CCC and residential setting Nutritional Care pack

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Adapted from BAPEN MUST Tool and from Western Sussex Hospitals NHS Trust 'Care Home Malnutrition Pack'

01/02/2021

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Adapted Malnutrition screening tool for care homes/fully supported residential care setting (adapted from MUST Tool BAPEN)

Step 1 + **Step 2** + **Step 3**

BMI kg/m²	**Score**
>20	= 0
18.5-20	= 1
<18.5	= 2

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

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

Step 4
Overall risk of malnutrition

Add scores together to calculate 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
- Screen monthly

1
Medium risk
Observe
- Document dietary intake for 3 days
- If improved or adequate intake – =little clinical concern; if no improvement = clinical concern – see local nutritional support care plan tips

2 or more
High risk
Treat*
- Refer to dietician or implement nutritional support care plan
- Aim to improve and increase overall nutritional intake
- Monitor and review care plan monthly

*Unless detrimental or no benefit is expected from nutritional support e.g. imminent death

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 nutritional support care plan tips

Example of how to use adapted MUST tool

Client in CCC

Eating habits = only a few spoons of food at each meal over the last few weeks due to diarrhoea

Weight was 50kg 1 month ago now weighs 45kg
Height = 1.58m

- **Step 1**

BMI chart – see chart in Nutritional support nutritional cart plan tip file or on wall or calculate as below

Weight (in kg) divided by Height^2

e.g. in this case 45/(1.58 x 1.58) = 18 (BMI = 18)
SCORE = 2

- **Step 2**

% Weight loss
To Calculate = Old weight – new weight divided by old weight x 100

e.g. in this case 50 – 45/50 x 100 = 10%
SCORE = 1

- **Step 3**

Not eating well for more than 5 days = SCORE 2

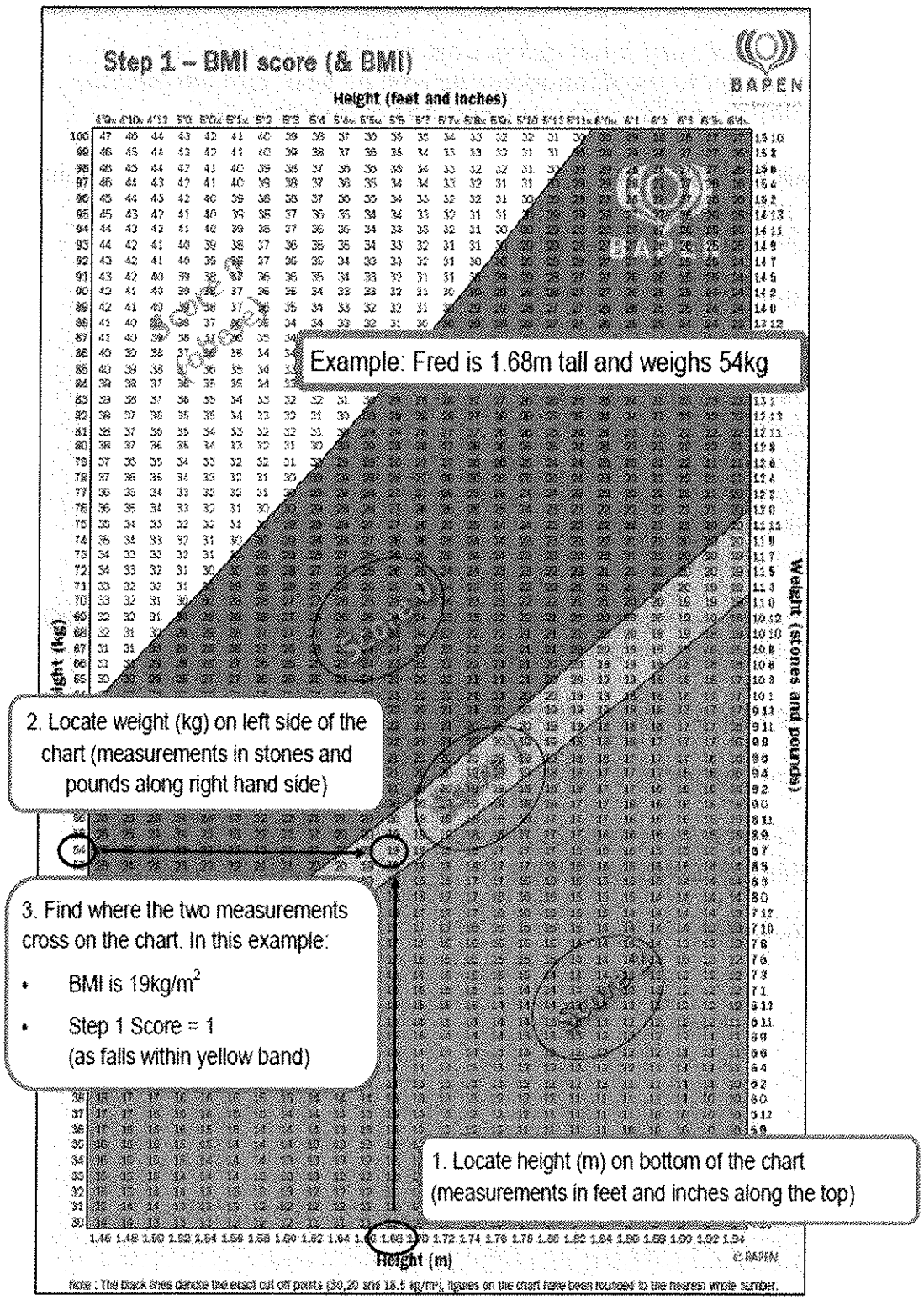
- **Step 4**

Add up all the score from steps 1-3
e.g. in this case = 2 + 1 + 2 = 5 TOTAL MUST SCORE on this record = 5 = HIGH RISK

- **Step 5**

  Record on monitoring chart and set care plans; inform clinical lead and contact dietician if CCC clinical lead deems it appropriate

Example – using the BMI Charts



Nutritional Support Care Plan Tips (for use by CCC and residential care settings of St Helena)

Ensure that all nutritional risk is documented and any risks are communicated to medical doctor as well as your clinical lead to ensure any underlying disease process is investigated

Any swallow or communication concerns that are impacting on nutritional intake – please refer to Speech and Language Therapy for additional support formulating an individual care plan.

Review the below as all can impact on nutritional intake;

- Medication
- Dental and mouth care
- Hydration
- Bowel Habit
- Pain
- Blood sugar control
- Activity level

See dementia resource for tips on how to support this client group – with clinical lead (leaflet with this pack)

The following pages give you some ideas

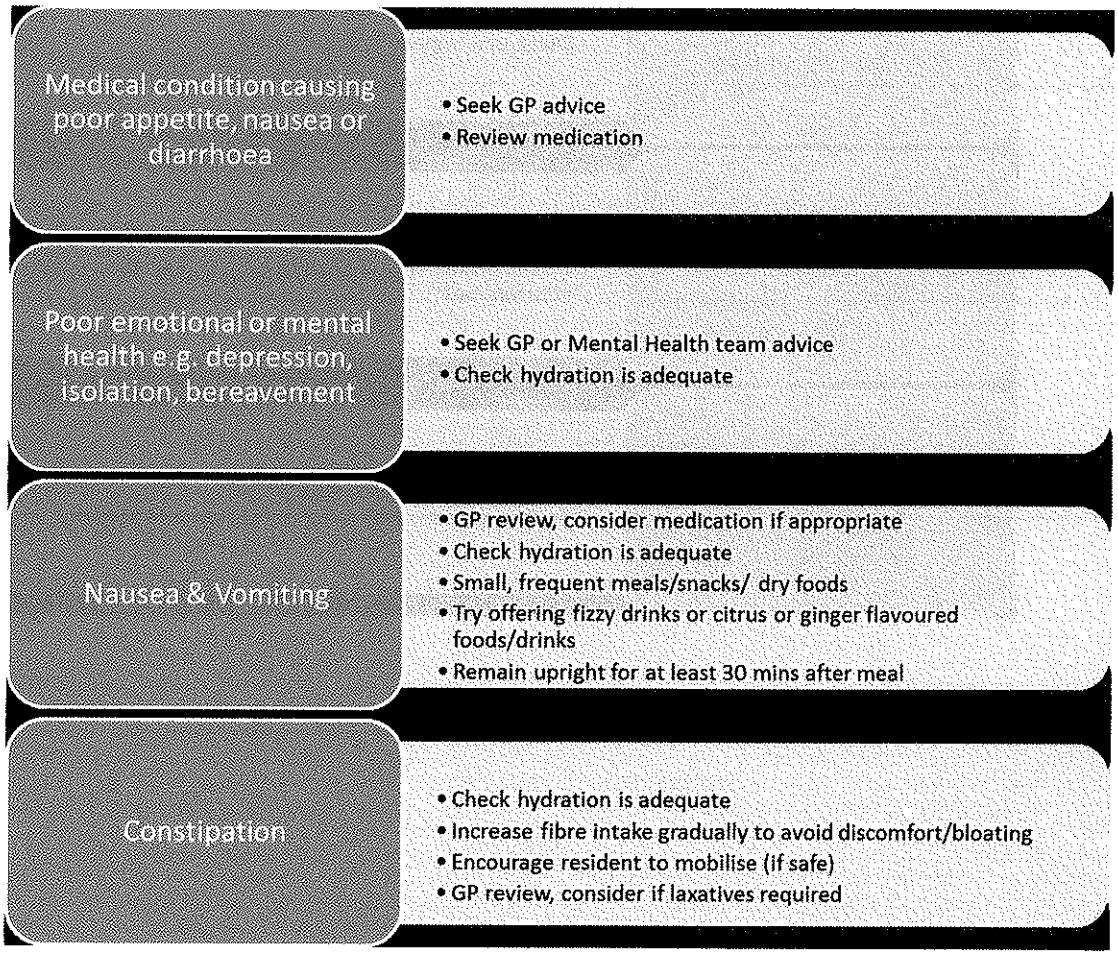
How to contact team members:

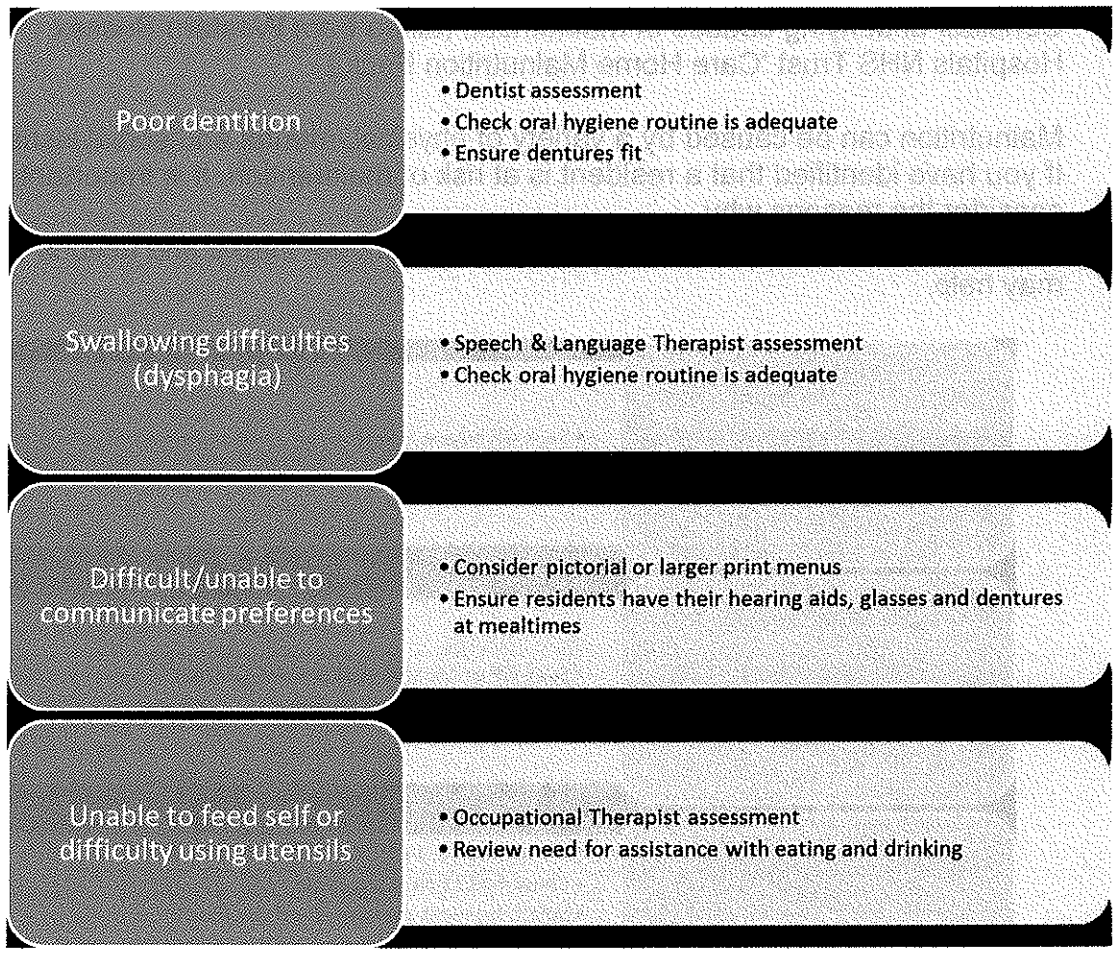
Dietician = Gina Giebner Tel:22500 e mail:
georgina.giebner@publichealth.gov.sh

SALT = Erin Collier

Consider underlying causes of malnutrition (taken from Western Sussex Hospitals NHS Trust 'Care Home Malnutrition Pack')

Malnutrition can be caused by a variety of physical, mental and social issues. If you have identified that a resident is at risk of malnutrition, it is important to consider the reasons why.
Below and overleaf are some common causes of poor intake and actions that may help.




Poor dentition
• Dentist assessment
• Check oral hygiene routine is adequate
• Ensure dentures fit
Swallowing difficulties (dysphagia)
• Speech & Language Therapist assessment
• Check oral hygiene routine is adequate
Difficult/unable to communicate preferences
• Consider pictorial or larger print menus
• Ensure residents have their hearing aids, glasses and dentures at mealtimes
Unable to feed self or difficulty using utensils
• Occupational Therapist assessment
• Review need for assistance with eating and drinking

Some problems noticed and possible solutions (taken from Western Sussex Hospitals NHS Trust 'Care Home Malnutrition Pack')

Food First

The 'Food First' approach is a way of adding extra calories and protein to an individual's diet using everyday food items. It is important to try and do this with anyone at medium or high risk of malnutrition ('MUST' score of 1 or more) or those with a small appetite.

The basic principles of 'Food First' include trying to include the following to an individual's diet on a daily basis to maximise their intake:

- 500ml of fortified milk – see next page
- 2 nourishing snacks
- 3 fortified meals

See leaflets within this pack for suggestions. Leaflets included are:

- 100-calorie boosters
- Eat well heal well
- Increasing your calorie intake
- Making every mouthful count

If bowels are an issues then see resources in pack on:

- Constipation
- Diarrhoea

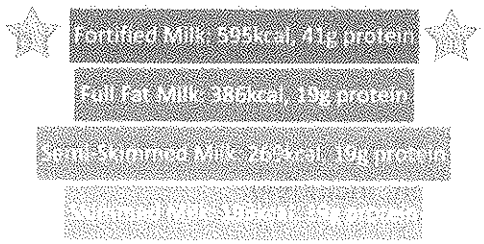
Fortified milk recipe

Fortified Milk

Four tablespoons (~60-70g) dried skimmed milk powder

1 pint of full fat milk

1. Mix the powder with a small amount of milk to make a paste
2. Whisk in the rest of the milk



Aim for an intake of 500ml of fortified milk per day for those at risk (1 or 2 and above).

Use the fortified milk in foods and drinks they like to take including:

- Tea/coffee
- Hot milky drinks like Horlicks/Milo/Hot chocolate/ Ovaltine
- Porridge and cereal
- Custards and milky puddings
- White sauce
- Mashed potato
- Milkshakes

Food first diabetes

Poorly controlled diabetes is likely to result in weight loss therefore it is important to try and stabilise blood sugars. However, restricting food intake to stabilise blood sugars is likely to result in further weight loss and increased risk of malnutrition.

Consider reviewing diabetic medication and consider other causes of poor control, such as underlying infections, before considering food restriction.

For individuals at risk of malnutrition, 'sugary' food and drink should still be limited.

A high protein/fat diet can still be recommended for residents with diabetes who are at risk of malnutrition, including:

- Full fat dairy products (milk, cheese, yoghurt)
- 'Food boosters' such as butter, cream, mayonnaise, peanut butter
- 'Cream of' soups
- Eggs, meat & fish with sauces
- See leaflets within the pack:
    - 100-calorie boosters
    - Eat well heal well
    - Increasing your calorie intake
    - Making every mouthful count

If considering supplement drinks like Ensure for residents with diabetes:

- Encourage individuals to sip slowly
- Increase frequency of blood glucose monitoring

Food first heart disease

In the short-term, a high fat diet is unlikely to cause significant increase in cholesterol levels. If a resident requires a long-term high fat diet for malnutrition and there is concern regarding their cholesterol levels, try to use products high in monounsaturated fats e.g. olive oil, olive oil-based spreads, nuts and oily fish (tuna, pilchards, mackerel etc.). These fats have been shown to have a positive effect on cholesterol levels and overall heart health, whilst containing similar amounts of calories.

Food first End of life

Nutrition and hydration towards the end of someone's life can be an emotive issue. During this process, the body begins to shut down and the desire for someone to eat and drink naturally begins to decrease. It is important to remember that the person is not dying because they are not eating and drinking, they are not eating and drinking because they are dying.

The use of 'Food First' and supplements like Ensure in end of life care should be decided on an individual basis and will be informed by the individual's condition i.e. whether they are at an early or late stage of care, and their treatment plan.

In early palliative care:

- 'Food First' and/or supplement like Ensure may be helpful if food intake is compromised e.g. if the individual is fatigued, or has an impaired ability to chew or swallow
- Prevention of weight loss and maintenance of good nutritional status can sometimes be a realistic aim and may help maintain or improve the individual's condition

In late palliative care:

- The main aim should be maximising quality of life
- Encourage intake of foods and drinks that the individual most enjoys
- Anxiety around eating and nutrition is common, particularly for carers
- Be aware that there may be tension between individuals and their carers/family about how much intake can be managed
- Weight gain and/or reversal of malnutrition are not realistic goals - avoid giving the individual and carers false hope that supplements like Ensure will improve nutritional status and/or prolong life
- Aggressive feeding is unlikely to be appropriate, especially if eating and drinking cause discomfort or anxiety.

Dementia

Dementia is a syndrome associated with memory loss, thinking speed, understanding and judgement, which can all have an impact on nutritional intake. Common issues that may affect eating and drinking in individuals with dementia include:

Cognitive & Sensory Difficulties may include problems with recognising food/drinks and concentration at mealtimes.

Things to try:

- Encouragement and prompting to eat, using pictures to explain menus and engaging person in mealtime-related activities e.g. laying the table
- Calm, relaxed environment, limiting distractions
- Finger foods, regular snacks and more frequent/flexible mealtimes may be helpful for individuals who become distracted or lose focus
- Ensure the individual is wearing hearing aids and glasses if required
- Ensure food/drink is not too hot

Motor/Coordination Difficulties may include problems with co-ordination or chewing/swallowing issues.

- Consider 'finger foods' to promote independence
- Consider adapted cutlery – refer to Occupational Therapist for further advice or appropriate equipment
- Ensure dentures fit properly
- May require softer diet and/or thickened fluids

Behavioural Difficulties may include changes in behaviour or eating habits and preferences.

- It can be difficult to identify the problem, particularly if the individual has communication difficulties
- Try not to rush the individual, look for non-verbal cues
- If the individual becomes agitated, wait until the person has calmed down before encouraging more food and drink

Always consider underlying causes for poor appetite e.g. pain, depression, constipation, infection, fatigue, medication