

FOOD, FLUID AND NUTRITION POLICY

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.

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- 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:

Food, Fluid and Nutrition Policy


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

<p>Malnutrition Universal Screening Tool</p> <p>Refer to full guidance prior to undertaking MUST Screening</p>	<p style="text-align: right;">Addressograph, or</p> <p>Name _____</p> <p>DOB _____</p> <p>Unit no. / CHI _____</p> <div style="text-align: right;">  </div>							
<p>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</p>								
<p>Previous refer to Dietician Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Please state: _____</p>	<p>Current Care of Dietician Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Community / Other _____</p>							
<p>Usual weight kg (prior to admission) _____</p>	<p>Height _____</p>							
<p>Guidance</p>								
<p>Step 1</p> <p>>20 = 0 18.5-20 = 1 <18.5 = 2 BMI score 0,1 or 2</p>	<p>Step 2</p> <p>Unplanned weight loss In past 3-6 months 5% = 0 5-10% =1 >10% = 2 Weight loss 0,1 or 2</p>	<p>Step 3</p> <p>If patient is acutely ill and there has been or is likely to be no nutritional intake for >5 days Acute disease 0 or 2</p>	<p>Step 4</p> <p>MUST score add steps 1 + 2 + 3</p>	<p>Step 5</p> <p>Category Low = 0 Medium = 1 ref to guidance High \geq2 Ref to Dietician</p>				
<p>Low Risk 0 Routine clinical care Repeat screening weekly</p>	<p>Medium Risk 1 Observe</p> <ul style="list-style-type: none"> • Document dietary intake for 3days: If improved or adequate intake little clinical concern; if no improvement and clinical concern – follow local policy (snack list available) • Repeat screening weekly 	<p>High Risk 2 or more</p> <ul style="list-style-type: none"> • Refer to dietitian • Improve and increase overall nutritional intake (refer to local policy /snack list) • Monitor and review care plan Weekly <p><small>Unless detrimental or no benefit is expected from nutritional support e.g. imminent death.</small></p>						
<p>Date _____</p>		<p>Week _____</p>		<p>Repeat assessment due: _____</p>				
<p>Time _____</p>		<p>Weight _____</p>		<p>BMI _____</p>		<p>Step 1 _____</p>		
<p>_____</p>		<p>_____</p>		<p>_____</p>		<p>_____</p>		
<p>Action Plan</p>								
<p>Date _____</p>		<p>Week _____</p>		<p>Repeat assessment due: _____</p>				
<p>Time _____</p>		<p>Weight _____</p>		<p>BMI _____</p>		<p>Step 1 _____</p>		
<p>_____</p>		<p>_____</p>		<p>_____</p>		<p>_____</p>		
<p>Action Plan</p>								
<p>Weight Chart</p>								
<p>Daily Weekly Twice Weekly Please state: Weight Chart only requires to be completed if clinically indicated</p>								
<p>Date</p>	<p>_____</p>	<p>_____</p>	<p>_____</p>	<p>_____</p>	<p>_____</p>	<p>_____</p>	<p>_____</p>	<p>_____</p>
<p>Weight KG</p>	<p>_____</p>	<p>_____</p>	<p>_____</p>	<p>_____</p>	<p>_____</p>	<p>_____</p>	<p>_____</p>	<p>_____</p>
<p>Date</p>	<p>_____</p>	<p>_____</p>	<p>_____</p>	<p>_____</p>	<p>_____</p>	<p>_____</p>	<p>_____</p>	<p>_____</p>
<p>Weight KG</p>	<p>_____</p>	<p>_____</p>	<p>_____</p>	<p>_____</p>	<p>_____</p>	<p>_____</p>	<p>_____</p>	<p>_____</p>

Food, Fluid and Nutrition Policy

Nutritional Profile	Addressograph, or Name _____ DOB _____ Unit no. / CHI _____	
Nutritional Profile		
Patients eating and drinking preferences, including likes and dislikes?		
Patient is able to choose from the menu at each mealtime themselves?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the patient have special dietary requirements? i.e. vegetarian, texture, modified diet and fluids:, small portions including cultural, religious and/or ethnic dietary preferences? <i>If yes please comment :</i>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there any contributing factors that may affect food intake? If yes please state below Such as physical,, oral problems, physiological i.e. nausea Psychological i.e. dementia, social or environmental? <i>If Yes please give details:</i>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the patient have any swallowing difficulties Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please indicate reason		SALT referral Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the Patient have any food allergies? If yes, please give details		Yes <input type="checkbox"/> No <input type="checkbox"/>
Individual Care Requirements with Nutritional and Hydration needs		
Assistance with Fluids Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes please provide details of assistance required.</i>		
Assistance with Eating Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes please provide details of assistance required</i>		
Is there a need for equipment Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes please provide details of assistance required</i>		
Profile completed by: Initial _____ Date: _____ Time: _____		
Nutritional information required on discharge Yes <input type="checkbox"/> No <input type="checkbox"/>		

Appendix 2: Paediatric Yorkhill Malnutrition Score (PYMS)

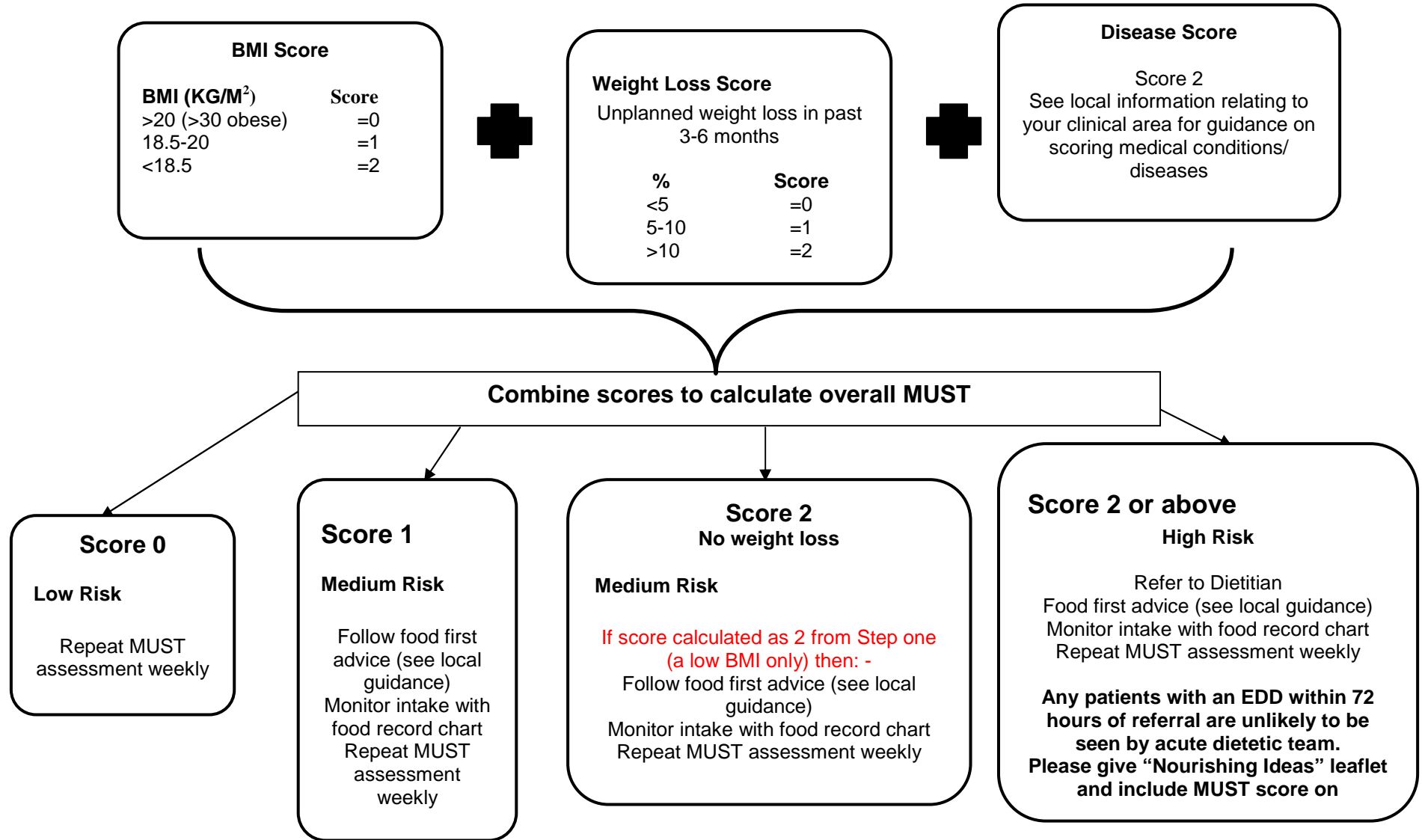
Paediatric Yorkhill Malnutrition Score (PYMS)



Name:		Hospital No:	Date			
Surname:		CHI:	Nurse Signature			
DoB:			Weight			
Age:		Sex: F / M	Height			
Ward:		Consultant:	BMI			
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			
		YES 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			
		YES 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')



Appendix 4: Food Chart

Name:
Date of Birth:
CHI:
Addressograph may used

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

Date	Breakfast		Lunch		Supper		Snacks	
	Offered	Eaten	Offered	Eaten	Offered	Eaten	Offered	Eaten

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Name: Date of Birth: CHI: <small>Addressograph may be used</small>	<h2 style="margin: 0;">FLUID PRESCRIPTION CHART</h2> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 5px;"> <tr> <td style="width: 30%;">Date</td> <td style="width: 30%;">Sheet No.</td> <td style="width: 40%;">Ward</td> </tr> </table> <div style="text-align: right; font-weight: bold; margin-bottom: 5px;"> </div> <p style="font-size: small; text-align: center;"> Pre-prescription checklist Work down the boxes. Use this before prescribing any fluids in this 24 hour period. Circle and complete to indicate adequate assessment to make a valid prescription. </p>	Date	Sheet No.	Ward
Date	Sheet No.	Ward		

Volume status	Hypovolaemic	Euvolaemic	Hypervolaemic				
Does the patient need IV Fluids?	Yes	No					
If Yes, circle all appropriate:	Resuscitation	Replacement	Maintenance Restriction				
If Replacement needed, enter volume of losses in the preceding 24 hours from the fluid balance chart							
Upper GI loss:	_____ ml	Use 0.9% sodium chloride to replace.					
Other losses:	_____ ml	Use Plasmalyte 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:							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">30 ml/kg = _____ ml</td> <td style="width: 25%;">Na⁺ @ 1 mmol/kg = _____ mmol</td> <td style="width: 25%;">K⁺ @ 1mmol/kg = _____ mmol (unless ↑ K⁺)</td> <td style="width: 25%;"></td> </tr> </table>				30 ml/kg = _____ ml	Na ⁺ @ 1 mmol/kg = _____ mmol	K ⁺ @ 1mmol/kg = _____ mmol (unless ↑ K ⁺)	
30 ml/kg = _____ ml	Na ⁺ @ 1 mmol/kg = _____ mmol	K ⁺ @ 1mmol/kg = _____ mmol (unless ↑ K ⁺)					

Weight (kg)

Essential: from the charts

Estimate oral intake in the next 24 hours _____ ml. Oral intake will reduce the intravenous volume required

Never give more than 100ml/hr
0.18%NaCl/ 4%Glucose

Danger of hyponatraemia. If Sodium is ≤ 132 mmol/L, Plasmalyte 148 should be used for maintenance. P/L 148 not to be used for maintenance in other circumstances

Weight (kg)	Maintenance Fluid Requirement in 24hr	Rate (ml/hr)	Equivalent to 1000 ml over:
35-44	1200 ml	50	20 hr
45-54	1500 ml	65	16 hr
55-64	1800 ml	75	14 hr
65-74	2100 ml	85	12 hr
≥75	2400 ml	100 (max)	10 hr

Resuscitation only:
 Fluid Challenge 250-500ml over 5-15min
 Request senior/ICU 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"

Type + Additions	Vol (ml)	IV/ SC	Rate (ml/hr)	Start time	Finish time	Prescribed by (Sign and Print)	Set up by (Sign and Print)

Prescribe any additional fluids: **Resuscitation and replacement** here if required

Type + Additions	Vol (ml)	IV/ SC	Rate (ml/hr)	Start time	Finish time	Prescribed by (Sign and Print)	Set up by (Sign and Print)