hr)</th>
<th>Start time</th>
<th>Finish time</th>
<th>Prescribed by (Sign and Print)</th>
<th>Set up by (Sign and Print)</th>
</tr>
</thead>
</table>

Prescribe any additional fluids: Resuscitation and replacement here if required

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