

# **Management of Malnutrition in Doncaster Community**

**Working in partnership with Doncaster Rotherham and South Humber NHS Foundation Trust, NHS Doncaster Clinical Commissioning Group and Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust.**

# Contents Page

Introduction .....	3
Care Home Pathway .....	3
Community Nurse Pathway .....	3
General Practice Referrals .....	4
Referrals from Other Health Care Professionals .....	4
Oral Nutrition Supplement (ONS) Prescribing in Doncaster .....	5
Nutritional Management in Palliative Care .....	6
Consultation .....	6
References .....	8
Appendices .....	9/10

## **Management of Malnutrition in Doncaster Community**

This guidance is for GP's, nurses, pharmacists and other healthcare staff who are involved in assessing malnutrition in the community. This document applies to adults only who are under the Doncaster Clinical Commissioning Group.

### **Doncaster Care Home Pathway**

All care homes within Doncaster have been trained on the Malnutrition Universal Screening Tool (MUST). Appropriate care home staff are required to complete regular MUST screening for residents and follow a 'Food First' Nutritional Action Plan (NAP) based on their calculated MUST score. The NAP includes food enriching, high calorie snacks and homemade high calorie drinks/shots. If a resident continues to lose weight despite exhausting 'Food First' advice, they must fully complete a referral form including weight charts and comprehensive food and fluid charts. This should be sent directly to the RDaSH Dietetic Service.

Further information: [Doncaster Care Home Pathway](#)

### **Doncaster Community Patients Pathway**

This relates to patients residing in their own homes.

### **Community Nursing Referrals**

All patients under the care of community nursing teams are required to be MUST screened (unless late phase palliative care). Community nursing staff are required to implement a 'Food First' Nutritional Action plan (NAP) based on their calculated MUST score. The NAP includes food enriching, high calorie snacks and homemade high calorie drinks/shots. Patients should be provided with a 'Food First' booklet which provides all of this information. Patients should then be reviewed within 1 to 3 months. If the patient has experienced weight loss on review despite implementation of the NAP, community nursing staff are then required to refer to the RDaSH Dietetic Service. Please see the link below for further details.

Further information: [Community Nursing](#)

## **General Practice Referrals**

### **General Practitioners/Practice Nurses**

Please see Appendix 1 for information on ONS prescription requests from discharges from hospital, consultants and out of area dietetics.

If GP/practice nurses have concerns regarding a patient's nutritional status they should provide the high calorie drinks leaflet (Appendix 2) and refer to the Dietetic Service for an assessment. GP or practice nurses should not start oral nutritional supplements (ONS) unless a request has been made from the Dietetic Service. The Dietetic Service will offer an appointment for nutrition support patients triaged as urgent by the Dietetic team within 2-4 weeks of receipt of referral.

### **How to Refer**

Please write a letter to our service with the reason for referral including past medical history, current diagnosis and current medication.

This can be emailed to the email address provided, posted or e-faxed. All referrals will then be triaged within 48 hours, Monday to Friday by the Dietetic Service.

## **Other Health Care Professionals**

Some healthcare professionals are able to refer to the Dietetic Service via inter team referrals and via the multi-disciplinary team.

If you are unable to do this but have concerns regarding a patient's nutritional status please contact the Dietetic Service for advice. We will confirm if a patient is under a community nursing team and refer onto them to follow the correct pathway. If not, we advise you to contact the patient's GP to request a referral to the Dietetic Service.

## **Contact Details**

Rotherham, Doncaster and South Humber NHS Trust (RDash)

- Tel: 01302 796410
- E-Fax: 01302 798027
- Email: [rdash.dietetics@nhs.net](mailto:rdash.dietetics@nhs.net)

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (DBTH)

- Tel: 01302 642742
- Fax: 01302 381300
- Email: [dbh-tr.dietetics@nhs.net](mailto:dbh-tr.dietetics@nhs.net)

## **ONS Prescribing in Doncaster**

In Doncaster ONS should only be prescribed for adults if requested by the Dietetic Service.

If order to qualify for a prescription on FP10 the patient's clinical condition should fall within the Advisory Committee on Borderline Substances (ACBS) approved categories for prescribing nutritional supplements:

- Short bowel syndrome
- Intractable malabsorption
- Pre-operative preparation of undernourished patients
- Proven inflammatory bowel disease
- Total gastrectomy
- Bowel fistulas
- Disease related malnutrition, e.g. cystic fibrosis, acute exacerbation of COPD, cancer, chronic kidney disease, chronic heart failure

Patients, who meet this criterion, are however still expected to exhaust a 'Food First' approach to improve their nutritional status. This includes food enriching, high calorie snacks and homemade high calorie drinks/shots. Patients will be expected to purchase the ingredients required to implement their personalised nutritional action plan. For patients who have are in receipt of domiciliary care or have other support, the Dietetic Service will liaise with the care agencies and others to support implementation of the personalised nutritional action plan.

ONS will only be prescribed by the Dietetic Service when 'Food First' has been exhausted (or is not appropriate) and the patient meets ACBS criteria. If the patient does not meet ACBS criteria they will be advised on over the counter supplements e.g. Complian Shake, Aymes Shake and Nurishment.

Patients will be expected to attend regular follow up appointments with the Dietetic Service to review their on-going need for ONS. ONS will be discontinued if patients do not adhere to their follow up schedule, or patients are assessed by the Dietetic Service as being able to meet their nutritional needs via a 'Food First' approach.

## Nutritional Management in Palliative Care

The management of palliative care patients has been divided into 3 stages. Early phase, late phase and the last few days of life. For all palliative care patients, emphasis should always be on the enjoyment of nourishing foods and drinks and maximising the quality of life.

<p>Early Phase Palliative Care</p>	<p><b>Definition:</b> In early phase palliative care the patient is diagnosed with a terminal disease but death is not imminent. Patients have years to live and may be undergoing palliative treatment to improve quality of life.</p> <p><b>Nutritional Assessment:</b> Nutritional screening and assessment in this patient group is a priority and appropriate early intervention could improve the patient's response to treatment.</p> <p><b>Community Nurse Referrals:</b> Patients should be screened using the MUST and advised to implement a 'Food First' nutritional action plan based on their calculated MUST score. On review if further weight loss is evident, the patient should be referred to the Dietetic Service.</p> <p><b>GP Referrals:</b> GP's should refer to the Dietetic Service for assessment if required</p>
<p>Late Phase Palliative Care</p>	<p><b>Definition:</b> In late phase palliative care the patient's condition is deteriorating and they may be experiencing pain, nausea and reduced appetite.</p> <p><b>Nutritional Assessment:</b> The nutritional content of a meal is no longer of prime importance and the patient should be encouraged to eat and drink what they enjoy. The main aim is to maximise quality of life including comfort, symptom relief and enjoyment of food. The goal of nutritional intervention is not weight gain or reversal of malnutrition but quality of life.</p> <p><b><u>MUST screening and ONS is not recommended at this stage</u></b></p> <p><b>Dietetic input at this stage is unlikely to provide any additional benefit and patients should not be referred.</b></p>
<p>Last Few Days of Life</p>	<p><b>Definition:</b> In the last few days of life the aim is to provide comfort and to offer mouth care and sips of fluids or mouthfuls of food as desired.</p> <p><b><u>MUST screening and ONS is not recommended at this stage</u></b></p> <p><b>Dietetic input at this stage will not provide any additional benefit and patients should not be referred.</b></p>

Title	Management of Malnutrition in Doncaster Community	Date
Written by	Jayne Brocklehurst- Dietetic Prescribing Lead	July 2018
Consulted with	<p>Laura Clarke- RDaSH Specialist Dietitian</p> <p>Sophie Hemsall- DBHFT Nutrition and Dietetic Manager</p> <p>Jo Forrestall- Head of Strategy and Delivery, Doncaster CCG</p> <p>Michelle Rhodes- Strategy and Delivery Manager, Doncaster CCG</p> <p>Heidi Atkinson- Macmillian Specialist Palliative Nurse Consultant</p> <p>Sally Porter- Locality Lead Pharmacist</p> <p>Dr Bronwen Davies- Consultant in Neurorehabilitation</p> <p>RDaSH Clinical Practice Educators</p> <p>Doncaster Care Homes</p> <p>Doncaster Domiciliary Care Providers</p>	
Reviewed by	Laura Clarke – Clinical Specialist Dietitian	Dec 2020

## References

1. Malnutrition Universal Screening Tool (MUST) [www.bapen.org.uk](http://www.bapen.org.uk)
2. Managing Malnutrition in the Community: Produced by a Multidisciplinary Consensus Panel (2012)
3. Mimms Prescribing Guide [www.mimms.co.uk](http://www.mimms.co.uk)
4. Presc Qipp ONS Guidelines B145, 3 April 2017
5. RDaSH Nutrition Policy (Promoting Good Nutrition for Patients)



## Managing Malnutrition in Doncaster Community Oral Nutritional Supplement (ONS) Prescribing

Hospital Discharges	Care Homes	Community Nursing	Consultant Requests	Out of Area Dietetics
<ul style="list-style-type: none"> <li>• GP will receive a letter from the acute dietetic service to continue ONS if indicated</li> <li>• Forward letter to RDaSH Dietetic Service if not copied in</li> <li>• If there are concerns post discharge, follow the GP pathway below.</li> </ul>	<ul style="list-style-type: none"> <li>• Trained to screen for malnutrition and implement and follow up nutritional action plans with patients</li> <li>• Have direct referral to RDaSH Dietetic Service</li> <li>• No prescribing ONS in this setting.</li> </ul>	<ul style="list-style-type: none"> <li>• Trained to screen for malnutrition and implement and follow up nutritional action plans with patients</li> <li>• Have direct referral to RDaSH Dietetic Service</li> <li>• Advised not to request ONS.</li> </ul>	<ul style="list-style-type: none"> <li>• Provide high calorie drinks leaflet instead of prescribed ONS</li> <li>• Forward letter to RDaSH Dietetic Service for an assessment.</li> </ul>	<ul style="list-style-type: none"> <li>• Prescribe as advised</li> <li>• Forward letter to RDaSH Dietetic Service if not copied in.</li> </ul>
<p><b>GP Practice</b> </p> <p>If you have malnutrition concerns about a patient:</p> <ul style="list-style-type: none"> <li>• Provide high calorie drinks leaflet</li> <li>• Refer to RDaSH Dietetic Service</li> </ul> <p><i>ONS should only be prescribed if requested by a dietetic service</i></p>		<p> Email: <a href="mailto:rdash.dietetics@nhs.net">rdash.dietetics@nhs.net</a></p> <p> Post: Dietetic Service, Evergreen, Tickhill Road Hospital, DN4 8QN</p> <p> Telephone: 01302 796410</p>		

## High Calorie Drinks

Your GP has referred you to the dietitian to assess your health and nutritional status, please try to have at least 2 of these drinks per day until your appointment with the dietitian.

Try to have these between or after meals and have them in replacement of low calorie drinks, such as tea, water and diluted juice. The following high calorie drinks can be made up and stored in a refrigerator for up to 24 hours.

**Supershake:** (makes 1 portion)

### Ingredients

- 200ml whole milk
- 2 tablespoons dried milk powder
- 3 heaped teaspoons vitamin fortified milkshake powder (e.g. Nesquik or supermarket own brand)

### Directions

1. Mix dried milk powder and milkshake powder together in a glass
2. Gradually add in the milk and stir well

**Supersoup:** (makes 1 portion)

### Ingredients

- 1 sachet of cup a soup (smooth, no bits)
- 1 tablespoon dried milk powder
- 200ml whole milk
- A little boiling water

### Directions

1. Mix the cup a soup sachet contents and dried milk powder with a little boiling water to dissolve
2. Heat the milk and stir in gradually until dissolved

**Superjuice:** (makes 1 portion)

### Ingredients

- 100ml lemonade • 75ml full sugar cordial • 2 tablespoons icing sugar • 1 tablespoon golden syrup

### Directions

1. Mix ingredients together and stir well

(not suitable for people with diabetes unless agreed with your health care professional).

**Super Creamshot:** (makes 1 portion)

### Ingredients

- 40ml double cream
- Flavouring to taste such as vanilla, strawberry, chocolate, blackcurrant, peppermint

### Directions

1. Mix the ingredients together and stir well

**Supershake Compact:** (makes 1 portion)

### Ingredients

- 125ml whole milk
- 3 tablespoons dried milk powder
- 3 heaped teaspoons vitamin fortified milkshake powder (e.g. Nesquik or supermarket own brand)

### Directions

1. Mix dried milk powder and milkshake powder together in a glass
2. Gradually add in the milk and stir well

**Super Creamshot and Supershake Compact are suitable for those who struggle with larger volumes of fluid.**