North Hampshire CCG
West Hampshire CCG

Malnutrition Care Pathway For Care Homes

If you are unsure about anything in this booklet please contact
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Malnutrition and Dehydration

Malnutrition is estimated to affect 41% of residents in nursing or care homes. It may occur as a result of illness or from a variety of physiological and social co-factors.

During the period of 2003-12, dehydration contributed to 1158 care home deaths.

Adverse effects include:

Physical and Mental effects of malnutrition	Consequence
Impaired immune response	Recurrent viral or bacterial infections
Reduced muscle size and strength	Weakness, reduced mobility, falls
Reduced respiratory muscle function	Chest infection
Decreasing body fat	Hypothermia, increased risk of pressure sores
Impaired wound healing	Delayed recovery of pressure sores, ulcers, broken skins
Increased fatigue	Tiredness, decreased mobility and independence
Apathy, depression and self-neglect	Decreased quality of life, decreased mobility
Urinary tract infections	Decreased quality of life, increase nursing and care time
Blood pressure	Low blood pressure or Hypotension (especially on standing), falls
Confusion	Falls, altered behaviour

All of the above will result in significant reduction in quality of life, decreased independence and an increase in nursing/care time.

Malnutrition Care Pathway for Care Home Residents

Assess

Calculate MUST Score:
1. Measure resident's height and weight
2. Calculate BMI
3. Calculate % weight loss (use highest weight in the last 6 months)

Assess and treat any underlying causes of malnutrition e.g. ill-fitting dentures, poor swallow, pain, difficulty feeding, medical condition, constipation and mental state etc.

Plan

Score 0 = Low Risk

Continue to weigh and record monthly and reassess MUST score if there is weight loss

Use standard nutrition care plan

Score 1 = Medium Risk

☑ Start Food and fluid record chart for 4-7 days to monitor oral intake

Provide extra 450-750kcal/day:

☑ Add one topper per meal

☑ Provide one nourishing snack daily

☑ Provide one nourishing drink daily

☑ Weigh monthly

Score 2 or more = High Risk

☑ Start Food and fluid record chart for 4-7 days to monitor oral intake

Provide extra 750-1350kcal/day:

☑ Add one topper per dish

☑ Provide two nourishing snacks daily

☑ Provide two nourishing drinks daily

☑ Weigh monthly

Monitor

Reassess MUST score monthly and document in notes

Low Risk
Refer to action above

Medium Risk
Refer to action above

High Risk
For 2 consecutive months

Resident's weight has increased or remained stable
→ Continue High Risk Action Plan above

Resident's weight has decreased further

Refer to GP or dietitian if service available for further support and assessment for oral nutritional supplements

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MUST Record Chart (adapted from BAPEN MUST Tool)

- All steps of MUST should be followed and all boxes completed in as explained in the MUST training
- Ensure those who are malnourished or are at nutritional risk are screened and commenced on an appropriate treatment plan

Resident: **Height:**

Date	Weight in kg	BMI (kg/m^2)	Step 1 BMI Score	3-6months Weight loss: (Difference of current wt with highest wt in last 3-6mths)	% weight loss	Step 2 % weight loss score	Step 3 Acutely unwell? Score Y = 2 N = 0	Step 3 Total MUST Score (step1+step2 +step 3)	Food First Prescription Chart completed?	Signature
									Y/N	
									Y/N	
									Y/N	
									Y/N	
									Y/N	
									Y/N	
									Y/N	
									Y/N	
									Y/N	

MUST = 0 - low risk of malnutrition (continue to screen monthly or if issues arise)
MUST = 1 - medium risk of malnutrition: Follow malnutrition care pathway**: 1 x 50kcal topper for each meal + 1 snack + 1 nourishing drink**
MUST = 2 or more - high risk of malnutrition: Follow malnutrition care pathway**: 2 x 50kcal topper for each meal + 2 snacks + 2 nourishing drinks**

Use with Food Record Charts

MUST=1 Weekly Food First Prescription Chart

Please refer to food lists and recipes

Resident's Name: **Week starting:**

Chef aware Yes / No	Time	Topper/snack/drink given: List patient preferences for each	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
50kcal meal topper Aim to add 50kcal on top of usual meal eaten	Breakfast								
	Lunch								
	Supper								
Extra snack Aim for 1 snack (100kcal) in addition to usual intake. Give at resident's preferred time	Mid-morning OR								
	Mid-afternoon OR								
	Evening								
Nourishing Drink Aim for 1 drink (200-600kcal) in addition to usual intake. Give at resident's preferred time	Mid-morning OR								
	Mid-afternoon OR								
	Evening								

Use with Food Record Charts

MUST=2 or more

Weekly Food First Prescription Chart

Please refer to food lists and recipes

Resident's Name: **Week starting:**

Chef aware Yes / No	Time	Topper/snack/drink given: List patient preferences for each	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
2 x 50kcal meal toppers Aim to add 100kcal on top of usual meal eaten (2 toppers per meal or 1 per dish)	Breakfast								
	Lunch								
	Supper								
Extra snacks Aim for 2 snacks (200kcal) in addition to usual intake. Give at resident's preferred time	Mid-morning &/OR								
	Mid-afternoon &/OR								
	Evening								
Nourishing Drink Aim for 2 drinks (400-1200kcal) in addition to usual intake. Give at resident's preferred time	Mid-morning &/OR								
	Mid-afternoon &/OR								
	Evening								

Chef's checklist: Residents requiring food fortification or texture modification

- Update the list weekly and make sure all kitchen staff are aware of it
- Chefs should be involved with discussing food preferences with residents to make sure the diet provided is suitable and palatable
- Information on this list will link with the individual resident's care plan

Week starting: _____

Resident	MUST Score	Food Fortification		Texture Modified Diet		Thickened Drinks		Notes
		Y/N	Details	Y/N	Details	Y/N	Details	

MUST = 1 - medium risk of malnutrition: 1 x 50kcal topper for each meal + 1 snack + 1 nourishing drink each day
MUST = 2 or more - high risk of malnutrition: 2 x 50kcal topper for each meal + 2 snacks + 2 nourishing drinks each day

Underlying causes of malnutrition and dehydration

Nutritional Issue	Possible solution
Medical condition causing poor appetite, nausea or diarrhoea e.g. cancer, COPD, Heart failure	Address condition with GP, review medication, seek expert support if available
Poor emotional or mental health e.g. depression, isolation, bereavement,	GP or mental health review Check hydration is adequate Review social needs
Poor dentition	Dental review, check oral hygiene routine adequate
Swallowing difficulties or unable to swallow	1st line management (p.30) / referral to speech and language therapy Check oral hygiene needs are met
Unable to feed self or difficulty using utensils	Provide assistance &/or adequate equipment Review care plan &/or OT assessment
Side effects of medication e.g. dry mouth, drowsiness	Review medication with GP/pharmacist
Constipation	Check hydration is adequate Increase fibre rich food if possible Give laxative as an emergency measure
Lack of food group e.g. protein foods, dairy or fruit and vegetables	Try and encourage food group that is not in diet

Food and Fluid Record charts

Why? Documenting food and fluid intake can be very useful for **spotting eating patterns** (food dislikes and likes and best times for your resident to eat in the day).
What should you do with it? Identify whether the care plan in place is working (are toppers, extra snacks and drinks consumed?), and if not, modify/update the care plan.

Food record charts (FRC) should **assist you** in formulating the care plan. They need to be reviewed before writing action points. Four to seven days are usually enough to get an overview of the resident's eating pattern.
If MUST is 0, individual FRC are not needed but a regular quality check of catering provision should be carried out.

Issue noticed	Possible intervention
Meal being refused	Review taste and preferences Check consistency Assist if needed Review timing of snacks/drinks
Poor intake at certain times of day	Make the most of other meals Offer preferred foods Try snacks and drink rather than a full meal A plate of finger foods may also be useful
Preference for savoury over sweet or vice-versa	A nutritious diet can be met with both, Offer extra portions of preferred dish(es)
Fluid intake is poor	Increase encouragement given Ensure fluid is offered every hour Identify residents (e.g: using different coloured cups / glasses) so everyone can encourage intake Discuss the importance of fluid intake with resident and relatives - **See pages 42 - 43**
No snacks during the day	Discuss preferences Offer a snack at specific times Discuss importance of snacks if needed
Often leaves the meat	Review preferences Check consistency, may need extra sauces/pureed meat portion Make up protein intake with eggs, milk powder, beans, lentils, nuts (use nut butter or ground nuts)
Lack of a particular food group	Discuss and review preferences Identify other means of providing food groups (e.g. if lack of fruit and veg, try smoothies or juices) Consider Vitamin and mineral supplementation (e.g. calcium and vitamin D if little dairy consumed)

Energy and Fluid Requirements

Average older adult daily calorie requirement: 2000kcal
Average fluid requirements: 2000mls

Example of energy and fluid intake breakdown:

Meal	Contribution to total requirement	Calories	Fluids
Breakfast	20%	400kcal	300mls (milk in cereals / fruit +hot drink)
Mid-morning snack	5%	100kcal	150mls (hot or cold drink +/- fruit)
Main meal with a dessert	20% +10% =30%	600kcal	300mls (include sauces, gravy, custard…)
Mid-afternoon snack	10%	200kcal	200mls (hot or cold drink +/- fruit)
Light meal with a dessert	15% +10% =25%	500kcal	300mls (include soups, gravy, custard…)
An evening milky drink	10%	200kcal	250mls (hot or cold drink +/- fruit)

Include early morning and night-time drinks to provide a further 500ml fluid to achieve 2000ml.

Extra calories provided if systematic nutrition care pathway implemented

MUST =1

- Fortify each meal with one 50kcal topper
- Add one 100kcal snack
- Add one nourishing drink: 200-500kcal

This provides 450-750kcal* extra

MUST =2 or more

- Fortify each meal with two 50kcal toppers
- Add two 100kcal snacks
- Add two nourishing drinks: 400-1000kcal

This provides 750-1350kcal* extra

* depending on nourishing drink recipe used

Food First: Food Toppers

50kcal
Per topping

Add ONE or TWO of the following to EACH meal to increase the calorie content.

- **MUST = 1** - medium risk of malnutrition: add **one** topper per meal
- **MUST = 2** or more - high risk of malnutrition: add **two** toppers per meal (ie: 1 per dish)

Extra toppings/additions	Add to
☐ 1 level tablespoon of butter / margarine (7g)	Main course, soups, vegetables, starchy foods
☐ 1 teaspoon of oil (5g)	Main course, soups, vegetables, starchy foods
☐ 2 level tablespoons of double cream (10g)	Soup, mash, porridge, desserts, with cakes, with fruit
☐ 1 level tablespoon of clotted cream (8g)	Soup, mash, porridge, desserts, with cakes, with fruit
☐ ½ level tablespoon of mayonnaise (7g)	Sandwiches, mash, vegetables
☐ 2 heaped teaspoons of cream cheese (12g)	Sandwiches, mash, pasta, rice, soups, vegetables, omelettes, potatoes
☐ 12g of cheddar cheese	Mash, potatoes, soups, vegetables
☐ 2 heaped teaspoons of sugar (13g)	Porridge, puddings, yoghurts, tinned or fresh fruit, milky drinks, in cups of tea or coffee throughout the day
☐ 2 heaped teaspoons of honey/golden syrup (17g)	As above
☐ 3 heaped teaspoons of skimmed milk powder (15g)	Milk, and therefore with cereals, in custard, white sauces, milk puddings, soups *See fortified milk recipe*

Establish resident's preferences, document goal in care plan and record actual intake

Food First: Nourishing Snacks

100kcal
Per snack

- **MUST = 1** - medium risk of malnutrition: provide **one** nourishing snack
- **MUST = 2** or more - high risk of malnutrition: provide **two** nourishing snacks

Snacks can be combined to provide 200kcal in one go if the resident is able to manage this amount, e.g. a whole croissant, or cheese AND ½ a crumpet.

You can provide your own snack, check the calorie content on the package or work it out from the recipe (e.g. homemade cakes).

Fruit
- 1 small banana
- 5 dried apricots
- 6 prunes
- 2-3 dates
- 1 heaped tablespoon of sultanas/raisins

Nuts
- 1 small handful of peanuts
- 5 brazil nuts
- 2-3 walnuts
- 7 almonds
- 1 small handful of cashew nuts

Dairy
- 1 scoop of ice cream
- 1 small pot of full fat/creamy yoghurt
- 1 medium slice of cheese
- 30mls of condensed milk

Savoury
- 1 small bag of crisps
- 2 tablespoons of hummus
- ½ a crumpet and butter
- ½ a mini pork pie
- 1 small sausage roll

Confectionary
- 1/3 of a standard Mars bar
- 5 jelly babies
- 3 squares of milk chocolate
- 2 Kit Kat fingers
- 1 fudge bar
- ½ a crunchie

Biscuits / cakes
- 2 digestives
- 1 chocolate caramel digestive
- 2 custard creams
- 2 bourbons
- ½ croissant
- 1 jam tart
- ½ a doughnut

Ensure there are no swallowing difficulties before providing high-risk consistency foods (eg: nuts)

Establish resident's preference, document goal in care plan and record actual intake

250kcal
Extra / pint

Food First:
Fortified Milk Recipe

1. Take 5 tablespoons (≈ 70g) of dried skimmed milk powder
2. Add a small amount of whole milk (blue top) from 1 pint
3. Mix to a paste with no lumps
4. Add the remains of the milk
5. Stir well

1 pint of whole milk = 380kcal, 19g protein

1 pint of fortified whole milk = 630kcal, 44g protein

Use this whenever milk would normally be used:

- In tea/coffee
- Porridge/cereals
- Custard
- White sauce
- In mashed potatoes
- In milky drinks

Difference when using fortified milk

1 cup of tea or coffee, no sugar, semi-skimmed milk

15kcal
1g protein

1 cup of tea or coffee, 2 sugars, fortified milk

75kcal
3.5g protein

3 cups of tea/coffee a day =
180kcal + 7.5g protein

200-735 kcal per drink

Food First:
Nourishing Drink Recipes

- **MUST = 1** - medium risk of malnutrition: provide **one** nourishing drink
- **MUST = 2** or more - high risk of malnutrition: provide **two** nourishing drinks

Blend all the recipes below until smooth.

Super Shake

- 200 ml full fat milk
- 3 tbsp (45 ml) double cream
- 1 scoop ice cream
- 4 tsp milk powder
- Add Flavourings e.g: 1 banana or 1 handful of berries or 2 teaspoons milk shake flavouring (e.g. Nesquick/Crusha)

Calories: 630kcal Protein: 19g

Fortified Malted Milk Drinks

- 200 ml fortified full fat milk (see recipe above)
- 25g (2 heaped tsp) Horlicks or Ovaltine powder
- Serve hot

Calories: 285kcal Protein: 12.5g

Yoghurt & Berry Smoothie (1)

- 150 ml full fat milk
- 1 pot (150 ml) full fat fruit yoghurt
- 4 tsp milk powder (semi-skimmed)
- 1 banana
- 1 handful of 2 berries (strawberries, raspberries, blueberries, blackberries)
- 1 tsp honey/sugar

Calories: 410kcal Protein: 22g

Yoghurt & Berry Smoothie (2)

- Small pot of full fat Greek yoghurt (170g)
- Handful of frozen berries
- 1 small banana
- 150ml full cream milk (blue top)

Calories: 340kcal Protein: 23g

Banana & Peanut Butter Smoothie

- 150 ml full fat milk
- 1 scoop ice cream
- 4 tsp milk powder (semi-skimmed)
- 1 banana
- 1 tbsp peanut butter
- 1 tsp honey/sugar

Calories: 490kcal Protein: 19g

Cup-a-Soup Extra

- 1 sachet instant soup
- 1 mug (200ml) fortified full fat milk
- 1 tablespoon (15g) skimmed milk powder
- Serve hot
- Options: add grated cheese, 50ml double cream or croutons

Calories: 360kcal Protein: 17g

Cinnamon Hot Cup

- 200ml fortified full fat milk
- 1 tbsp golden syrup
- 1 pinch ground mixed spice
- 1 pinch ground cinnamon

- Serve hot

Calories: 285kcal Protein: 11g

Fruit Blast

- 100 ml fresh fruit juice
- 100 ml lemonade
- 1 scoop (80g) ice-cream
- 1 tablespoon (15g) sugar

Calories: 285kcal Protein: 2g

Iced Coffee Cooler

- 150 ml fortified full fat milk
- 150 ml black coffee
- 2 tsp sugar
- 1 tbsp (15ml) double cream
- 1 scoop ice cream

- Serve chilled

Calories: 610kcal Protein: 19g

After Eight

- 280 ml fortified full fat milk
- 2 tbsp (30 ml) double cream
- 1 scoop ice cream
- 4 tbsp drinking chocolate powder
- 2-3 drops peppermint essence

- Serve chilled

Calories: 735kcal Protein: 20g

Fruit Boost *

- 150 ml orange juice
- 50 ml pineapple juice
- 1 banana
- 1 handful strawberries
- 1 handful raspberries

Calories: 200kcal Protein: 2g

* High Fibre

Tropical Surprise

- 300 ml fortified full fat milk
- 2 tbsp (30ml) pineapple juice
- 1 banana

- Serve chilled

Calories: 380kcal Protein: 16g

Establish resident's preference, document goal in care plan and record actual intake

Strategies to improve oral intake

General Guidance

- Discuss favourite foods/preferences with the resident and ensure mealtime card is completed on admission and referred to thereafter
- Encourage to eat more when feeling well/alert. Ensure positioned upright and assisted if necessary during mealtimes and when giving snacks and fluids
- Special utensils / plate guards may be helpful
- Consider pictorial or larger print menus for residents with visual impairment or who have dementia
- Encourage independence and ensure residents have their hearing aids, glasses and teeth at mealtimes

Mouth Care

- Good oral health care enables people to take a normal diet without difficulty.
- Support residents to clean their teeth twice a day with a soft toothbrush
- False teeth should be cleaned daily and dentures should be removed, cleaned with soap or washing up liquid, and soaked in water at night.
- When dentures are removed, ensure that there is no residual food in the person's mouth
- Gum disease and poor oral health may increase the risk of other health complications, including poor appetite, malnutrition, heart disease and pneumonia

Dry / Sore Mouth

- Soft, moist foods should be offered, in preference to rough or dry foods such as toast, crisps, crusty bread etc
- Avoid spicy, salty or very hot foods
- Avoid acidic foods, such as citrus fruits or drinks. Try apple or pear juice or blackcurrant squash
- Cool or cold foods may be better tolerated
- Nourishing drinks should be offered if the resident cannot manage soft foods
- Take sips of fluid throughout the day or offer sorbet, ice lollies, ice cubes sugar free-chewing gum or sugar-free boiled sweets. Please note that if a resident has a sore mouth, sweets, sorbets or lollies are not recommended.
- If the resident has no swallowing difficulties, they may find it easier to drink using a straw. Discontinue this if there is any coughing or sign of discomfort.
- Artificial saliva (spray or lozenges) may be helpful. This can be discussed with the resident's GP.
- Mouthwashes and rinses may help. Consult your local pharmacist as some may be too strong and mouthwashes containing alcohol may not be suitable.

Common oral care problems

Oral symptom	*Potential contributing cause*	*Treatment suggestion*
Dry mouth (Xerostomia)	Side effects from medication Oxygen therapy Dehydration, damage to salivary glands as a result from treatments Reduced ability in managing own oral care Mouth breathing at the end of life	Regular sips of fluid/ oral care, reviewing need for oxygen or switching to humidified oxygen, review medication, moistening agents such as Oralieve gel (only effective alongside regular oral care) and saliva substitutes, chewing sugar free gum (if able), Pilocarpine drops.
Dry, cracked lips	Dehydration Use of oxygen therapy	Regular oral care and cleansing of lips, lip lubricant such as Oralieve gel or lip balms
Mouth ulcers	Side effects from medication/ treatment Ill-fitting dentures Idiopathic, squamous cell carcinoma Infections	Symptomatic relief may include Difflam mouth wash, Bonjela gel, aspirin mouth wash, salt water mouth wash.
Bleeding gums	Gingivitis (caused by poor oral hygiene) Vitamin C deficiency Leukaemia	Twice daily brushing with fluoride toothpaste and toothbrush, daily interdental cleaning (if possible), seek underlying cause if poor oral hygiene is not considered to be the cause.
Coated tongue	Dehydration Poor oral care Infection	Regular oral care including dry mouth care, antifungal treatment if candida is suspected.
Oral thrush	Medication Oxygen therapy Dehydration Poor oral / denture care	Topical Nystatin oral solution, miconazole gel or systemic Fluconazole capsules.
Halitosis	Poor oral care (past and present) Gum disease Infection, or from the disease itself	Regular oral care with Fluoride tooth paste and mouth wash, oral Metronidazole may be of benefit
Altered taste sensation	Medication, chemotherapy and radiotherapy treatment	See page 32 and 37
Difficulty swallowing	Oral thrush Deterioration/ altered consciousness level	Assessment of oral cavity to rule out thrush infection, swallow assessment, thickened fluids if indicated by SLT
Communication difficulties	Dry mouth Dehydration	Regular oral care Comfort sips if able

Table provided by Mouth Care Matters (BSUH NHS Trust)

Nausea and Vomiting

- It is important to investigate and treat the underlying cause of nausea and vomiting, prior to, or alongside dietary advice. If severe, consult the resident's GP as medication may need to be prescribed.
- If prescribed, ensure nausea is controlled by giving regular anti-emetics 30 minutes prior to meal
- Offer small frequent meals and snacks
- Offer dry foods, such as toast, crackers or ginger biscuits, especially first thing in the morning before the resident gets up
- Avoid foods with strong odour and keep away from cooking smells
- Eat cold foods, or foods at room temperature
- Offer fizzy drinks e.g. lemonade, ginger ale or mineral water
- Avoid giving rich sauces, fatty or fried foods as these may exacerbate nausea
- Encourage the resident to eat at the table and remain in an upright position for at least 30 minutes after the meal
- Offer drinks in between meals, rather than with meals to avoid filling up on fluids
- Fresh air may help keep the dining room well ventilated, encourage the resident to sit outside or take a short walk
- Try offering sharp, citrus, ginger or peppermint flavoured foods and drinks

Taste Changes

- Sometimes familiar and previously well-liked foods may taste different, unpleasant or not seem to taste at all
- Eat preferred foods, but keep trying other foods as tastes may change over a few weeks
- To enhance food flavour either use strongly flavoured foods such as mature cheese, smoked fish, smoked sausages; or use strong flavours such as spices, herbs, garlic, lemon juice, pickles, sauces (ketchup, brown, tabasco), vinegar.
- If meat takes bitter try marinating foods. Ready-made marinades are available in supermarkets. Try Worcestershire sauce, soy sauce, brown sugar, garlic, honey, mustard. Try alternatives such as chicken, eggs, fish or beans.
- Cold foods or foods at room temperature can taste better than very hot foods.
- Drinks such as fruit juice, lemonade, milk, herbal tea or fruit tea may be more refreshing than standard tea and coffee.
- Good oral hygiene is very important. Teeth should be brushed twice a day with a soft toothbrush. Using a mouthwash may help

Constipation

- Constipation can be caused by a number of factors such as insufficient fibre or fluid intake, lack of mobility, medication, pain control or eating less.
- Constipation can decrease appetite so alleviating constipation may improve appetite
- Ensure the resident is well hydrated by encouraging regular fluid throughout the day – aim 8-10 drinks/day
- Encourage high fibre foods:
  - Whole grain breakfast cereals such as porridge, weetabix™, branflakes™
  - Fruits and vegetables (pureed, fresh, frozen or dried)
  - Peas, beans and lentils (especially added into soups or stews)
  - Wholemeal bread or granary bread
  - Wholemeal pasta or brown rice
  - Flapjacks or oat based biscuits
  - Fruit smoothies, blended soups
- Encourage mobility where possible.
- Fibre rich foods can be filling. If the resident has a poor appetite only make one or two changes to their diet. Try smoothies or fruit juices so that the resident does not fill up at the expense of more nourishing foods.

Changes can take a few weeks to take effect. If symptoms are not alleviated in four weeks, or are severe, contact the resident's GP.

Although a high fibre intake can ease constipation it is essential higher fibre foods are introduced **gradually** and accompanied by an **increased fluid intake** to avoid discomfort and bloating

Swallowing Difficulties

- If swallowing difficulties have been identified, refer to the Speech and Language Therapist and ensure specified guidance is followed
- A clean healthy mouth is essential – encourage regular mouth care
- Remove distractions during mealtimes (eg: turn off TV, discourage talking with a full mouth)
- Ensure the person is sat fully upright for eating and drinking, with the head tipped down slightly
- Prevent head tipping back when swallowing
- A teaspoon may be better than a dessert spoon if the resident tends to rush when eating
- Wide-brimmed open cups or Kapi-Cups should be used. Swallowing safety can be dangerously compromised by using lidded beakers, sports-type bottles, drinking straws, tall/narrow cups (only use these if specifically advised by a Speech Therapist)
- Encourage small mouthfuls of food and small sips of drinks
- Allow plenty of time between mouthfuls
- Careful assistance by giving verbal prompts during eating/drinking can support small sips, regulate rate or prompt to swallow
- Be aware of high risk foods:
  - **Stringy, fibrous textures** e.g. pineapple, runner beans, celery, lettuce
  - **Vegetable and fruit skins** e.g. all beans, peas, grapes
  - **Mixed consistency foods** e.g. cereals which do not blend with milk (muesli), mince with thin gravy, soup with lumps
  - **Crunchy foods** e.g. dry toast, flaky pastry, dry biscuits, crisps
  - **Crumbly items** e.g. bread crusts, pie crusts, crumble, dry biscuits
  - **Hard foods** e.g. boiled and chewy sweets and toffees, nuts and seeds
  - **Husks** e.g. sweetcorn and granary bread
  - **Dry foods** e.g. bread

Do not use thickeners unless recommended by a Speech and Language Therapist

- Stay upright for 30 minutes after a meal to reduce reflux

Speech and Language Therapists will sometimes recommend a texture modified diet for a resident:

Puree or IDDSI level 4
Minced & Moist or IDDSI level 5
Soft & bite-sized or IDDSI level 6

Environment and Equipment

- Staff should eat with the residents at mealtimes to enhance the social aspect of the meal
- The optimum number of people sitting at a dining table should be 4
- Dining room furniture should be homely and 'set the scene'
- Try to keep the mealtime environment calm and enjoyable, not over stimulating (too much noise or visual clutter)
- Make sure there are no other noisy distractions e.g. TV, radio. Remember that the music you enjoy might not be pleasant or suitable for others, but background music can be beneficial
- A fish tank in the dining area can have a calming effect
- Keep the dining area uncluttered and the table free from unnecessary cutlery etc.
- Keep table settings simple, but have a good contrast of colours between table cloth, plate and food
- Allowing/ offering unsettled clients alternative places to eat away from the dining area, e.g. conservatory, lounge, bedroom or garden areas, may help both them and others to enjoy their mealtime.
- Avoid keeping the resident waiting for long periods of time at the table

Sensory changes

- Smell and vision can decrease which can affect mealtime enjoyment
- Use plates with bold rims around the edge but not patterned plates, which could be unhelpful in patients with visual disturbances.
- Use colourful food to make food look more appealing
- Have a range of condiments available (ketchup, salt and pepper, brown sauce, tartar sauce, vinegar etc.) available for residents with taste changes or limited sense of taste
- Clear drinks should be in coloured glasses and so they can be seen clearly as a drink but juice/ squashes can be in clear glasses.
- Make sure that you have specialised feeding equipment if required e.g slip mats, plate guards, adapted cutlery, plate warmers (for slow eaters).
- Pureed food should not be used without a specific reason and this should be discussed with the resident. Reasons for use should be documented. Pureed food is lower in calories that normal food and you could see unnecessary weight loss occurring.

Meal time anxiety

- The resident may have lost eating skills or the ability to recognise food
- Foods may appear unfamiliar. Keep menus simple and easy to understand; e.g. don't say "toad in the hole" but use "sausages and Yorkshire pudding".
- Visual / Pictorial menus may help for some residents with more cognition problems.
- The way you refer to a meal might be different e.g. "lunch" or "dinner". Ask the family to tell you what the resident usually calls a meal
- Get to know the resident's food preferences.
- Avoid foods which are difficult to eat, e.g. spaghetti
- A resident may feel like they have to pay for a meal- use meal tokens
- There may be other mental health concerns such as depression or physical health issues causing pain or constipation, all of which can affect one's appetite.
- Keeping mealtimes protected from disturbances will allow staff to focus on this very important time without distractions/ interferences.

Food refusal

- This can happen for some residents frequently and can be distressing for the resident's family and carers.
- Is there a possible reason for the refusal?
  - Is the resident unwell: UTI, temperature, sore mouth (thrush or mouth ulcers), ill-fitting dentures, constipated?
  - Has their behaviour changed?
  - Are they low in mood/ depressed?
  - Are they settling in?
  - Is this an unfamiliar food?
  - Do they seem distressed or more confused?
- If this is a one off don't worry too much as sometimes we all go off our food, but if there is a pattern then look for potential reasons.
- Take the meal away if the resident is becoming distressed or refusing, or take them away from the meal environment. Try to offer another meal 10 -15 minutes later and document this on the food record chart.

Giving assistance with meals

- Before the meal assist the resident with washing hands and face
- Fresh air and short bursts of activity before a meal can enhance a poor appetite.
- Ensure that the resident has their glasses on and dentures if required.
- Make sure the resident is in a comfortable upright position
- Try to sit next to the resident at eye level or slightly below. You should be either in front or slightly to one side.
- Use verbal cues and talk about the food……."This looks lovely" ….'Oh, delicious, it's roast beef and Yorkshire pudding today".
- Talk the resident through the eating process. "Open your mouth"……. "Can you chew/ swallow for me now?"…….. If this approach does not work, then it might help to touch their lips gently with the spoon to prompt them to open their mouth and recognise that it is time to eat.
- Offer only small mouthfuls at a time and ensure that you allow enough time between spoonfuls for the patient to swallow before moving on to the next spoonful.
- **DO NOT** mix all the different foods together (this is especially important for pureed diets). Offer the different foods separately. This will improve enjoyment and keep the meal more interesting.
- Make sure you have a drink to hand and salt/ pepper if required.
- Don't get distracted by anything else when you are assisting the resident.

Top Tip:
Practice on each other regularly to experience what it feels like to be fed / assisted with drinking

Tips for encouraging fluid consumption

- Encouraging your team to develop a **policy** on how you will provide fluids for your residents.
- Think of an **easy counting system** to help those with mild memory problems, confusion or dementia to consume enough fluids.
- To remind carers to encourage fluid intake for those at higher risk, hang a picture of a **drop of water** in kitchens and near residents' beds.
- In the dining room, use **different coloured napkins** for those who are at specific risk and need their water intake monitored. Make sure that all staff are aware of the colour used.
- Older people can lose their thirst response and their taste sensation. **Never take it for granted** that they will know when they need to drink.
- Older people may need to be reminded, encouraged and even convinced to drink more. Using a **positive approach** often helps. "Here is some nice cool refreshing water for you" is often more productive than "Do you want something to drink?"
- Residents tend to drink all the water in their glass when they are swallowing their **tablets**. Offering slightly larger volumes of water at this time encourages them to drink more.
- Many people prefer to drink '**little and often'**. Try to offer fluids at mealtimes and between meals.
- Offer water and fluids **at all mealtimes**. Make sure that those who are less able can choose to drink.
- Where possible, inform **families and friends** about the importance of promoting hydration when they visit. They can help in meeting that important hydration target.
- As the weather gets warmer, increase the availability of fluids and encourage residents to drink more. Older people perspire more in **warmer weather**.
- Cold drinks are best **served fresh and cool** – not left in open jugs.
- For trips and for use in outside areas, providing residents with a **personal bottle** can help. These are easy to carry, to clean and to refill, and can be marked clearly with the resident's name.
- During **activities or group events**, try serving drinks with slices of lemon and ice cubes at each resident's table place when they begin. Make sure you keep refilling their glasses as the event goes on, so they can drink little and often.
- Encourage residents to participate in **growing fresh** mint, lemon verbena and lemon balm in the garden, if possible. Add sprigs – freshly bruised – to a pot of hot water or to jugs of cold water. It makes a fresh-tasting drink and has an appetising aroma.
- Have fun when explaining why water is good for you. Encourage **local primary schools** to come in and present the health benefits of drinking fluids to residents and staff. Water is now a central part of the government's Healthy Schools programme.
- **Persevere**! Helping people to recognise and choose healthy options will take time and patience.

These suggestions are unattributed and have kindly been offered by care home managers, caring teams, catering staff, nurses, dietitians and related charities. All relevant medical practice and care guidance must be observed before considering these suggestions. Suggestions are reproduced with the kind permission of the Royal Institute of Public Health, Kingston Hospital, Quantum Care Homes, Leicestershire County Council, Water UK and the National Association of Care Catering.

Oral Nutritional Supplements (ONS)

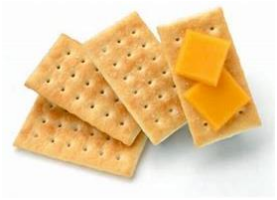
ONS are products manufactured by pharmaceutical companies and may only be prescribed under certain conditions (defined by the Advisory Committee on Borderline Substances, or ACBS). One of these conditions is disease-related malnutrition.

ONS are available as powders (to be made up with fresh, full fat milk) or ready-made drinks. Most of them provide around 300kcal and 11g protein per serving, as well as vitamins and minerals.

Homemade milkshakes can be higher in calories and protein and more palatable. They should be used before requesting prescriptions for ONS (see recipes).

What does 300kcal look like?

- 1 slice of toast with 1 tablespoon of butter and 1 cup of whole milk
- 2oz of cheese and 4 crackers
- 1 cereal bar and 1 cup of 100% fruit juice


1 slice of carrot cake

¾ of a blueberry muffin

½ a scone with cream and jam

- **The local first line ONS is a powder milkshake to be made up with fresh, full fat milk**
  - This is the most palatable option, although homemade nourishing drinks can be adapted to your resident's taste and preference
- **ONS should only been prescribed if the following have been considered:**
  - Food First approach has been trialled and has not prevented further weight loss (see Malnutrition Care Pathway)
  - The resident is suffering from an acute illness that is significantly reducing oral intake (e.g. UTI, chest infection) AND has a BMI under 22
  - The resident needs building up before a hospital procedure
  - Clear goals for ONS use have been written
  - ONS prescription is reviewed weekly to assess compliance and ongoing needs

North Hampshire CCG
West Hampshire CCG

Oral Nutritional Supplements (ONS or Sip feeds)

Care Home ONS Request Form – to be completed for any prescription request

***All shaded fields must be filled in**. If information not available, explain why (e.g. unable to weigh)*

Patient's GP: Contact/email:				
For:	**Patient's name & NHS number**		**Patient DOB**	/ /
Ordered by: (Please print name and organisation)			**Date of Order**	/ /

ASSESSMENT

Patient need to meet the following **3 criteria** before they can be prescribed ONS

1	**Patient meets ACBS criteria:** *Disease related malnutrition, Pre-operative preparation of patients who are malnourished, Dysphagia* *Proven Inflammatory Bowel Disease, Short bowel syndrome, Intractable malabsorption, Following a gastrectomy* *Continuous ambulatory peritoneal dialysis (CAPD) or Haemodialysis*	**Please specify ACBS criteria:**	
2	**Malnutrition Risk (e.g. MUST)** *Malnutrition defined as one of the following:* ● *BMI ≤ 18.5kg/m²* ● *≥ 10% Unintentional weight loss (last 3-6months)* ● *BMI < 20 **AND** > 5% unintentional weight loss (last 3-6 months)*	**MUST score if known**	
		Height	
		Most recent weight / Date	/ /
		Most recent BMI	
		Weight loss in last 3-6 months	
3	Actions have been taken: ☐ Cause of malnutrition addressed Food first approach: ☐ food fortification ☐ nourishing snacks ☐ nourishing drinks	**Details:**	

PRESCRIPTION REQUEST

☐ **Powdered Shake** 1-2 sachet/day, made up with 200mls whole milk (≈250mls drink) Can be made up in the morning and split throughout the day in small doses (150mls) or "shots" (60mls) ☐ Other (please justify)	***Have free samples been tried?*** ☐***Yes*** ***Preferred flavour(s):*** ☐***No*** Use free sample service from Guide to prescribing ONS
GOALS: E.g. weight maintenance / gain, wound healing, improved recovery, improved functionality, increased energy levels, improved hand grip…	

FOLLOW UP / MONITORING

DETAILS: