CCC and residential setting Nutritional Care pack

Written by Georgina Giebner October 2017
Review date October 2019

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

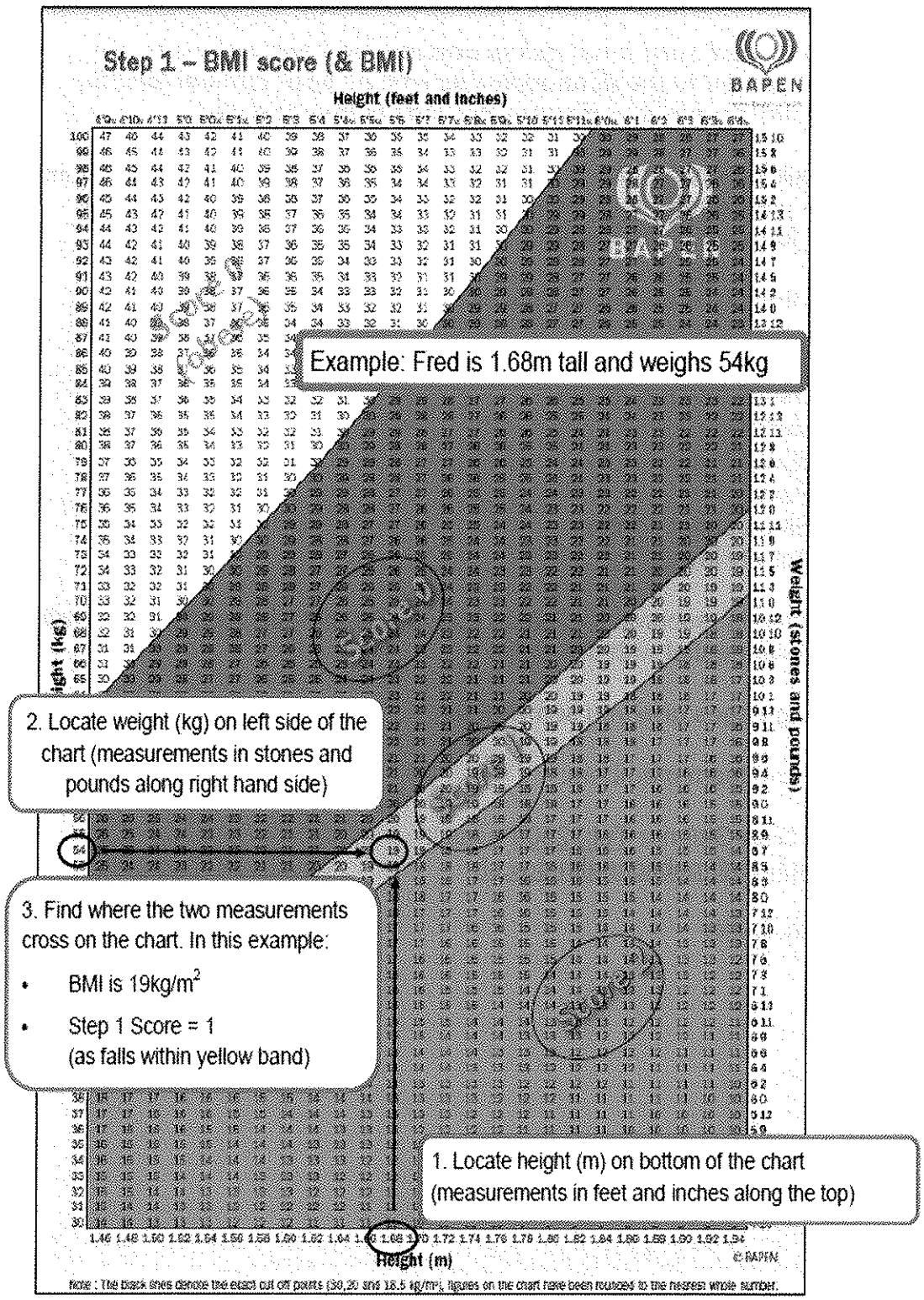
- **Step 4**

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

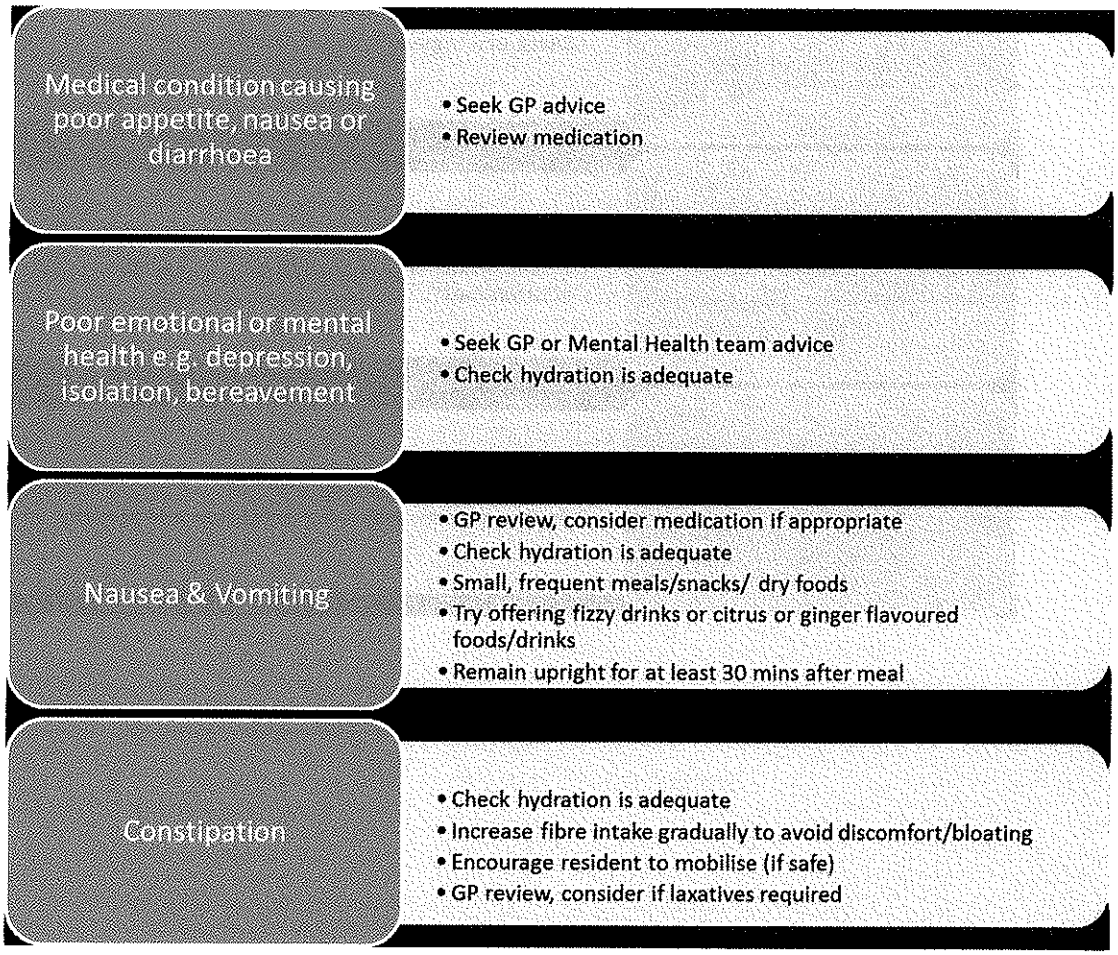
How to contact team members:

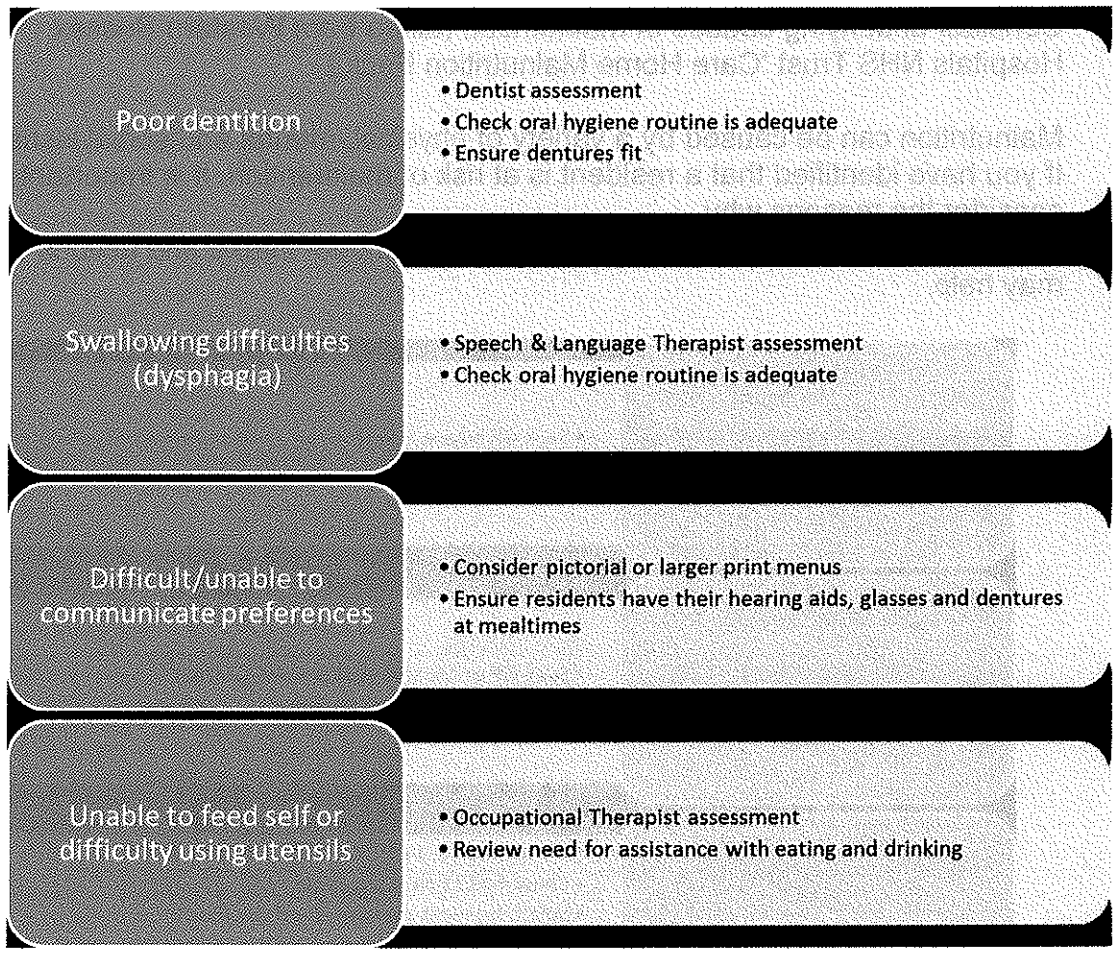
Dietician = Gina Giebner Tel:22500 e mail:
georgina.giebner@publichealth.gov.sh

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

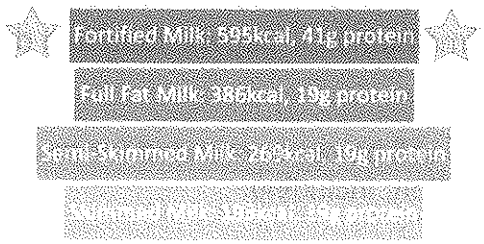
Fortified milk recipe

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

Mealtime environment

The mealtime environment can have a significant impact on eating and drinking experience for residents.

Consider the following methods to improve mealtime experience:

- Allow staff to eat and drink with residents to make it more of a social activity; residents may react positively by copying those around them
- Maintain a calm, relaxing eating environment with minimal background noise (although appropriate music can be used to create a pleasant atmosphere)
- Try to encourage individuals to take part in tasks to help maintain interest e.g. preparing food, laying the table
- Use familiar sights, sounds and smells of cooking and food preparation
- Try not to worry about mess; wipe clean mats and covers may helpful
- Encourage the individual to make choices (if they are able to) about e.g. where they would like to sit, what they would like to eat
- Ensure tables and chairs are positioned so that individuals can see who they are sitting with

Good oral health

Good oral health is essential for pain free eating, drinking and talking, as well as good overall general health.

- Residents should have an oral health needs assessment within 24 hours of arrival and a suitable care plan that is reviewed regularly
- Be observant for any change in eating, speaking or any behaviour that may indicate pain and seek medical or dental advice if this occurs
- Each resident should see a dentist at least once a year

Caring for Natural Teeth

- Clean teeth twice daily using a small headed toothbrush and a small blob of fluoride-containing toothpaste
- Brush in a circular motion, covering all tooth surfaces and gum edges
- Power/electric toothbrushes just need guiding around each tooth
- Encourage spitting out of froth but do not rinse so that the fluoride continues to strengthen teeth
- If a carer needs to assist with brushing ensure the individual is comfortable with their head supported, possibly seated in front of a mirror. Putting another toothbrush in their hand may trigger memory and aid co-operation

Caring for Dentures

- Clean twice each day with brush and liquid soap
- Soak as per product instructions, preferably left in water overnight
- Clean gums with soft toothbrush

Texture modified diets

What about Individuals who require a texture-modified diet?

Individuals requiring a texture-modified diet (fork-mashable, pre-mashed or pureed) are often at a higher risk of malnutrition due to:

- Restricted food choices - not all food can be processed to appropriate consistency
- Some individuals find mashed/pureed foods unpalatable
- Processing food often requires adding liquid e.g. stock, water, which 'dilutes' the nutritional value of the food. This means the individual has to consume more to receive the same level of nutrition (which is often unmanageable amounts)

'Food boosters' e.g. cream, butter, cheese, milk powder are useful ways to add extra calories to mashed/pureed foods without adding significant volume. Offer appropriate milky drinks and nourishing snacks e.g. milkshakes, custard, mousse, yogurts, soft cheese. See resource in pack:

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

What About Individuals Who Need Thickened Fluids?

Thickeners should only be used with guidance from a speech & language therapist following a swallowing assessment.

Always ensure the recommended amount of prescribed thickener is used as it is not always the same for each product.

If an individual on thickened fluids requires supplement like Ensure, please contact the dietitians or speech & language therapists who can advise on appropriate thickening methods or alternative products.

If you have any questions regarding the suitability of these suggestions for your resident then please contact Dietitians or Speech & Language Therapists or discuss with GP/Dr for further advice.

Hydration

How much do we need to drink?

Current guidelines recommend that we should normally aim to drink 6-8 glasses (1600 - 2000ml) per day.

What counts as fluid?

Remember that all fluid counts (except alcohol) including water, tea, coffee, milk, juice and squash. Some foods also contribute to fluid intake because of their high water content, such as fruit, ice lollies, soups and sauces.

What problems can dehydration cause?

Poor fluid intake can contribute to:

- Constipation
- Increased UTIs and incontinence issues
- Cognitive impairment
- Increased risk of pressure ulcers and poor wound healing
- Low blood pressure and falls

These can all also have an impact on food intake.

Will increasing fluid intake worsen my resident's incontinence?

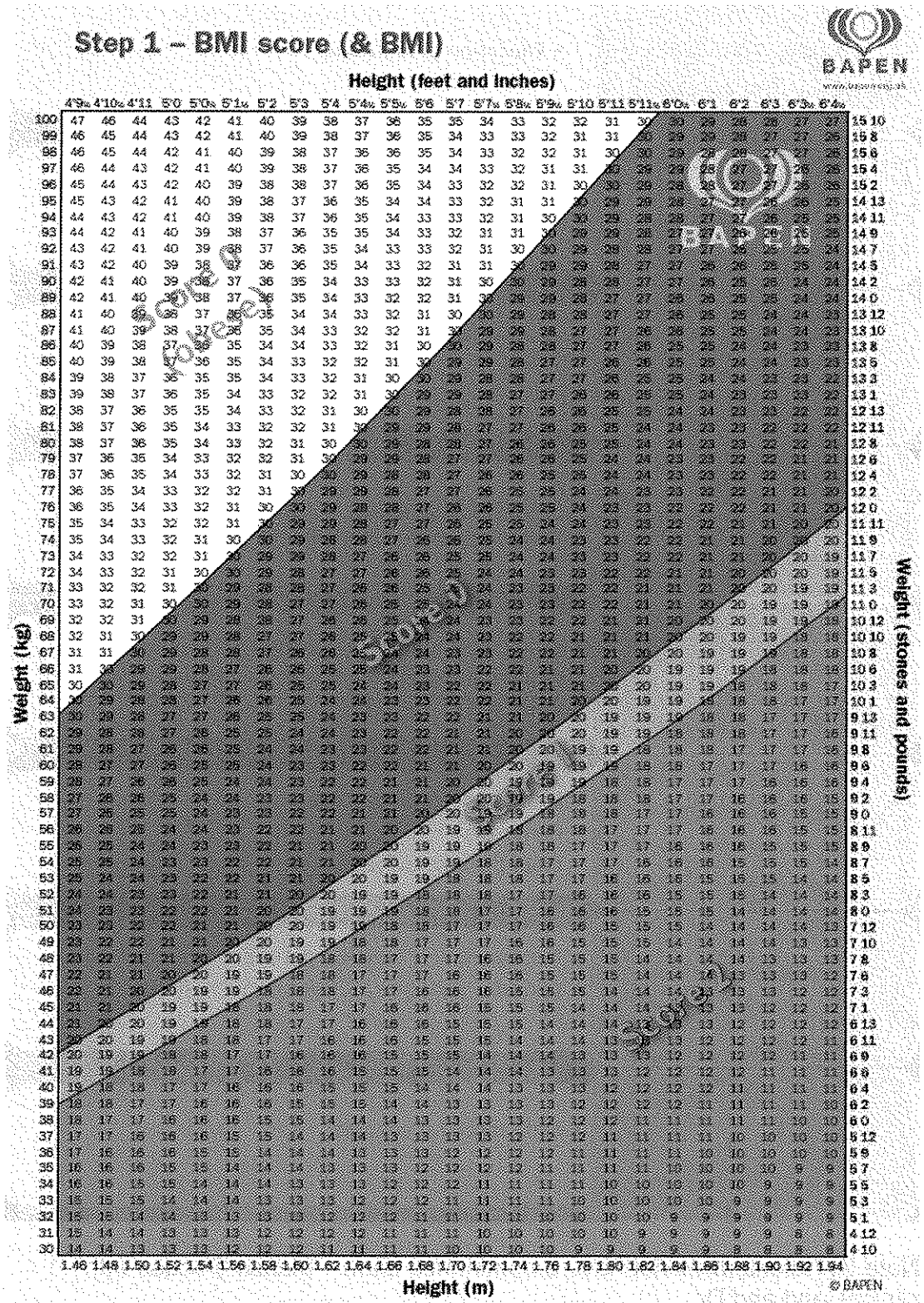
Many older people deliberately reduce their fluid intake to reduce how often they need to go to the toilet. In fact, poor hydration leads to concentrated urine which irritates the bladder and makes incontinence and frequency worse. It is therefore important to educate staff and residents and encourage good fluid intake.

How can we tell if a resident is dehydrated? Is there a screening tool?

Dehydration is difficult to diagnose without blood testing as the symptoms can be quite non-specific e.g. fatigue, headaches, dry skin. Concentrated urine is also not a reliable indicator of dehydration due to the way kidney function changes with age. Unfortunately there is not a specific screening tool that monitors risk of dehydration, therefore clinical judgement alongside observation of fluid intake is required. See the following page for some tips on what you can try depending on the issues highlighted.

Note St Helena does not have a continence team – please discuss with clinical lead and Dr.

BMI Charts – See Wall Chart for clearer view



Note : The black lines denote the exact cut off points (30,20 and 18.5 kg/m²), figures on the chart have been rounded to the nearest whole number.

Step 1 – BMI score (& BMI)

BAPEN

www.bapen.org.uk

Height (feet and inches)

Weight (kg)	4'9¾	4'10¾	4'11	5'0	5'0¾	5'1¾	5'2	5'3	5'4	5'4¾	5'5¾	5'6	5'7	5'7¾	5'8¾	5'9¾	5'10	5'11	5'11¾	6'0¾	6'1	6'2	6'3	6'3¾	6'4¾	Weight (stones and pounds)
170	80	78	76	74	72	70	68	66	65	63	62	60	59	57	56	55	54	52	51	50	49	48	47	46	45	26 11
169	79	77	75	73	71	69	68	66	64	63	61	60	58	57	56	55	53	52	51	50	49	48	47	46	45	26 9
168	79	77	75	73	71	69	67	66	64	62	61	60	58	57	55	54	53	52	51	50	49	48	47	46	45	26 6
167	78	76	74	72	70	69	67	65	64	62	61	59	58	56	55	54	53	52	50	49	48	47	46	45	44	26 4
166	78	76	74	72	70	68	66	65	63	62	60	59	57	56	55	54	52	51	50	49	48	47	46	45	44	26 2
165	77	75	73	71	70	68	66	64	63	61	60	58	57	56	54	53	52	51	50	49	48	47	46	45	44	25 0
164	77	75	73	71	69	67	66	64	62	61	60	58	57	55	54	53	52	51	50	48	47	46	45	44	44	25 12
163	76	74	72	71	69	67	65	64	62	61	59	58	56	55	54	53	51	50	49	48	47	46	45	44	43	25 9
162	76	74	72	70	68	67	65	63	62	60	59	57	56	55	54	52	51	50	49	48	47	46	45	44	43	25 7
161	76	74	72	70	68	66	64	63	61	60	58	57	56	54	53	52	51	50	49	48	47	46	45	44	43	25 5
160	75	73	71	69	67	66	64	63	61	59	58	57	55	54	53	52	50	49	48	47	46	45	44	43	43	25 3
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156	73	71	69	68	66	64	62	61	59	58	57	55	54	53	52	50	49	48	47	46	45	44	43	42	41	24 8
155	73	71	69	67	65	64	62	61	59	58	56	55	54	52	51	50	49	48	47	46	45	44	43	42	41	24 6
154	72	70	68	67	65	63	62	60	59	57	56	55	53	52	51	50	49	48	46	45	45	44	43	42	41	24 4
153	72	70	68	66	65	63	61	60	58	57	56	54	53	52	51	49	48	47	46	45	44	43	42	42	41	24 1
152	71	69	68	66	64	62	61	59	58	57	55	54	53	51	50	49	48	47	46	45	44	43	42	41	40	23 13
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149	70	68	66	64	63	61	60	58	57	55	54	53	52	50	49	48	47	46	45	44	43	42	41	40	40	23 6
148	69	68	66	64	62	61	59	58	56	55	54	52	51	50	49	48	47	46	45	44	43	42	41	40	39	23 4
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112	53	51	50	48	47	46	45	44	43	42	41	40	39	38	37	36	35	35	34	33	32	32	31	30	29	17 9
111	52	51	49	48	47	46	44	43	42	41	40	39	38	38	37	36	35	34	34	33	32	31	31	30	29	17 7
110	52	50	49	48	46	45	44	43	42	41	40	39	38	37	36	36	35	34	33	32	32	31	30	29	28	17 5
109	51	50	48	47	46	45	44	43	42	41	40	39	38	37	36	35	34	34	33	32	32	31	30	29	28	17 2
108	51	49	48	47	46	44	43	42	41	40	39	38	37	37	36	35	34	33	33	32	31	31	30	29	28	17 0
107	50	49	48	46	45	44	43	42	41	40	39	38	37	36	35	35	34	33	32	32	31	30	30	29	28	16 12
106	50	48	47	46	45	44	42	41	40	39	38	38	37	36	35	34	33	33	32	31	31	30	29	28	27	16 10
105	49	48	47	45	44	43	42	41	40	39	38	37	36	35	35	34	33	32	32	31	30	30	29	28	27	16 7
104	49	47	46	45	44	43	42	41	40	39	38	37	36	35	34	34	33	32	31	31	30	29	29	28	26	16 5
103	48	47	46	45	43	42	41	40	39	38	37	36	36	35	34	33	33	32	31	30	30	29	28	27	26	16 3
102	48	47	45	44	43	42	41	40	39	38	37	36	35	34	34	33	32	31	31	30	29	28	28	27	26	16 1
101	47	46	45	44	43	42	40	39	38	38	37	36	35	34	33	33	32	31	30	29	29	28	27	26	25	15 13
100	47	46	44	43	42	41	40	39	38	37	36	35	35	34	33	32	32	31	30	29	28	28	27	26	25	15 10
	1.46	1.48	1.5	1.52	1.54	1.56	1.58	1.6	1.62	1.64	1.66	1.68	1.7	1.72	1.74	1.76	1.78	1.8	1.82	1.84	1.86	1.88	1.9	1.92	1.94	

Height (m)

Note : The black lines denote the exact cut off points (30,20 and 18.5 kg/m²), figures on the chart have been rounded to the nearest whole number.

Resident Name: _____

Room Number: _____

Date of Birth: _____

'Malnutrition Universal Screening Tool' ('MUST')
Nursing & Residential Care Homes

Date of Initial Assessment	Ulna length (if required)	Height (m)	Weight 3-6 months ago (kg)	If unable to obtain weight and height use clinical judgement for each step based on subjective measurement e.g. visual impression, loose fitting clothing/jewellery/dentures to estimate risk category (LOW, MEDIUM or HIGH) for each step.						

ABBREVIATIONS: < less than > more than		Date:							
		Weight (kg):							

Step 1 See BMI Score Chart	BMI >20kg/m^2 Score = 0 BMI 18.5 – 20kg/m^2 Score = 1 BMI <18.5kg/m^2 Score = 2							
Step 2 See Weight Loss Score Chart	**Unplanned** weight loss in the past 3-6 months <5% loss Score = 0 5–10% loss Score = 1 >10% loss Score = 2							
Step 3	Unlikely to apply in the community Score = 0 *If acutely ill and no intake for >5days Score =2 (unlikely to apply in community setting)*							
Step 4 'MUST' Score	Add steps 1, 2 & 3 together for 'MUST' score Score 0 Low Risk Score 1 Medium Risk Score 2 or more High Risk							
Step 5	Care Plan	See overleaf for recommended care planning guidelines for each risk category						
	Signature:							
	Designation:							

This screening tool should be used in conjunction with clinical judgement.
Patients may require dietitian referral even if they are not at high risk of malnutrition e.g. disease-specific diet, dysphagia, tube feeding.

'MUST' Care Plan
Nursing & Residential Care Homes

The management guidelines for each risk category are listed below. Date and sign the care plan, and tick the appropriate actions once they have been put into place.

	Date:							
Score 0 LOW RISK	Document nutritional aim & actions							
	Rescreen monthly							
Score 1 MEDIUM RISK	Document nutritional aims & actions							
	Consider underlying cause of malnutrition and treat/refer as appropriate							
	Consider food & fluid chart							
	Offer 1 pint fortified milk daily							
	Offer 2 nourishing snacks daily							
	Offer 3 fortified meals daily							
	Weigh & rescreen at least monthly							
Score HIGH RISK >2	Document nutritional aim & actions							
	Consider underlying cause of malnutrition and treat/refer as appropriate							
	Consider food & fluid chart							
	Offer 1 pint fortified milk daily							
	Offer 2 nourishing snacks daily							
	Offer 3 fortified meals daily							
	Offer over-the-counter supplement drink							
	Weigh and rescreen at least monthly							
	If no improvement consider treating as score 3 or more							

Completed by:							
Designation:							

'MUST' Care Plan
Nursing & Residential Care Homes

Use the space below to document extra information regarding the care plan for your resident e.g. personal preferences, actions that work particularly well.
You should also document if you decide that parts of the care plan are not suitable for your resident; for example, if weighing causes your resident a lot of pain/agitation, then weekly weighing may not be appropriate, but monthly weighing could be more suitable.

Date & Time	Comments	Signature