Nutrition and Hydration Policy for Adults

V5.0

2016
Summary.

Royal Cornwall Hospitals Trust Nutrition Policy has been written to ensure that patients will receive adequate nutrition and hydration to optimise their health and treatment.

All Patients will be screened for risk of malnutrition on admission using MUST tool.

All staff, directly or indirectly involved in nutritional care are responsible to ensure that action is taken to ensure adequacy of nutrition and hydration throughout their hospital stay.

**Oral Nutrition**

To be the first choice of nutrition for patients. Support and encourage diet and fluids.

Consider:
- Modified diet and fluids for those with dysphagia
- Nutritional care plan for those with high MUST score
- Special diets where clinically indicated
- Cultural and religious choices

**Enteral Nutrition**

To be considered for patients who are:
- Malnourished or at risk of malnourishment
- Inadequate or unsafe oral intake
- Functioning Gastrointestinal tract

**Parenteral Nutrition**

To be considered for patients who are:
- Malnourished or at risk of malnourishment
- Inadequate or unsafe oral intake
- Non Functional, inaccessible or perforated Gastrointestinal tract

Monitor patient progress and refer to specialist if required.

Review regularly MUST screen weekly.
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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 needs is a 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 may require access to and supervision from a registered dietitian or a health professional with nutritional expertise.

1.5. This policy focuses on the malnourished individual but it is recognised that there is a relationship between diet and many chronic diseases. Therefore the provision of foods and fluids that follow healthy eating principles and support public health messages is an important aspect of nutritional care.

1.6. This version supersedes any previous versions of this document.

2. Purpose of this Policy/Procedure

2.1. This Nutrition Policy has been written to support the RCHT Nutrition Strategy to ensure that patients will receive adequate nutrition and hydration to optimise their health and treatment.

2.2. The 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 and the Quality Care Commission Regulation 14.

3. Scope

3.1. The Trust is responsible for ensuring that Staff employed by RCHT 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 improve 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 these guidelines 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.

**MUST:** Malnutrition Universal Screening Tool

**Nutrition assessment:** A comprehensive evaluation to define nutrition status, including medical history, dietary history, physical examination, anthropometric measurements and biochemical data, by a health professional with skills and training in nutrition and nutrition support. For example dietitian, 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, fat, electrolytes, vitamins and trace elements.

**Protected Meal Times:** Are meal times 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

5.1.1 The Trust board are 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.).

5.1.2 The Trust board should recognise the importance of nutrition and hydration on patient outcome 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.

5.1.3 The Trust board is responsible for 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.

5.1.4 The Trust board is responsible for 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 Food and Beverage Contract Lead

5.2.1 The Trust Lead for the Food and Beverage Contract will make sure that any contractor providing the hospital food service and beverage service complies with the contract to ensure that:

- All food and drink preparation and service will comply with food safety legislation.
- The nutritional standards for the menu are met.
- All food and fluids are 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: Speech and language therapist, dietician, nursing, medical).
- Sustainable food is provided.

5.3. Role of the Managers

5.3.1 Divisional managers, department managers, matrons and charge nurses and line managers are responsible for:

- Ensuring that resources are available for healthcare 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.

5.4. 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.
- 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.
5.5. Role of Individual Staff

5.5.1 Nutritional care is a multi-disciplinary responsibility. All staff members should recognise the important contribution good nutritional care makes to clinical outcome, health and wellbeing.

5.5.2 All staff both registered and unregistered, directly or indirectly involved in nutritional care are responsible 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.

5.6 Role of Volunteers

5.6.2 All Volunteer meal time companions must be compliant with the Trust volunteering policy and attend additional training before feeding or assisting patients with food and drink.

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 thereafter weekly. (see 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 nutritional screening assessment to identify malnutrition on admission and throughout the healthcare journey. Outpatients should also be screened for evidence of malnutrition and appropriate action taken.

6.1.4 A standardised care plan (CHA 2768) is available for patients that score > 1 when MUST screened. This should be completed taking into account the patients’ needs and preferences.

6.1.5 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 care plan and should be referred to the appropriate specialist

6.2. Eating and Drinking

6.2.1 Nutritional provision should take account patients’ individual nutritional, religious and cultural needs and dietary preferences.

6.2.2 Independence to eat and drink is promoted. Food and drinks should be placed in easy reach of patients to facilitate this. However 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. Fluids should be provided in a suitable vessel. The requirement for assistance should be assessed at each meal.
6.2.3 Patients must receive adequate hydration. Requirements for oral fluid are 30-35ml/kg/day dependent on height, weight, medical condition and ambient temperature. Concern re a patient’s inability to achieve adequate hydration or being Nil By Mouth should be escalated to medical staff. Fluid balance Charts (CHA 2258) are available to document all fluid input and fluid output as per the Fluid Balance Policy for Adult inpatients.

For the prescribing of intravenous fluids please refer to Clinical Guideline for Intravenous Fluid Therapy for Adults in Hospital (Jan 2015)

6.2.4 Red beakers and red lids for water jugs are used to indicate that a patient requires assistance with drinking or support the patient to hydrate themselves independently.

6.2.5 Water will be available to patients 24 hours per day and supplemented with a choice of hot and cold beverages throughout the day.

6.2.6 Where there are concerns about the intake of food or fluids a food and hydration chart (CHA3639) should be completed and reviewed daily.

6.2.7 A number of special diets will be available for patients with specific dietary requirements.

6.2.8 A number of modified texture diets are available for Patients who may require these following assessment by a Speech and Language Therapist. For guidance on the management of dysphagia please refer to the Management of Oro-pharyngeal Dysphagia in Adults Policy.

6.2.8 The Trust promotes protected meal times and aims to provide mealtimes free from avoidable and unnecessary interruptions by limiting ward based activities at meal times so that the focus of the ward is on meal service and assisting patients to eat.

6.2.9 Red trays are used to indicate that a patient is malnourished or at risk of malnourishment, and/or requires assistance with feeding or support to feed themselves independently e.g. cutting up food.

6.2.9 The Trust encourages the using of volunteer feeders and has systems of recruitment and training in place for them. Relatives may assist at meal times at the discretion of the nurse in charge.

6.2.10 If food is refused by a patient this should be reported to the nurse in charge and further support, including the ethical issues involved, should be considered by the MDT and documented.

6.2.11 Staff and members of the public should have access to foods and fluids that follow healthy eating principles and support public health messages.

6.3. Food and Beverage Provision

6.3.1 The contractor responsible for 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 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.

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 receiving Nutritional Support should be malnourished or at risk of malnourishment and have a nutritional plan which includes the aims/ 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 can be commenced at ward level following nutritional assessment and commencement of the RCHT Nutritional Care Plan (CHA2768).

6.4.5 Oral Nutritional Supplements should be prescribed in accordance with ACBS indications. There are a variety of Oral Nutritional Supplements 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.

6.4.6 Oral Nutritional Supplements 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. The volume of supplement consumed should be documented on the nutrition and hydration chart or the fluid balance chart.

6.4.7 Enteral Feeding should be considered when the patient has functioning gastrointestinal tract but is unable to take sufficient oral diet. It should be considered as a nutritional choice for patients with dysphagia, an inaccessible gastrointestinal track or upper gastrointestinal dysmotility.

6.4.8 Parenteral nutrition is indicated for a non-functioning or inaccessible gut only. Please refer to Clinical Guideline for Adult Parenteral Nutrition in the Hospital Setting.

6.4.9 Patients discharged home on enteral or parenteral nutritional support must be aware of the aims of their nutritional treatment, and the treatment plan. Patients and / or carers must be trained in correct administration of the enteral feed prior to discharge. In some cases suitably qualified nurses or carers may administer the feed under the direction of community health care professionals or a home company will provide the
service. Provision of an individualised care plan which includes monitoring and over all aims of nutritional treatment should be provided to all patients prior to discharge. Provision of equipment and feed must be arranged prior to discharge. This care plan must be communicated with all relevant community and primary care staff.

6.5. Training and Education

6.5.1 All frontline staff should have appropriate and adequate training in Nutrition and Hydration.

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 document replaced Vx Nutrition policy.
7.2. It is available via the documents library and the Sisters Shelf for quick clinician reference.
7.3. Education and training is on-going for all staff groups in relation to this policy.

8. Monitoring compliance and effectiveness

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| Reporting arrangements | Patient Safety, Experience and Effectiveness Sub-Committee |

| Acting on recommendations and Lead(s) | Nutrition Steering Group |

| Change in practice and lessons to be shared | Through: Learning and Development Speciality governance meetings Senior nursing team Divisional nurses and matrons Nursing Governance Collaborative meeting Patient Safety, Experience and Effectiveness Sub-Committee |
9. **Updating and Review**

9.1. This document will be reviewed every 3 years.

9.2. Any significant changes due to updated changes to 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

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 & Human Rights 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

<table>
<thead>
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<td>25 August 2016</td>
</tr>
<tr>
<td>Date Valid From:</td>
<td>25 August 2016</td>
</tr>
<tr>
<td>Date Valid To:</td>
<td>25 August 2019</td>
</tr>
<tr>
<td>Directorate / Department</td>
<td>Barbara Walsh – Registered Dietitian</td>
</tr>
<tr>
<td>responsible (author/owner):</td>
<td></td>
</tr>
<tr>
<td>Contact details:</td>
<td>01872 252409</td>
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<tr>
<td>Brief summary of contents</td>
<td>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.</td>
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<tr>
<td>Suggested Keywords:</td>
<td>Nutrition, hydration, feeding, food, drink, nutritional screening, nutritional support, oral nutritional supplements, enteral feeding, parenteral feeding</td>
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<td>PCH</td>
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<td>Executive Director responsible</td>
<td>Christine Perry</td>
</tr>
<tr>
<td>for Policy:</td>
<td></td>
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<tr>
<td>Date revised:</td>
<td>28TH April 2016</td>
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<td>Karen Jarvill Associate Director CSCS</td>
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<td>Divisional/Directorate Governance Lead confirming approval by specialty and divisional management meetings</td>
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<td>Signature of Executive</td>
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| **Links to key external standards** | **Care Quality Commission.**  
CQC Registration Standards – Regulation 14- Meeting Nutritional and Hydration Needs. [Link to standards]**  
**National Institute Clinical Excellence:**  
NICE Quality Standard (2012) CG 138 Patient experience in adult NHS services. [Link to standard]  
**British Dietetic Association**  
The Nutrition and Hydration Digest July (2012) : Improving Outcomes through Food and Beverage Services [Link to document]  
**NHS England**  
10 key characteristics of ‘good nutrition and hydration care’ (2015) [Link to document]  
**BAPEN**  
Malnutrition Matters: A Commitment to Act. Commissioning Toolkit [Link to toolkit]  
Nutritional Care and the Patient Voice: Are we being listened to? [Link to document]  
Combating Malnutrition: Recommendations for Actions [Link to document]  
**NHS England**  
PLACE (2013). Patient-led assessments of the care environment. [Link to document]  
The Hospital Food Standards Panel’s Report on standards for food and drink in NHS Hospitals (August 2014) [Link to document]  
**National Patient Safety Agency:**  
NPSA Rapid response report (2011) "Reducing the harm caused by misplaced nasogastric feeding tubes in adults, children and infants" [Link to document]  
**Food Standards Agency**  
Food Allergen Labelling (2015) [Link to Document]  
| **Related Documents:** | RCHT Nutrition Strategy V1.0 review June 2018 [Link to document]  
RCHT Food Safety Policy V1.0 January 2016 [Link to Document]  
RCHT Fluid Balance Guidelines: supporting optimal hydration in adults during hospital stay. V2.0 [Link to document]  
RCHT Dysphagia Policy V 6 [Link to document]  
RCHT Clinical Guideline for Adult Parenteral Nutrition in the Hospital Setting V5.0 [Link to document]  
RCHT Guideline for insertion and placement confirmation of a finebore nasogastric feeding tube with introducer in adults, children and infants V6.3 [Link to document]  

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.

Version Control Table

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<td>V1.0</td>
<td>Initial Issue</td>
<td>Andrew Rogers Corporate Records Manager</td>
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<td>29 Oct 10</td>
<td>V2.0</td>
<td>Amendment of Governance coversheet to include ‘Suggested Keywords’, ‘Training Need’ and ‘Publication Location’.</td>
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<td>1 Feb 11</td>
<td>V3.0</td>
<td>Addition of Monitoring Compliance table.</td>
<td>Andrew Rogers Corporate Records Manager</td>
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<td>Updated Target Audience options in App 1.</td>
<td>Andrew Rogers Corporate Records Manager</td>
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<td>15 Dec 14</td>
<td>V4.3</td>
<td>Added detail to section 5 to guide authors.</td>
<td>Andrew Rogers Corporate Records Manager</td>
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<tr>
<td>19 Jul 16</td>
<td>V5.0</td>
<td>Complete revision of V4.3 including new and updated appendices</td>
<td>Barbara Walsh Registered Dietitian</td>
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All or part of this document can be released under the Freedom of Information Act 2000

This document is to be retained for 10 years from the date of expiry.

This document is only valid on the day of printing

Controlled Document
This document has been created following the Royal Cornwall Hospitals NHS Trust Policy on Document Production. It should not be altered in any way without the express permission of the author or their Line Manager.

Nutrition and Hydration Policy for Adults V5.0 April 2016

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## Appendix 2. Initial Equality Impact Assessment Form

<table>
<thead>
<tr>
<th>Name of the strategy / policy / proposal / service function to be assessed (hereafter referred to as policy) (Provide brief description):</th>
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<td>Telephone:</td>
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<td>Name of individual completing assessment:</td>
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### 1. Policy Aim*
Who is the strategy / policy / proposal / service function aimed at?

| This policy aims to ensure that all patients have optimal nutrition and hydration |

### 2. Policy Objectives*
To improve and standardise care

### 3. Policy – intended Outcomes*
Early recognition and Treatment of malnutrition
Improved Patient Outcome

### 4. *How will you measure the outcome?
See section on measuring outcomes

### 5. Who is intended to benefit from the policy?
Patients, carers, staff, service users

### 6a) Is consultation required with the workforce, equality groups, local interest groups etc. around this policy?
b) If yes, have these *groups been consulted?

<table>
<thead>
<tr>
<th>C). Please list any groups who have been consulted about this procedure.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

### 7. The Impact
Please complete the following table.

Are there concerns that the policy could have differential impact on:

<table>
<thead>
<tr>
<th>Equality Strands:</th>
<th>Yes</th>
<th>No</th>
<th>Rationale for Assessment / Existing Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>x</td>
<td></td>
<td>This policy is for adults only. The nutritional and hydration needs for children are different and requires separate guidance.</td>
</tr>
<tr>
<td>Sex (male, female, trans-gender / gender reassignment)</td>
<td>x</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Nutrition and Hydration Policy for Adults V5.0 April 2016
### Race / Ethnic communities /groups

<table>
<thead>
<tr>
<th>Disability - Learning disability, physical disability, sensory impairment and mental health problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>Religion / other beliefs</td>
</tr>
<tr>
<td>Marriage and civil partnership</td>
</tr>
<tr>
<td>Pregnancy and maternity</td>
</tr>
<tr>
<td>Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian</td>
</tr>
</tbody>
</table>

You will need to continue to a full Equality Impact Assessment if the following have been highlighted:

- You have ticked “Yes” in any column above and
- No consultation or evidence of there being consultation - this excludes any policies which have been identified as not requiring consultation, or
- Major service redesign or development

8. Please indicate if a full equality analysis is recommended.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

9. If you are not recommending a Full Impact assessment please explain why.

Adults have different nutritional requirements to children.

<table>
<thead>
<tr>
<th>Signature of policy developer / lead manager / director</th>
<th>Date of completion and submission</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Names and signatures of members carrying out the Screening Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
</tr>
<tr>
<td>2.</td>
</tr>
</tbody>
</table>

Keep one copy and send a copy to the Human Rights, Equality and Inclusion Lead, c/o Royal Cornwall Hospitals NHS Trust, Human Resources Department, Knowledge Spa, Truro, Cornwall, TR1 3HD

A summary of the results will be published on the Trust’s web site.

Signed _______________

Date _______________

---

Nutrition and Hydration Policy for Adults V5.0 April 2016
Appendix 3. Page 5. Of the Nursing Documentation Risk Assessment Pack

### Nutritional scoring tool MUST

<table>
<thead>
<tr>
<th>Location:</th>
<th>Date &amp; time of assessment:</th>
</tr>
</thead>
</table>

#### Step 1
BMI score

<table>
<thead>
<tr>
<th>Ht =</th>
<th>Wt =</th>
<th>BMI kg/m²</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>&gt;20 (&gt;30 Obese)</td>
<td>= 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>18.5 -20</td>
<td>= 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>&lt;18.5</td>
<td>= 2</td>
</tr>
</tbody>
</table>

Score on admission =

If unable to obtain height and weight, use MUST website for alternative measurements.

### Step 2
Weight loss score

<table>
<thead>
<tr>
<th>Unplanned weight loss in past 3-6 months</th>
<th>%</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;5</td>
<td>= 0</td>
<td></td>
</tr>
<tr>
<td>5-10</td>
<td>= 1</td>
<td></td>
</tr>
<tr>
<td>&gt;10</td>
<td>= 2</td>
<td></td>
</tr>
</tbody>
</table>

Score on admission =

### Step 3
Acute disease effect

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

Score on admission =

### Step 4
Overall risk of malnutrition

Add scores together to calculate overall risk of malnutrition
Score 0 Low Risk  Score 1 Medium Risk  Score 2 or more High Risk

Admission Score =  Admission Risk =

### Step 5 - Management guidelines

<table>
<thead>
<tr>
<th>Low Risk</th>
<th>Medium Risk</th>
<th>High Risk - Treat*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine clinical care</td>
<td>Observe dietary intake and document on food chart</td>
<td>Complete care plan</td>
</tr>
<tr>
<td>* Repeat screening weekly or if condition changes</td>
<td>Help with food choice, encourage and assist with eating as appropriate</td>
<td>Observe dietary intake and document on food chart</td>
</tr>
<tr>
<td>Subsequent scores below</td>
<td>Repeat screening once a week or if condition changes</td>
<td>** nark menu: High Energy, **Offer in between meal snacks</td>
</tr>
<tr>
<td></td>
<td>* If no improvement categorise as High Risk</td>
<td>Use full cream milk to make milky drinks, **Offer up to 2 nutritional supplements per day. See caution notes below</td>
</tr>
</tbody>
</table>

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

* This may be inappropriate for patients who are fluid restricted, require therapeutic diets and/or are at risk of re-feeding. If in any doubt contact your diettitian.

### Ongoing review

<table>
<thead>
<tr>
<th>Date and time:</th>
<th>Emirations</th>
<th>Weight</th>
<th>Step</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>Risk</th>
<th>Signature</th>
<th>Print</th>
<th>Designation</th>
</tr>
</thead>
</table>

MUST continuation sheet: CHA3079
Appendix 4: Dietetic Referral Pathway for Adult Inpatients at RCHT

The following patients should be referred immediately to a Dietitian following MUST screening

- Patients admitted with or requiring artificial feeding support (i.e. a tube feed)
- Patients at high risk of re-feeding syndrome
- Renal patients on dialysis
- Patients with electrolyte imbalances where dietary intervention may be beneficial (e.g. raised K+ in renal failure, high output stoma).
- Newly diagnosed Coeliac Condition
- Patients whose reason for admission is to receive Nutritional Support (e.g. admitted for PEG placement or pre-operative build up.)

Patients who score at high risk (>2) of malnutrition on the nutrition screening tool and who show no improvement after following the care plan should be referred to the Dietitian on review

Refer to the Dietitians Via Maxims:-

General Dietitians RCH

General Dietitians WCH
Including St Michaels and Marie Therese House

Oncology Dietitians for Lowen ward and oncology patients under the care of oncologist, haematologist or palliative care.

Renal Dietitians for patients on dialysis or renal impairment under the care of nephrologists

Nutrition Support Team for TPN

Referral Criteria for Specialist Dietitian on the RCH site may vary slightly.

Please contact the Stroke Dietitians via the MDT meeting.

Please contact the Diabetes Dietitians ext 4569 Bleep 2955 regarding people with diabetes where Diabetes is the primary reason for referral.

Some patients with other conditions may require a Dietetic outpatient appointment. Please send a medical referral letter or a copy of the discharge letter clearly outlining reason for referral to the Dietetic Department.
Appendix 5.

Mealtimes

Mealtimes are protected – the time is specifically set aside for patients to eat meals, and all non-urgent activities investigations and activities should stop

Before each meal:
- Nursing staff complete ‘Hostess Handover’ sheet each morning, detailing special diets, allergies and those requiring a red tray
- Clear away clutter and commodes, preparing the ward for meals
- Wake, and sit up or sit out patients, using communal dining areas on wards where available
- Tidy patient tables and lay out placemats
- Only visitors who are actively assisting patients with their meals should remain on the ward

At mealtimes:
- Serve the main course first, with the pudding separately
- Use red trays for those patients requiring assistance and/or monitoring
- All ward staff focus on making sure patients are encouraged and supported to eat:
  - Assist with opening packaging
  - Help cut up food
  - Feed patients where required
- If patient is declining a meal, offer e.g.
  - Alternative meal
  - A glass of milk
  - Suitable snacks between meals
  - Supplements if prescribed
  - Meritene soup or milkshake if appropriate
**After meals:**

- Ensure patient has finished eating

- Before removing the Red tray after the meal, complete the **Nutrition and Hydration Chart**, including:
  - Type of food eaten
  - Volumes of food eaten (⅓, ⅔ etc.)

- Inform the nurse if very little (only few mouthfuls of the meal) have been eaten
Appendix 6.

The Red Tray

This provides a signal that vulnerable patients need help and support to eat, they may have a poor dietary intake.

Who should have a Red Tray?:
• Patients who are at nutritional risk
• Need to be physically fed;
• Are partially sighted or blind;
• Have a poor food intake;
• Require adapted cutlery or crockery;
• Have a texture modified diet;
• Need assistance with cutting up their food;
• Need a food chart.

Red jug & beaker – to alert staff to those that have a poor fluid intake and need encouraging and assistance with drinking
Appendix 7. RCHT Nutritional Standards Key Points*

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 local population.

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).

Standard menus should be capable of providing choice for patients from both the nutritionally well and nutritionally vulnerable groups.

<table>
<thead>
<tr>
<th>Nutrient (/day)</th>
<th>Nutritionally Well</th>
<th>Nutritionally Vulnerable</th>
<th>Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Energy (kcal)</td>
<td>1810 – 2550</td>
<td>2250 – 2625</td>
<td>Daily</td>
</tr>
<tr>
<td>Protein (g)</td>
<td>56*</td>
<td>60-75</td>
<td>Daily</td>
</tr>
</tbody>
</table>

*For females of the same age bracket the RNI is 45g.

The hospital menu should be able to reflect current government public health messages tailored to the patient population; however, a diet promoting longer-term health may not be appropriate in times of acute illness.

Menus should be based on the eatwell guide. It can accommodate menus designed to meet the needs of the nutritionally well as well as the nutritionally vulnerable. Following the plate model approach will ensure that all nutrients are included to an appropriate level.
Sustainability and wastage should be a consideration in hospital food service.

The Nutritional Value and Allergen information of all food and beverages served to patients and staff should be available to all service users.

*Adapted from The Nutrition and Hydration Digest: Improving Outcomes through Food and Beverage Services. Produced by The Food Counts Group in consultation with The British Dietetic Association July 2012 for review July 2017

## Contents Includes

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
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<tbody>
<tr>
<td>2</td>
<td>Special Dietary Needs</td>
</tr>
<tr>
<td>3</td>
<td>High Energy</td>
</tr>
<tr>
<td>4</td>
<td>Diabetes</td>
</tr>
<tr>
<td>5</td>
<td>Gluten Free Diet</td>
</tr>
<tr>
<td>6</td>
<td>Gluten Free Diet (Continued)</td>
</tr>
<tr>
<td>7</td>
<td>Renal</td>
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<tr>
<td>8</td>
<td>Texture Modified Diets</td>
</tr>
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<td>9</td>
<td>General Principles of the Neutropenic Diet</td>
</tr>
<tr>
<td>10</td>
<td>Grade 1 Neutropenia Dietary Restriction</td>
</tr>
<tr>
<td>11</td>
<td>Cultural/ Religious Diets</td>
</tr>
<tr>
<td>Definition</td>
<td>Description</td>
</tr>
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<td>------------</td>
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</tr>
<tr>
<td>DIET B</td>
<td>Thin Puree</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>DIET C</td>
<td>Thick Puree</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>DIET D</td>
<td>Pre mashed</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>DIET E</td>
<td>Fork Mashable</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Normal diet</td>
<td>Any foods</td>
</tr>
</tbody>
</table>
### Dysphagia Fluid Texture Descriptors

<table>
<thead>
<tr>
<th>Normal fluids</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 1 fluids (syrup)</td>
<td>Coats a fork and quickly sinks through the prongs, requires effort to drink through a straw (should pour like single cream)</td>
</tr>
<tr>
<td>Stage 2 fluids (custard)</td>
<td>Coats a fork and sinks slowly through the prongs, very difficult to drink through a straw (should easily drop off, not pour, from a teaspoon)</td>
</tr>
<tr>
<td>Stage 3 fluids (pudding)</td>
<td>Sits on a fork, not possible to drink with a straw, need a spoon to take this level (should stay on a spoon like whipped cream)</td>
</tr>
</tbody>
</table>
Appendix 10. Oral Nutritional Supplements

Oral Nutritional Supplements

- Often used in conjunction with food first approach
- Use caution if any concerns that patient is at risk of re-feeding syndrome
- Dietitian selects most appropriate supplement for patient’s clinical need and preference; can also be prescribed by doctors and offered as part of the Nutritional Care Plan for Adults
- Most supplements contain protein, carbohydrate, fat, vitamins and minerals, fluid, +/- fibre
- Current Pharmacy Formulary items include:
  - Milk based ready to drink
    - Fresubin Energy, Fortisip Compact
  - Fruit juice style ready to drink
    - Fresubin Juicy
  - Powdered
    - Calisate
  - Semi solid/pre-thickened/pudding style
    - Fresubin Creme/Fresubin Yeo Creme/Fresubin Thickened Stages 1 & 2
  - High energy or protein
    - Fresubin Protein Energy, Fresubin 2kcal, Fresubin 5 kcal Shot, Pro-cal Shot, Maxijil

Good Practice Points

- Once opened nutritional supplements should be consumed within four hours or discarded
- All supplements should be labelled with patient’s name, date and time given
- Build up/Mealtene soups and shakes can be offered by health care assistants and housekeepers under the supervision of a registered Nurse
- Milk style supplements are the preferred choice for people with diabetes but juice style supplements can be an acceptable alternative
- Contact the Dietitian if a patient is on a modified diet or has a food intolerance
- Check if your patient needs help with drinking or opening the supplement bottle
- Encourage consumption by offering a choice of flavours; serve chilled or try warming; can dilute with lemonade, soda, water or milk
- Try giving in small doses
- Neutral flavour can be added to foods or drinks
Inappropriate use of Supplements

• Using the wrong supplement or the wrong amount can be detrimental to the patient e.g.
  ➢ Biochemical derangement in renal patients
  ➢ Risk of aspiration for dysphasic patients
  ➢ Poor glycaemic control in patients with diabetes
  ➢ Risk of re-feeding syndrome

• Can cause side effects if incorrectly prescribed e.g.
  ➢ loss of appetite, vitamin toxicity, protein excess, nausea, abdominal pain, diarrhoea, steatorrhoea

• Cost implication due to poor compliance and wastage