

Nutrition and Hydration for Adults Policy

V1.0

June 2025

Summary

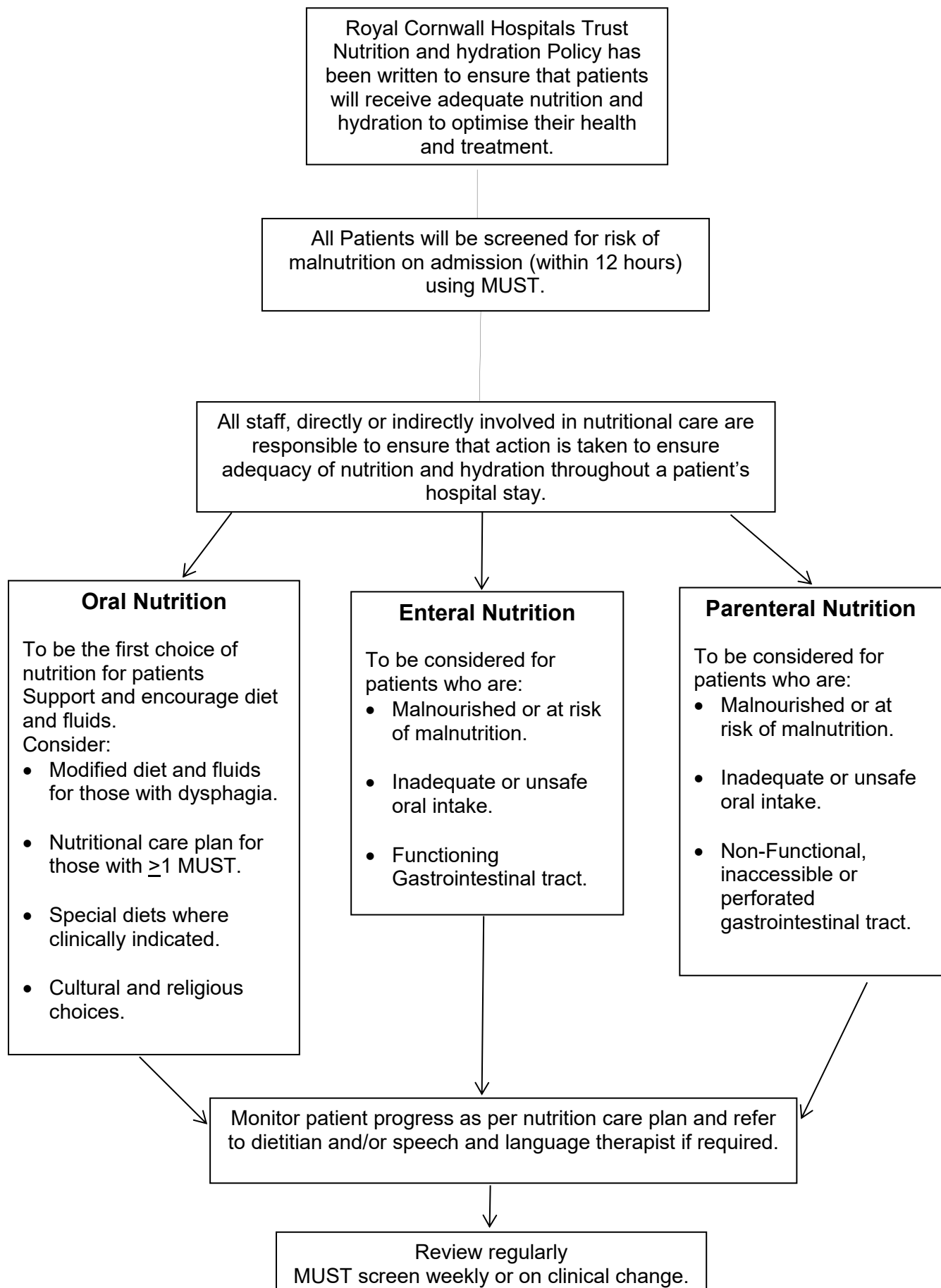


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The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

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For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team.

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

1. Introduction

- 1.1. Nutrition and hydration are required to sustain life and good health. Ensuring that all patients in the care of the Royal Cornwall Hospitals Trust receive adequate food and drink according to their holistic and medical needs is fundamental to patient care.
- 1.2. Malnutrition and dehydration are both causes and consequences of illness and have significant impacts on health outcomes. Poor hydration and or nutrition increase morbidity and mortality, prolong length of stay, and increases costs of care.
- 1.3. All staff have a responsibility to ensure that patients in their care are screened for risk of malnutrition and that action is taken to ensure adequacy of nutrition and hydration throughout their hospital stay.
- 1.4. Patients with complex dietary, enteral or parenteral requirements will require access to and assessment by a registered dietitian.
- 1.5. It is recognised that there is a relationship between diet and many acute and chronic diseases.
- 1.6. The provision of foods and fluids that follow healthy eating principles and support public health messages is an important aspect of nutritional care.

2. Purpose of this Policy/Procedure

- 2.1. This Nutrition and Hydration for Adults Policy has been written to support the RCHT Nutrition Strategy to ensure that patients, staff and visitors will have access to nutrition and hydration appropriate to their needs.
- 2.2. This policy provides guidance to staff as to how the hydration and nutritional needs of patients can be identified and met whilst under the care of the Trust.
- 2.3. This policy supports the competency framework associated with 'NICE Guideline CG32 Nutrition support for adults: Oral nutrition support, enteral tube feeding and parenteral nutrition', the 'Care Quality Commission Regulation 14' and the eight 'national standards for healthcare food and drink'.

3. Scope

- 3.1. The Trust is responsible for ensuring that staff employed by the Trust or their contractors have adequate resources and training to be compliant with this policy.
- 3.2. This policy applies to all Trust staff who are directly or indirectly involved in patient care.
- 3.3. Wherever possible each user of the service should be empowered to make choices about their nutritional care and supported to eat and drink independently.

4. Definitions/Glossary

Body Mass Index: (BMI) A measure of body weight relative to height used to determine whether people are underweight, at a healthy weight, overweight or obese.

Dietary advice: The provision of instructions on modifying food intake to optimise nutritional intake.

Dehydration: A state in which a relative deficiency of fluid causes adverse effects on function and clinical outcome.

Dysphagia: Any impairment of eating, drinking and swallowing.

Enteral tube feeding: Nutrition support directly into the gut via a tube.

Malnutrition: A state of nutrition in which a deficiency of energy, protein and/or other nutrients causes measurable adverse effects on tissue/body form, composition, function or clinical outcome (in this policy this term is not used to cover excess nutrient provision). For the purposes of this guideline: malnutrition is likely to be significant if a person has a BMI <18.5 kg/m², or unintentional weight loss >10% within the previous 3-6 months, or a BMI <20 kg/m² and unintentional weight loss >5% within the previous 3-6 months.

Mouth care: Care given to keep the teeth and oral cavity clean.

MUST: Malnutrition Universal Screening Tool.

Nutrition assessment: A comprehensive evaluation to define nutrition status, including medical history, dietary history, physical examination, anthropometric measurements, social history and biochemical data, by a health professional with skills and training in nutrition and nutrition support. For example, a dietitian or nutrition nurse.

Nutrition screening: A rapid, simple and general procedure used by nursing, medical or other staff, often at first contact with the patient, to detect those who have significant nutritional problems or significant risks of such problems, in order that clear guidelines for action can be implemented, e.g. simple dietary measures or referral for expert help.

Nutrition support: The provision of nutrients and any additional therapeutic agents for patients orally and/or enterally by administration into the stomach or intestine and/or by intravenous infusion (parenterally) for the purpose of improving or maintaining a patient's nutrition status.

Oral Nutritional Supplement: A product for use in oral nutrition support given with the aim to increase nutritional intake.

Parenteral nutrition: The provision of nutrition support through intravenous administration of nutrients such as amino acids, glucose, lipids, electrolytes, vitamins and trace elements.

Protected Mealtimes: Are mealtimes where inappropriate activity such as cleaning and routine activities, are curtailed to create an environment conducive to people enjoying their meals and being able to consume their food and drinks in a safe environment.

Standard Care: The situation in which a patient is given no supplementary nutritional support but still eats meals and snacks as appropriate for their clinical status and usual practice.

5. Ownership and Responsibilities

5.1. Role of the Trust Board

The Trust Board is responsible for:

- Ensuring that the Trust meets requirements set out by statutory and regulatory authorities (for example NICE Guideline CG32 Nutrition Support for Adults, Food Allergen Labelling and the Quality Care Commission regulation 14).
- Recognising the importance of nutrition and hydration on patient outcomes and is responsible for ensuring that adequate resources, including sufficient appropriately trained staff and robust systems are in place to deliver this care to all patients.
- Ensuring that any outside contractors involved in the provision or service of food, beverages or nutritional care meet the necessary standards of service provision and that monitoring systems are in place.
- Nominating an executive lead who is responsible for the effective functioning of the Nutrition Steering Group working within the clinical governance framework and a multidisciplinary nutrition support team.

5.2. Role of the Nominated Executive

The Nominated Executive is responsible for:

- Reporting to the Trust Board compliance with the national food and drink standards as a standing agenda item.

5.3. Role of the Nutrition Steering Group

The Nutrition Steering Group is responsible for:

- Overseeing and advising the hospital on all aspects of nutrition, including screening and assessment, catering and food, oral nutritional supplements, enteral and parenteral nutrition – for in-patients and out-patients.
- Ensuring staff and visitors have access to healthy nutritious food and drinks.
- Scrutinising, developing and co-ordinating hospital nutritional policy in response to external and internal drivers through research and audit.

- Agreeing standards for screening, assessment and monitoring; food provision and nutritional support.
- Promoting delivery of excellent nutritional support in all units, specialist or general.
- Monitoring appropriate education and training programmes for all staff.
- Supporting the multi-professional nutrition support team.
- Overseeing the coordinated procurement of supplies.

5.4. Role of the Professional Lead for Dietetics

The Professional Lead for Dietetics is responsible for:

- Having an oversight of national and local issues regarding nutrition provision within the hospital setting.
- Providing a link between Senior Leadership Teams and the Dietetic Department.
- Supporting Dietetic staff to have the resources, including time, to provide the required training.
- To have an oversight of nutrition related risks and incidents, and support learning and improvement.

5.5. Role of the Trust Facilities Lead

The Trust Facilities Lead is responsible for:

- Ensuring that all food and drink preparation and service is compliant with food safety legislation.
- Meeting the British Dietetic Association (BDA) Nutrition and Hydration Digest nutritional menu standards.
- Ensuring that all food and fluids are served in an attractive and appropriate manner at the correct temperature.
- Ensuring that all patients on special diets and with specialised hydration needs will receive the modified foods and fluids as requested by RCHT staff, e.g. speech and language therapists, dietitians, nursing, medical.
- Ensuring that food is sustainably sourced where possible and waste is reduced.

5.6. Role of the Managers

General managers, department managers, clinical matrons and ward leaders and line managers are responsible for:

- Ensuring that resources are available for health care workers to provide adequate nutrition and hydration to all patients under the care of the Trust.
- Ensuring that patients with complex nutritional requirements have appropriate support from expert staff. e.g. dietitians, speech and language therapists, nutrition nurses and specialist nurses.
- Ensuring that training is provided so that registered and non-registered healthcare workers are aware of their responsibilities and how to carry these out.
- Ensuring that budgets are set and managed so that the nutritional requirements of all patients can be met whatever feeding route is deemed clinically appropriate; oral, enteral or parenteral.
- Ensuring compliance with statutory food safety management and general food hygiene requirements are met.
- Ensuring that systems of governance and audit are in place to maintain nutritional standards and report these to the Nutrition Steering Group.

5.7. Role of the Dietitian

Dietitians at every level are responsible for:

- The provision of nutritional training to Trust staff members where appropriate.
- To contribute to and ensure nutritional related policies and care plans are in place and up to date using the latest evidence base.
- To provide evidenced based nutritional care to patients referred to them in a timely manner.
- To analyse menus and menu changes to ensure concordance with British Dietetic Association Standards.
- To report nutrition related incidents and support learning and improvement.

5.8. Role of the Nutrition Nurse

The Nutrition Nurse is responsible for:

- Providing nutritional training to the Trust staff members where appropriate on artificial feeding.
- To contribute to and ensure nutritional related policies and care plans are in place and up to date using the latest evidence base.

- To provide evidenced based care to patients referred to them in line with service guidelines.
- To report nutrition related incidents and support learning and improvement.

5.9. Role of the Speech and Language Therapist

Speech and Language Therapists at every level are responsible for:

- The provision of training to Trust staff members where appropriate
- To contribute to and ensure related policies and care plans are in place and up to date using the latest evidence base.
- To provide evidenced based care to patients referred to them in line with service guidelines.
- To analyse menus and menu changes are in accordance with the International Dysphagia Diet Standardisation Initiative (IDDSI).
- To report on any issues.
- To report nutrition related incidents and support learning and improvement.

5.10. Role of individual staff

Individual staff are responsible for:

- Ensuring compliance with mandatory MUST and food safety training where appropriate.
- Identifying own training needs with regards to nutrition.
- Recognising the important contribution good nutritional care makes to clinical outcome, health and wellbeing.
- All staff both registered and unregistered, directly or indirectly involved in nutritional care are responsible for ensuring that patients in their care are screened for risk of malnutrition and that action is taken to ensure adequacy of nutrition and hydration throughout their hospital stay.
- Reporting nutrition related incidents and supporting learning and improvement.

6. Standards and Practice

6.1 Nutritional Screening

- 6.1.1 Nutritional Screening is the first step in the nutritional care process. Patients recognised as being malnourished or at risk of malnutrition should receive nutritional care tailored to their needs at the earliest opportunity.
- 6.1.2 The Malnutrition Universal Screening Tool (MUST) will be used in the Royal Cornwall Hospital for screening all adult patients on admission

and weekly thereafter (Appendix 3). If this is deemed inappropriate for a specific patient group an opt out can take place following consultation with the Nutrition Steering Group.

- 6.1.3 All inpatients, must receive a MUST assessment within 12 hours of an admission to identify malnutrition risk level and be repeated weekly or on clinical change.
- 6.1.4 Where possible a patient's weight should be obtained using calibrated sit on, stand on or hoist scales. Where a weight cannot be obtained a mid-upper arm circumference (MUAC) can be measured, with a weight to be obtained at the earliest opportunity.
- 6.1.5 A standardised care plan, CHA 3897 V8, (Appendix 4) is available for patients that score ≥ 1 when MUST screened. This should be completed considering the patients' needs and preferences.
- 6.1.6 Patients with a MUST score of 4 or more should be automatically referred to the dietitian. Further referral criteria for dietitians (Appendix 5).
- 6.1.7 Patients with complex nutritional needs e.g. those with dysphagia, at risk of re-feeding syndrome or requiring enteral or parenteral nutrition support may not be suited to the standard nutrition care plan and should be referred to the appropriate dietetic and or speech and language therapist team.

6.2 Eating and Drinking

- 6.2.1 The nutritional value of food not eaten is nil. All food and beverages served should be palatable, well-presented and served at an appropriate temperature reflecting the tastes and preferences of the population.
- 6.2.2 Hospital patients can be broadly categorised into the following groups:
 - 'Nutritionally vulnerable' (normal nutritional requirements but with poor appetite and/or unable to eat normal quantities at mealtimes; or with increased nutritional needs).
 - 'Nutritionally well' (normal nutritional requirements and normal appetite or those with a condition requiring a diet that follows healthier eating principles).

- 6.2.3 Standard menus should be capable of providing choice for patients from both the nutritionally well and nutritionally vulnerable groups (Table 1.1).

Nutrient (/day)	Nutritionally Well	Nutritionally Vulnerable	Provided
Energy (kcal)	1840 – 2772	1840 – 2772	Daily
Protein (g)	56 (males) 45 (females)	79-92	Daily

Table 1.1: Nutritionally well and nutritionally vulnerable energy and protein daily targets as per BDA Nutrition and Hydration Digest 2023.

- 6.2.4 Nutritional provision should consider a patient's individual nutritional, religious and cultural needs and their dietary preferences. Food allergies should be highlighted clearly on the nutritional care plan, in the patients' medical notes, the prescribing system, and the catering teams notified.
- 6.2.5 A daily handover from nursing staff to ward host via the 'patient nutrition and hydration prompt sheet' (Appendix 6) should be completed each morning. Any changes throughout the day to the patient's nutrition and hydration needs to be clearly communicated to the ward host, or in their absence to the 'Facilities Helpdesk' as necessary.
- 6.2.6 Patients will be offered 3 meals per day, and 2 snacks with regular beverage rounds per day. Where a meal is missed every effort should be given to provide a hot meal, snack box or snack where appropriate.
- 6.2.7 Prior to food service all patients should be mealtime ready (Appendix 7) including mouthcare where necessary.
- 6.2.8 Independence to eat and drink should be promoted.
- Food and drinks should be placed in easy reach of patients to facilitate this, where necessary packets should be opened.
 - Patients who require assistance to eat or drink will be offered this in a manner commensurate with their needs, including adapted eating aids, where appropriate, and ensuring dentures are used where appropriate.
 - A red tray and jug should be used to identify those requiring support at mealtimes and throughout the day.
 - Fluids should be provided in a suitable vessel. Spouted beakers should not be used routinely.
 - The requirement for assistance should be assessed at each meal.
 - Where possible adaptive crockery and cutlery should be provided.
- 6.2.9 Patients must receive adequate hydration. Requirements for oral fluid are 30-35ml /kg/day dependent on height, weight, age, medical condition and ambient temperature.
- 6.2.10 Concern about a patient's inability to achieve adequate hydration or being Nil By Mouth (NBM) should be escalated to medical staff.

Reasons for a patient being held NBM should be clearly documented and reviewed at least daily.

- 6.2.11 Where necessary fluid balance should be documented on Nerve Centre as per [Fluid Balance for Adult Inpatients Clinical Guideline](#) by a member of the clinical team. For the prescribing of intravenous fluids please refer to Trust guidelines.
- 6.2.12 Red beakers and red lids for water jugs are used to indicate that a patient requires assistance with drinking to hydrate themselves independently.
- 6.2.13 Water will be available to patients 24 hours per day and supplemented with a choice of hot and cold beverages throughout the day.
- 6.2.14 All patients with a MUST score of 1 or more or where there are concerns with nutritional intake despite MUST score should be commenced on a food and hydration chart (CHA3639). These should be completed for a minimum of 3 days and reviewed daily. Details of what was eaten, and the volume should be clearly documented (Appendix 8). Food and hydration charts should be completed by either the clinical or ward catering team. Escalation via dietetic referral should be considered as per the nutritional care plan.
- 6.2.15 A number of special diets will be available for patients with specific dietary requirements (Appendix 9).
- 6.2.16 Modified texture diets in accordance with IDDSI (International Diet Description Standardisation Initiative) are available (Appendix 10) for patients who may require these often, following assessment by a Speech and Language Therapist. For guidance on the management of dysphagia please refer to the [Oropharyngeal Dysphagia Assessment and Management in Adults Clinical Guideline](#).
- 6.2.17 The Trust promotes protected meal times and aims to provide mealtimes free from avoidable and unnecessary interruptions by limiting ward-based activities at mealtimes so that the focus of the ward is on meal service and assisting patients to eat, whilst optimising patient mealtime experience.
- 6.2.18 Red trays are used to indicate that a patient is malnourished or at risk of malnutrition, and /or requires assistance with feeding or support to feed themselves independently e.g. cutting up food.
- 6.2.19 Visitors/relatives may assist at mealtimes at the discretion of the nurse in charge.
- 6.2.20 Any foods and drink brought in by visitors for patients, must be consumed following food safety standards for that particular food. Foods cannot be reheated on the wards. Any foods stored in the fridge must be labelled with patient identifiable information.

- 6.2.21 If food is refused by a patient this should be documented clearly and further support offered as necessary. Any concerns should be considered by the multi-disciplinary team.
- 6.2.22 Staff and members of the public should have access to foods and fluids that follow healthy eating principles (Eat Well Guide, Appendix 11) support public health messages.

6.3 Food and Beverage Provision

- 6.3.1 The Trust Facilities Trust Lead, including food and beverage preparation and service will ensure that service specifications are met. These include:
- All food preparation and service will comply with food safety legislation.
 - Nutritional standards (BDA Nutrition and Hydration Digest) for the menu are met.
 - All food is served in an attractive and appropriate manner at the correct temperature.
 - All patients on special diets and with specialised hydration needs will receive the modified foods and fluids as requested by RCHT staff (dietitian, nursing, medical, speech and language therapist).
 - Provision must be made to ensure that patients can receive adequate nutrition and hydration 24 hours per day.
 - Provision of sustainable food for patients, public and staff.
 - Food waste should be audited and plans to reduce waste wherever possible.

6.4 Provision of Nutritional Support

- 6.4.1 All adult patients admitted to RCHT with complex dietary, enteral or parenteral requirements will have access to and supervision from a registered Dietitian or the Nutrition Support Team.
- 6.4.2 Consent must be obtained or the patients best interests considered when starting or stopping nutrition support. People with, or at risk of malnutrition should have the opportunity to make informed decisions about their care and treatment in partnership with their healthcare professionals.
- 6.4.3 All patients who are at risk of malnutrition should have a personalised nutritional care plan which includes the aims and goals for nutrition support.
- 6.4.4 Oral nutritional support to include a high energy diet, fortified foods and up to two oral nutritional supplements (ONS) can be prescribed by the doctor or health professional with prescribing rights at ward level following nutritional assessment and commencement of the nutritional care plan.

- 6.4.5 Where the goals of the nutritional care plan are unable to be met by food first and first line use of oral nutritional supplements patients should be referred to the dietitian.
- 6.4.6 ONS should be prescribed in accordance with Advisory Committee for Borderline Substances (ACBS) indications. There are a variety of ONS available in the Trust. Patient choice of flavour should always be considered. The advice of a Registered Dietitian should be sought for their usage in more complex conditions. Eligible Dietitians can prescribe ONS as set out in 'Local Procedure for Dietetic Prescribing of Nutritional Supplements on EPMA'.
- 6.4.7 ONS should be consumed within 4 hours of mixing or opening. Liquid formulations can be kept in a refrigerator for up to 24 hours if labelled with patient name, date and time of opening (or as per manufacturers instruction). The volume of supplement consumed should be documented on the food and hydration chart or the fluid balance chart. Care must be taken to ensure the supplement given to the patient is the same as the prescribed prescription.
- 6.4.8 Enteral Feeding should be considered when the patient has a functioning and accessible gastrointestinal tract but is unable to take sufficient oral diet. For example, patients with dysphagia or upper gastrointestinal dysmotility. All patients being considered for enteral feeding should be referred to the dietitian. For out of hours guidance see [Commencing Enteral Feeding \(Adults\)](#).
- 6.4.9 Parenteral nutrition is indicated for a non-functioning or inaccessible gut only. Please refer to [Adult Parenteral Nutrition in the Hospital Setting Clinical Guideline](#).

6.5 Training and Education

- 6.5.1 All frontline staff should have appropriate and adequate training in Nutrition and Hydration (Appendix 12).
- 6.5.2 Nutritional Screening for malnutrition and the risk of malnutrition should be carried out by healthcare professionals with the appropriate skills and training.
- 6.5.3 Parenteral nutrition, enteral nutrition and dietary supplements must only be administered by appropriately qualified, trained, competent and skilled staff.
- 6.5.4 Appropriate additional training should be available for clinical staff who provide expert nutritional care and support the nutritional education of others.

7. Dissemination and Implementation

- 7.1. This policy is available via the Trust's Document Library on the intranet.
- 7.2. Education and training are on-going for all staff groups in relation to this policy.

8. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	MUST completion. Nutrition care plan implementation. PLACE assessments. Facilities Monitoring Team audits. IPAC assessments. External Environmental Health Officer inspections.
Lead	1.Nutrition Steering Group. 2.Nominated Trust Lead for the food and beverage Contract.
Tool	Audit.
Frequency	Audit of MUST completion. 6-monthly audit of nutrition care plan implementation
Reporting arrangements	Reported to Nutrition Steering Group.
Acting on recommendations and Lead(s)	Emily Callan, Nutrition Support Team Dietitian and Professional Lead for Dietetics.
Change in practice and lessons to be shared	Lessons learnt and improvement actions from each audit to presented to NSG and agreed with members.

9. Updating and Review

- 9.1. This document will be reviewed every 3 years.
- 9.2. Any significant changes due to updated changes o national clinical guidance/ CQC standards will be amended at the time where relevant.
- 9.3. Where the revisions are minor, e.g. amended job titles or changes in the organisational structure, approval will be sought from the Executive Director responsible for signatory approval and be re-published accordingly without having gone through the full consultation and ratification process.
- 9.4. All revision activity will be recorded in the Version Control Table (page 16).

10. Equality and Diversity

- 10.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the [Equality Diversity And Inclusion Policy](#) or the [Equality and Diversity website](#).

- 10.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Nutrition and Hydration for Adults Policy V1.0
This document replaces (exact title of previous version):	New document
Date Issued/Approved:	June 2025
Date Valid From:	June 2025
Date Valid To:	June 2028
Author/Owner:	Emily Callan, Registered Dietitian Nutrition Support Team and Professional Lead for Dietetics
Contact details:	01872 252409.
Brief summary of contents:	This policy aims to ensure that all patients have optimal nutrition and hydration. It provides guidance on assessing nutritional needs and delivering care in relation to hydration and nutrition requirements.
Suggested Keywords:	Nutrition, hydration, feeding, food, drink, nutritional screening, nutritional support, oral nutritional supplements, enteral feeding, parenteral feeding.
Target Audience:	RCHT: Yes CFT: No CIOB ICB: No
Executive Director responsible for Policy:	Deputy Chief Executive and Chief Nursing Officer
Approval route for consultation and ratification:	Nutrition Steering Group Therapies Senior Management Team meeting
Manager confirming approval processes:	Clare Rotman
Name of Governance Lead confirming consultation and ratification:	Becky Osborne

<p>Links to key external standards:</p>	<p>Care Quality Commission.</p> <p>CQC Registration Standards – Regulation 14- Meeting Nutritional and Hydration Needs. Regulation 14: Meeting nutritional and hydration needs - Care Quality Commission</p> <p>National standards for healthcare food and drink 2022</p> <p>NHS England National standards for healthcare food and drink</p> <p>National Institute for Health and Care Excellence:</p> <p>NICE (2006) Clinical Guideline 32 Nutrition Support in Adults Overview Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition Guidance NICE</p> <p>NICE Quality Standard (2012) CG 138 Patient experience in adult NHS services. Overview Patient experience in adult NHS services: improving the experience of care for people using adult NHS services Guidance NICE</p> <p>British Dietetic Association.</p> <p>The Nutrition and Hydration Digest July (2023): Improving Outcomes through Food and Beverage Services 3rd Edition</p> <p>NHS England</p> <p>10 key characteristics of 'good nutrition and hydration care' (2015)</p> <p>BAPEN</p> <p>Malnutrition Matters: A Commitment to Act. Commissioning Toolkit</p> <p>Nutritional Care and the Patient Voice: Are we being listened to?</p> <p>Combating Malnutrition: Recommendations for Actions</p> <p>NHS England</p> <p>PLACE Patient-led assessments of the care environment.</p> <p>The Hospital Food Standards Panel's Report on standards for food and drink in NHS Hospitals (August 2014).</p> <p>National Patient Safety Agency:</p>
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	NHS England Patient safety alert: Nasogastric tube misplacement: continuing risk of death and severe harm Food Standards Agency Food Allergen Labelling (2022) Food labelling: giving food information to consumers - GOV.UK
Related Documents:	RCHT Nutrition Strategy Food Safety Policy RCHT Fluid Balance Guidelines: supporting optimal hydration in adults during hospital stay. V2.0 Fluid Balance for Adult Inpatients Clinical Guideline Oropharyngeal Dysphagia Assessment and Management in Adults Clinical Guideline RCHT Clinical Guideline for Adult Parenteral Nutrition in the Hospital Setting V8.0 RCHT Nasogastric policies RCHT Commencing Enteral Feeding (Adults) Out of Hours Clinical Guideline V5.1
Training Need Identified:	Yes - Learning and Development department have been informed. Various in-house training is on-going. Some staff may require specialist external training to achieve necessary competencies and expertise.
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Clinical / Dietetics

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
June 2025	V1.0	Initial issue	Emily Callan Dietitian

All or part of this document can be released under the Freedom of Information Act 2000.

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust [The Policy on Policies \(Development and Management of Knowledge Procedural and Web Documents Policy\)](#). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team
richt.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy/policy/proposal/service function to be assessed:	Nutrition and Hydration for Adults Policy V1.0
Department and Service Area:	Dietetics / Therapies / Clinical Support
Is this a new or existing document?	New
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Emily Callan Dietitian
Contact details:	01872 252409

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	All staff, directly or indirectly involved in nutritional care.
2. Policy Objectives	To improve and standardise care.
3. Policy Intended Outcomes	Early recognition and treatment of malnutrition. Improved patient outcomes.
4. How will you measure each outcome?	See section on measuring outcomes
5. Who is intended to benefit from the policy?	Patients, carers, staff, service users.

Information Category	Detailed Information
6a. Who did you consult with? (Please select Yes or No for each category)	<ul style="list-style-type: none"> Workforce: Yes Patients/visitors: No Local groups/system partners: No External organisations: No Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	Nutrition Steering Group. Therapies Senior Management Team.
6c. What was the outcome of the consultation?	Approved
6d. Have you used any of the following to assist your assessment?	National or local statistics, audits, activity reports, process maps, complaints, staff, or patient surveys: Audit reports

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
Religion or belief	No	
Marriage and civil partnership	No	

Protected Characteristic	(Yes or No)	Rationale
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

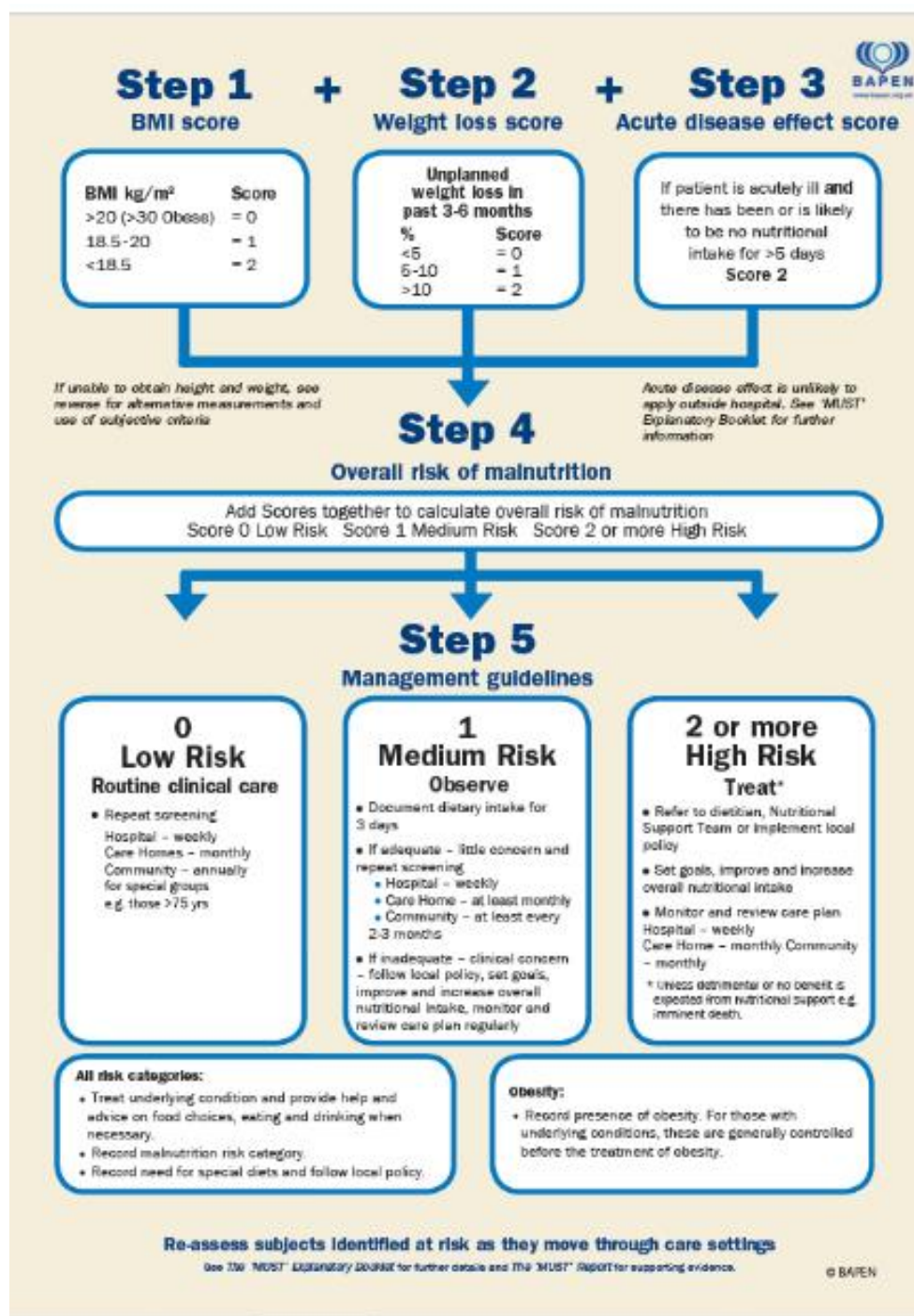
A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment [here](#).

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Emily Callan, Professional Lead for Dietetics.

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available [here](#):
[Section 2. Full Equality Analysis](#)

Appendix 3. Malnutrition Universal Screening Tool



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[Hyperlink to the Malnutrition Universal Screening Tool](#)

Appendix 4: Nutritional Care Plan



Place patient sticker **within** this box



Nutritional Management

Applicability

For patients who have been identified as medium or high risk on the Malnutrition Universal Screening Tool (MUST) on Nervecentre and/or
For patients who have a care need identified following completion of the nutritional section of the holistic assessment on Nervecentre.

Goals

- To maintain or improve nutritional status
 - To prevent malnutrition
 - To promote independence and patient centred care.
- Other goals:

Patient's food and drink likes/dislikes:

Likes

Dislikes

Food allergies

Yes ☐ No ☐ If yes, please specify:

Catering Assistant aware ☐ Documented in medical notes/medical team aware ☐

Standard care interventions

For patients who are medium or high risk on MUST

- Implement food and hydration chart for 3 day minimum, and continue if concerns remain
- Encourage snacks
- Offer full cream milk
- Help with menu choices
- Offer Aymes Shake or soup up to twice a day (Available from the kitchen)
- Red tray and jug
- Support and prompt with meals, snacks, and fluids

Additional interventions for patients at high risk on MUST ☐

- Offer Ensure Plus two bottles per day (Doctor to prescribe)
- Twice weekly weights
- Doctors to consider IV fluids where appropriate.

If MUAC has been used to estimate BMI, **please weigh patient within 24 hours** and repeat MUST using their actual weight.

Patients at medium or high risk on MUST, who show no improvement on the nutrition care plan after 3 days, should be referred to the Dietitians (via Maxims).

Patients at high risk with a score of 4 or more on MUST, should be referred to the Dietitians (via Maxims) immediately.



Place patient sticker **within** this box



Nutritional Management CONTINUED

Additional/Individualised care interventions (not listed above)

Requires assistance with eating and drinking ☐

Provide details and interventions

Has a history of/current swallowing difficulties/ requires modified texture diet ☐

Provide details and interventions

IDDSI* level, please specify.....

Catering Assistant aware of correct IDDSI level ☐

Referral made to SLT via maxims if applicable []

A special diet e.g. gluten free / renal / vegan ☐

Provide details and interventions

Fluid restrictions ☐

Provide details and interventions

Poor appetite ☐

Provide details and interventions

**International dysphagia diet standardisation initiative*

Fluid

Level 0 – thin, Level 1 – Slightly thick, Level 2 – Mildly thick, Level 3 – Moderately thick, Level 4 – Extremely thick

Food

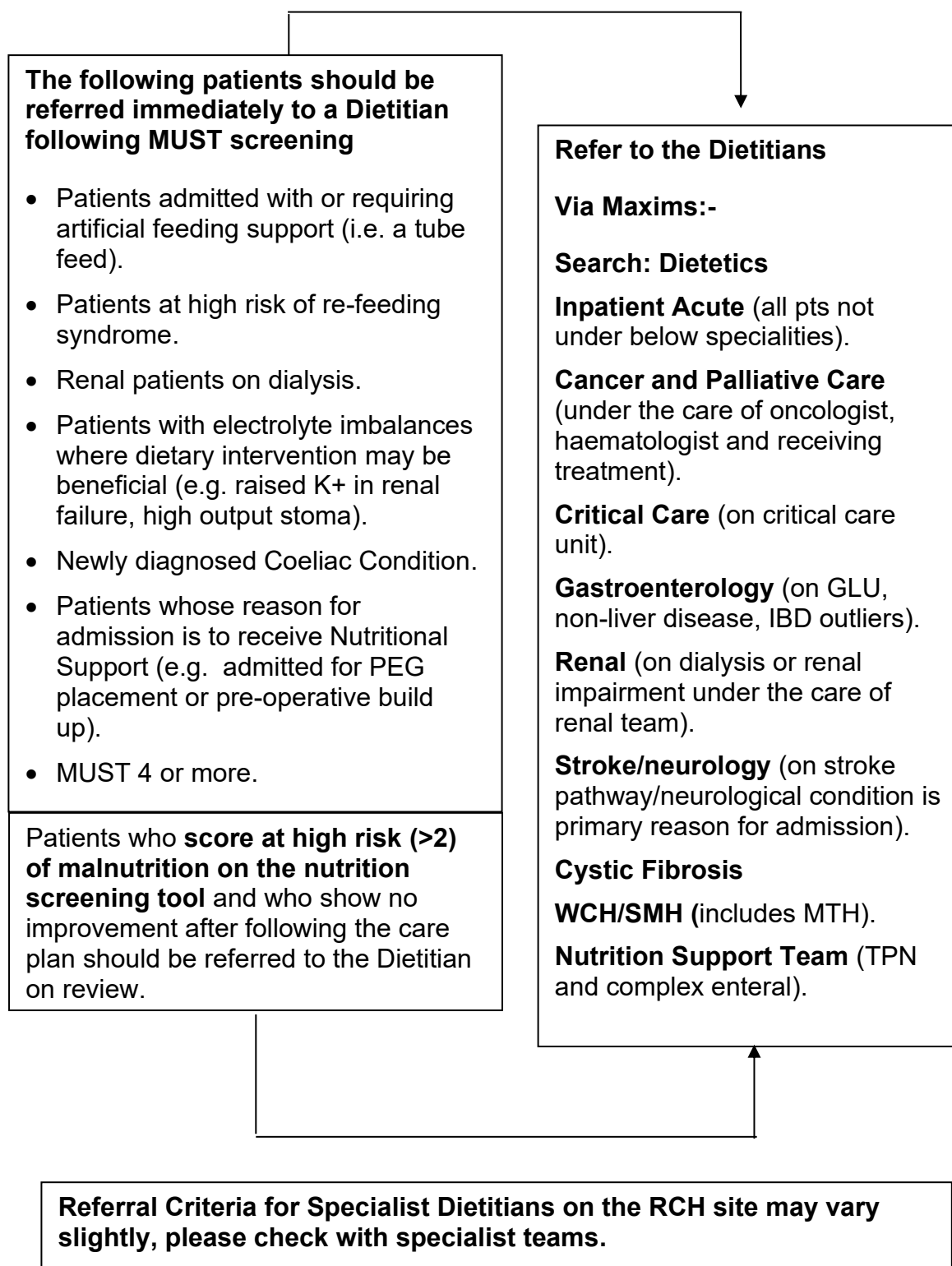
Level 3 – liquidised, Level 4 – pureed, Level 5 – Minced and moist, Level 6 – soft and bite-sized, Level 7 – regular, Level 7 regular and easy to chew

Print: Signature: Date: Time:

Review

Date: Time:	Date: Time:	Date: Time:
Update required: Yes / No	Update required: Yes / No	Update required: Yes / No
If yes, please indicate below:	If yes, please indicate below:	If yes, please indicate below:
Print Name:	Print Name:	Print Name:
Signature:	Signature:	Signature:

Appendix 5: Dietitian referral criteria



Appendix 6: Nutrition and Hydration Prompt Sheet

[illegible]

Appendix 7: Mealtime ready

To ensure all patients are ready to receive their meals:

- A bell will be rung 15 minutes prior to food service to indicate to staff that patients should be mealtime ready.
- Tables should be clear from non-meal related items.
- Patients should be toileted where necessary.
- Patients should be positioned in a position conducive to eating and drinking, and that is safe for them. Where possible out of bed.
- Protected mealtimes should be observed.
- Where necessary mouthcare should be given.

Appendix 8: Food and Hydration Chart example

File within 3rd spine

NHS
Royal Cornwall Hospitals
NHS Trust

Hydration and food chart

Use this chart for patients who do not need a fluid balance chart but you need to ensure they drink enough and for those who's dietary intake needs monitoring: ie - Risk of dehydration / poor dietary intake, Dementia / confusion or a disability so unable to feed themselves
Document amount drunk from each cup - Average cup 150mls

NHS number: _____
Name: _____
Address: _____
Date of birth: _____
CR number: _____

Date: 01.01.2025

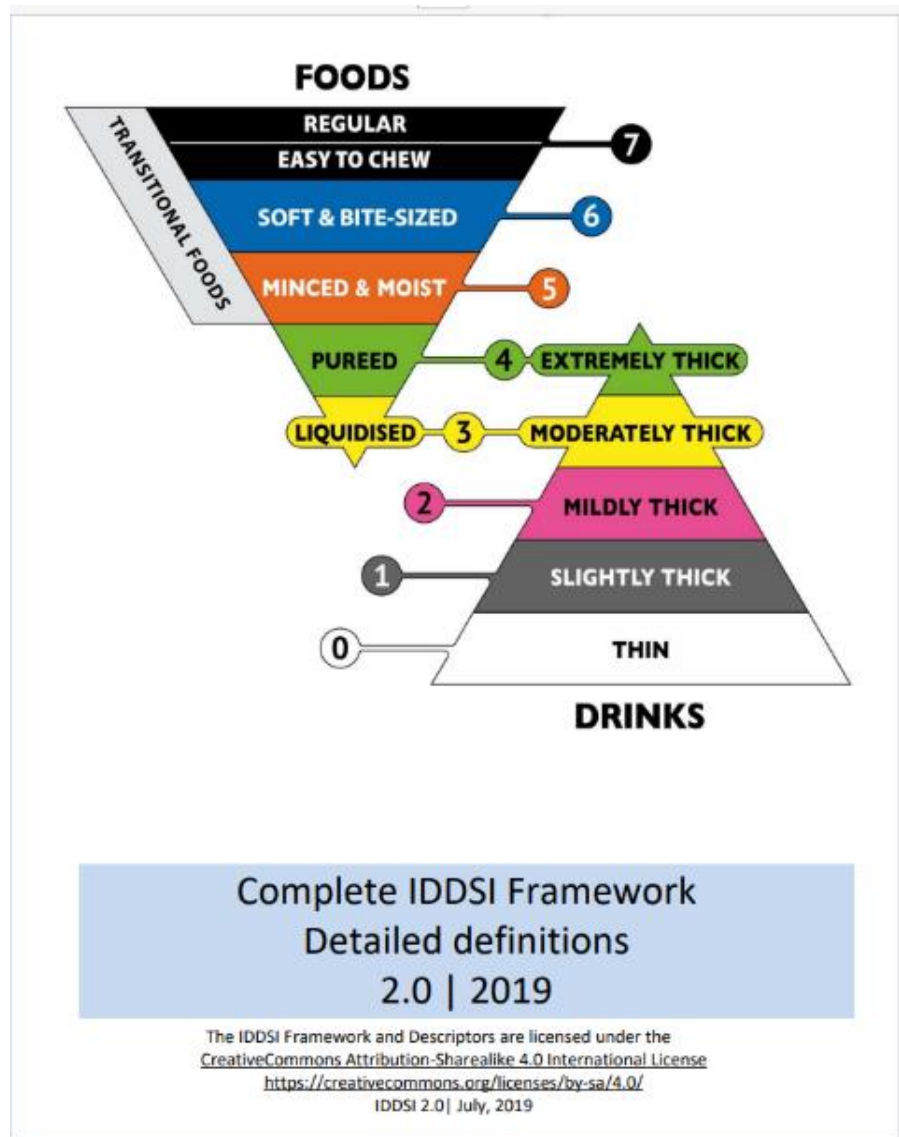
Time	Fluid type	Target / mls Check at 02:00hrs and 18:00 hrs to ensure on target for intake	Document amount eaten eg. Scoop, 1/2 portion / meal Full portion / meal Type of food	Passed urine check
08:00	Tea	200ml	Breakfast	
09:00	orange juice	100ml	Full bowl	
10:00			porridge	
11:00	tea	200ml	with teaspoon	
12:00			of sugar	
13:00	water	100ml	1 x toast + butter	✓
14:00			Snack	
15:00			Packet of	
16:00	water	150ml	biscuits - all	
17:00			Lunch	
18:00	water	200ml	1/2 main - cottage	
19:00			pie	
20:00			+ 211 veg	
21:00			3/4 sarge + custard	✓
22:00	Hot choc	150ml	Snack	
23:00			None - pt declined	
24:00			Supper	
01:00			All nam sandwich	
02:00			+ ice cream - 211	
03:00			+ Banana - 3/4	
04:00			Snack	
05:00			2 x custard	
06:00			creams -	✓
07:00				
24 hour total: 1100ml			Passed urine check:	
Not necessary to have fluid balance but daily review to ensure patient is drinking enough to prevent dehydration			W - Wet	
			CBE - Catheter bag emptied	
			U/BP - Urinal / Bed pan	
			OTT - Out to toilet	

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Appendix 9: Available Standard and Special Diets

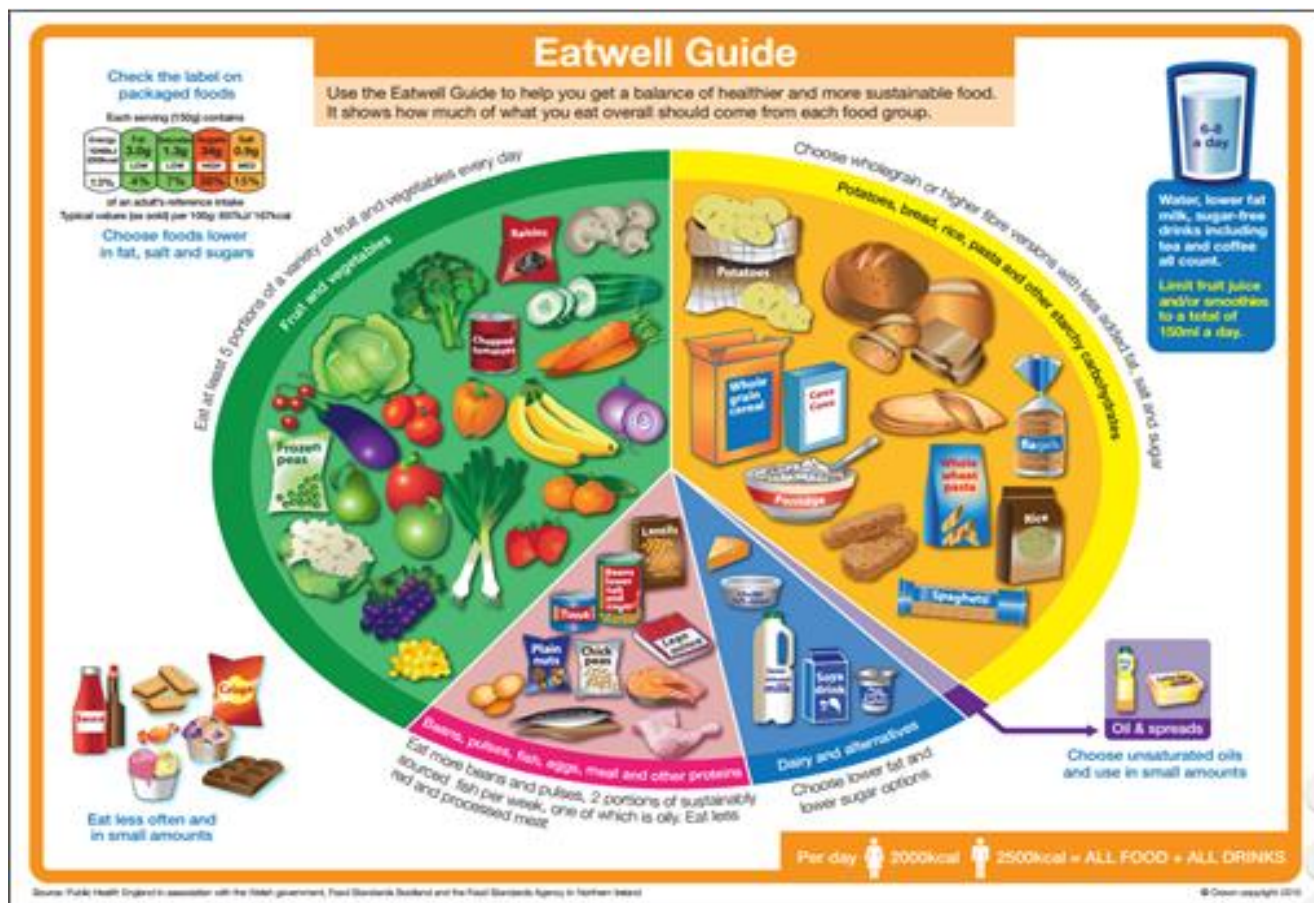
Standard Diets	Special Diets
Healthy heart High Energy Vegetarian Easy chew	Back to Eating Children's Finger foods Free From Gluten Free Halal Kosher Light Diet Long stay Out of hours Renal Snack list Texture Modified (IDDSI) Allergy aware modified diet Vegan

Appendix 10: International Dysphagia Diet Standardisation Initiative (IDDSI)



[Hyperlink to the IDDSI standards](#)

Appendix 11 The Eatwell Guide



[Hyperlink to the Eatwell Guide](#)

Appendix 12 Training Matrix for Nutrition

To be completed by:		Registered Nurse/ AP	Health Care Assistant	Dietitian	Other HCP
Oral					
Training	Source				
156 R Nutritional Screening: A MUST for Healthcare in Hospital	ESR	✓*	✓	✓	✓
156 R Food Safety Awareness	ESR	✓*	✓*	✓*	✓*
Journey to Improvement study days	Classroom	✓	✓		✓
Mouth care	As per policy	✓	✓	✓	✓
Feeding a patient		✓	✓	✓	✓
Nutrition Study Days	Classroom	✓	✓	✓	✓
Enteral					
Completion of modules on clinical skills	As per policy	✓**		✓***	
Completion of NG insertion classroom session	As per policy	✓**		✓***	
Completion of medical device training for feeding pump	As per policy	✓**		✓***	
Supervised Workbook Fine Bore Nasogastric Feeding Tubes (in adults)	As per policy	✓**		✓***	
Parenteral					
156R Administration of Parenteral Nutrition (PN) in Adults	ESR	✓**		✓***	
Parenteral Nutrition Practical Workbook	Practice Educators	✓**		✓***	
KEY: ✓ = Recommended ✓* = Mandatory ✓** =Mandatory if caring for the patient group *** ✓ = mandatory if identified as required competence					