APPENDIX 8

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

DIRECTORATE OF: **Nursing and Quality**

GUIDELINE TITLE: **Adult Oral Nutritional Support**

GUIDELINE NUMBER:

Guideline Statement:	This guideline offers best practice advice on the care of adults who require nutritional support.
Applies to:	All Nursing Staff Dietetics Speech and Language Therapy
Rationale:	See attached flowchart and tables: • Adult Oral Nutritional Support Guidelines • Malnutrition Universal Screening Tool (MUST) • Indicators of Dysphagia In addition to this all patients will: • Be fully informed of their treatment and decisions made about their care • Given the opportunity to discuss their nutritional needs and options for treatment/management
References:	National Institute for Clinical Excellence *Nutrition Support in Adult. Guideline 32.* February 2006. British Association for Parenteral and Enteral Nutrition (BAPEN) *Malnutrition Universal Screening Tool* 2003

Authors of Guideline	Kate McCann Heather Waldron Emma Forsyth Emma Dawes
Date Developed	March 2008
Date for Review	Mach 2010
Ratification Signatures: **Nutrition Strategy Group Consultant:** **Director of Nursing:**	

City Hospitals Sunderland NHS
NHS Foundation Trust

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

ADULT ORAL NUTRITIONAL SUPPORT GUIDELINES

On admission all patients should be screened using Malnutrition Universal Screening Tool (MUST) within 24-48 hours (Appendix 1)

Does the patient present with indicators of dysphagia (Appendix 2)

No

Is the patient medium/high risk of malnutrition?

No

Yes

Refer to dietitian

Dietician will:

- Consider oral nutritional support
- Offer high energy/protein meal choices
- Offer oral sip feeds if concerned about intake

Is patient meeting nutritional needs via oral intake?

Yes

Routine clinical care

No

With MDT consider non-oral feeding (Refer to NG Policy/PEG Guidance/Parenteral Protocol)

Yes

Does the patient already have SALT recommendations? Check HISS bulletin

Yes – trial the recommendations and inform SALT
Cause of admission may impact on ability to follow recommendations

No - Discuss NBM with medical team

Refer to Speech and Language Therapy who will

- Aim to respond within 2 working days to diagnose and manage dysphagia
- Give recommendations of modified consistencies for diet/fluid and/or dysphagia strategies
- Monitor and reassess patients on modified diet/fluids until patient is stabilised

Is patient meeting nutritional needs after SALT intervention?

No - But has safe swallow or can manage certain consistencies safely but only in small amounts

No - And has severe problems swallowing that mean at risk of aspiration on oral intake (NBM)

Yes

Routine clinical care

Malnutrition Universal Screening Tool

Step 1
BMI Score

BMI kg/m2	Score
>20 (>30 Obese)	= 0
18.5 – 20	= 1
<18.5	= 2

+

Step 2
Weight loss score

Unplanned weight loss in past 3 – 6 months %	Score
<5	= 0
5-10	= 1
>10	= 2

+

Step 3
Acute disease effect score

If patient is acutely ill and has been or is likely to be no nutritional Intake for >5 days
Score 2

Step 4
Overall risk of malnutrition

Add all scores together to calculate overall risk of malnutrition
Score 0 Low Risk Score 1 Medium Risk Score 2 or more High Risk

Step 5
Management guidelines

0 Low Risk
Routine clinical care

Repeat Screening
Hospital – weekly
Care Homes – Monthly
Community – annually for Special groups e.g. those >75 yrs

1 Medium Risk
Observe

Document dietary intake for 3 days if subject in hospital of care home

If improved or adequate intake – little clinical concern; if no improvement - clinical concern – follow local policy

Repeat screening
Hospital – weekly
Care Home – at lease monthly
Community - at least every 2-3 months

2 or more
High Risk
Treat

Refer to dietician, nutritional support team or implement local policy

Improve and increase overall nutritional intake

Monitor and review care plan
Hospital – weekly
Care Home – monthly
Community - monthly

All risk categories
Treat underlying condition and provide help and advice on food Choices, eating and drinking when necessary.
Record malnutrition risk category.
Record need for special diets and .follow local policy

Obesity

Record presence of obesity. For those with underlying conditions, these are generally controlled before treatment of obesity.

Re-assess subjects identified at risk as they move through care settings

(BAPEN 2003)

INDICATORS OF DYSPHAGIA

Positive Indicators of Dysphagia:

Nursing staff should refer to the Adult Oral Nutritional Support Guidelines when a patient presents with any of the following indicators of dysphagia:

- Coughing/choking during/after eating/drinking
- Wet/gurgly voice quality after eating/drinking
- Patient complains of food sticking or discomfort on swallowing
- Suspected chest infection/pneumonia caused by aspiration

Contributing factors for Dysphagia:

Any patient presenting with the symptoms/diagnosis below should be considered to have an increased risk of dysphagia. The symptom/diagnosis alone does not indicate dysphagia but can be a significant contributing factor.

- Weight loss
- Dehydration
- High risk medical diagnosis
  e.g. CVA, Parkinson's disease, Motor Neurone Disease, dementia
- Facial motor or sensory changes
- Repeated chest infections
- Poor oral intake