Policy Document Control Page

Title

Title: Nutrition and Hydration Policy for Mental Health Inpatient Units (Adults)

Version: 4

Reference Number: CL85

Supersedes

Supersedes: version 3
Description of Amendment(s): Review.
3.1 New document added
6.3 Dietetic services across the trust
6.6 New resources available
7.2-7.4 Guidelines for the use of MUST across the 3 service lines
7.8 Change of Enteral feeding company
7.11 PEAT -> PLACE and Essence of Care - > Integrated Quality matrix (IQM)
Changes and additions to appendices.
New appendices and page numbers

Originator

Originated By: Joanna Connor

Designation: Specialist Mental Health Dietitian

Equality Impact Assessment (EIA) Process

Equality Relevance Assessment Undertaken by: Catherine Forman

ERA Undertaken on: 5.1.2012

ERA approved by EIA Work Group on: 2.2.2012

Where policy is deemed relevant to equality: Yes

EIA Undertaken by: Catherine Forman

EIA Undertaken on: 5.1.2012

EIA Approved by EIA Work Group on: 2.2.2012

Approval

Referred for approval by: Physical Health Steering Group

Date of Referral: 5.11.14

Approved by: Physical Health Steering Group

Approval Date: 5.3.14

Date Ratified by Executive Directors: 20th April 2015

Executive Director Lead: Medical Director

Circulation

Issue Date: 22nd April 2015

Circulated by: Performance and Information

Issued to: An e-copy of this policy is sent to all wards and departments

Policy to be uploaded to the Trust's External Website? Yes

Review

Review Date: March 2017

Responsibility of: Joanna Connor

Designation: Specialist Mental Health Dietitian

This policy is to be disseminated to all relevant staff.

This policy must be posted on the Intranet.

Date Posted: 22nd April 2014

Contents

1. Introduction

For the purpose of this policy the use of the word nutrition refers to both food and fluid intake throughout this document.

Malnutrition for adults is defined by a
- Body mass index (BMI) of less than 18.5kg/m² or
- Unintentional weight loss greater than 10% within 3-6 months or
- BMI of less than 20kg/m² and unintentional weight loss greater than 5% within the last 3-6 months (NICE, 2006).

Risk of malnutrition, is defined as those who have eaten little or nothing, for more than 5 days and/or likely to eat little or nothing for 5 days or longer.

A poor absorptive capacity, high nutrient losses and/or increased nutritional needs, from causes such as catabolism, increase the risk of malnutrition.

Malnutrition in the UK is an important public health problem, which is estimated to affect between 15% to 40% of hospital admissions and at least 2 million adults in the UK, (Malnutrition Advisory Group, 2000). Older people and those who experience mental health problems are a high risk group for malnutrition.

Nutrition is particularly relevant to the North West given its demographic of a higher prevalence of social deprivation, and the associated higher incidence of poor physical health, poor mental health and malnutrition. The correlation between these factors and mental health is well documented.

Although the Pennine Care NHS Foundation Trust (PCNFT) nutrition policy deals primarily with malnutrition, obesity has become a major health issue over recent years. Obesity is associated with many illnesses and is directly related to increased mortality and lower life expectancy. Around 30% of men and 10% of women who are overweight believe themselves to be a healthy weight. There is evidence that people become more motivated to lose weight if advised to do so by a health professional.

Specific guidelines have been issued by the Department of Health (DH), which forms the basis of a separate trust policy 'Identification and Management of Patients with Obesity' CL28, (2015).

2. Scope

This policy is to be used for all adult (over 18 years old) service users on mental health inpatient wards -Adults, Older People and Rehabilitation and High Support (RHSD) services within PCNFT.

3. Relevant Legislation and Best Practice

3.1 This document has been prepared in accordance with the National Institute for Health and Clinical Excellence (NICE) guideline, Nutrition Support in Adults 2006 (NICE, 2006), recommendations from the Council of Europe Resolution, Food and nutritional care in Hospitals 2003 - 10 key characteristics of good nutritional care in hospitals(CER, 2003) and Nutrition and Hydration Digest 2012, Improving outcomes through food and beverage service (NHD, 2012)

3.2 This PCNFT Nutrition and Hydration policy has been written to meet NICE Guidelines on nutrition, which highlights a poor understanding of under nutrition among health care professionals and a lack of agreed national guidelines has resulted in the unsatisfactory assessment and management of malnutrition.(NICE, 2006)

3.3 This PCNFT Nutrition and Hydration policy meets Outcome 5 and Regulation 14, (Meeting Nutritional Needs) of the Care Quality Commission Essential Standards of Quality and Safety, Health and Social Care Act (CQC, 2008).

3.4 Best practice will be benchmarked using the Essence of Care, Bench marks for Food and Drink (2010) and PCNFT Integrated Quality matrix (IQM) benchmarking.

4. Policy Statements

4.1 PCNFT recognises and accepts its legal responsibilities for the provision of nutritional care to its patients.

4.2 PCNFT recognises that there are particular physical health conditions with intrinsic consequences related to nutrition such as diabetes and high blood cholesterol. Long term mental health conditions can compromise nutritional status. PCNFT will ensure that specialist advice, support and interventions will be provided and that Department of Health guidance relating to these and other such conditions will be followed.

4.3 Treatment and care will be delivered in accordance with individual patient's dietary and hydration needs and preferences, including religious and cultural dietary requirements. Appropriate menus will be available to meet individual nutritional needs.

4.4 PCNFT will work in partnership with service users and carers to promote healthy eating and hydration, with adequate and varied food and fluid, as part of a healthy life style, in keeping with a recovery focused approach and improving physical health.

5. Responsibilities

5.1 It is the responsibility of ward managers to disseminate policies and ensure their staff can use the appropriate screening tools needed to assess the nutritional status of all patients.

5.2 This policy applies to all staff within the Trust. It is the responsibility of all staff to follow PCNFT policies and nutritional protocols.

5.3 It is the responsibility of all managers to ensure that there is appropriate equipment available within the ward/department/clinic or unit to support the implementation of the PCNFT Nutrition and Hydration policy.

6. Primary Aims

6.1. All adults and older people, who are inpatients, will be screened for malnutrition and the risk of malnutrition within 48 hours of admission (see section 7.3.2). Malnutrition will be identified using the Malnutrition Universal Screening Tool (MUST), and recorded on the PCNFT Trust Approved Documents (TAD) – see

Appendix 1, and the trigger questions on the PCNFT TAD Physical Health Monitoring Form – see PCNFT intranet.

All screening will be completed by a suitably qualified healthcare professional. (Training in screening can be arranged with the mental health dietitians or modern matrons for wards or individuals).

6.2. Following screening the appropriate actions should be initiated, for example, production of a personalised care plan or referral to a dietitian if there is a clinical indication. Find physical health resources, referral criteria, referral forms and care plan guidance on the PCNFT intranet – see 6.6.

6.3. Services and interventions will be tailored to meet identified nutritional needs which will include access to specialist services, for example access to Mental Health Dietitian, Speech and Language therapists (S&LT) and Diabetes services. A formal referral will be made and recorded in the patient's notes with date, time and mode of referral. Patients requiring assessment of dysphagia (swallowing problems) must be assessed by S&LT.

For the North Division (Bury, Rochdale and Oldham) Adult and Older people's wards, there is a Service Level Agreement (SLA) with Pennine Acute Hospitals NHS Trust for dietetic services for direct patient contacts.

For the North Division RHSD wards– Stansfield Place and Rhodes Place and for the South Division – Adults, Older people and RHSD wards, there are PCNFT mental health dietitians. For each type of service, appropriate referral forms can be found on the PCNFT Intranet - See Appendix 4.

6.4. PCNFT will manage malnutrition and provide education and support for healthy eating; ensuring patients have access to five portions of fruit and vegetable daily.

6.5. All inpatients will be offered a range of choices to meet their individual needs and staff will assist patients in making choices. Support may include giving basic healthy eating advice. All PCNFT staff have access to the Eat well plate and nutritional resources on the trust intranet – see Appendix 7.

6.6. The Mental Health Dietitians have developed resources to support staff and patients with various aspects of nutrition.

These can be found on the trust intranet under Physical Health Matters

- Open home page of trust intranet
- Click 'Policies & Clinical Guidelines'
- From the left hand side select 'Department / Service Area'
- Select P / Physical Health Matters

There is a variety of resources including the referral form, and covering Malnutrition / MUST, Health and Well Being, Weight Management, the Food First approach and food fortification.

All resources are available for download and for use with service users or for general information.

6.7 These resources have explanatory information about their use on the intranet, but if you would like more information please contact the Mental Health Dietitians.

6.8 The Trust will ensure that its staff recognise the important contribution that good nutrition and hydration makes to health and well-being, and are competent to carry out their roles in optimising nutritional status. They will ensure the patients privacy and dignity is maintained.

6.9 The Trust will implement a system of governance through the Physical Health Steering Group to ensure protocols are in place to identify, treat and audit nutrition and the use of nutrition support within the organisation.

6.10 Essential Steps to Safe; Clean Care (DH, 2006) will be followed regarding enteral tube feeding. Staff must receive extra training if a patient is to receive enteral tube feeding from the current enteral feeding company. This will include guidance on choice and care of feeding tubes, giving sets and syringes. Staff should follow guidance from the dietitians and enteral feeding company on using the feeding equipment and ancillaries, following a feeding regime and the care and monitoring of the patient.

6.11 Trust staff must also follow the Food Safety policy C037 and general food hygiene requirements must be met, in accordance with Department of Health guidelines when serving food.

6.12 All staff will ensure that service users receiving nutrition intervention, and their carers, are kept fully informed about their treatment. Access will be given to appropriate information, together with the opportunity to discuss assessment and treatment options. Any advice and/or resources given to patients, families and carers must be documented in the records by all members of the multidisciplinary team.

6.13 All inpatient units and day hospitals implement protected mealtimes to provide an environment where patients can enjoy and consume meals free from interruption and disturbance. Exceptions to this may include support for patients who are at high risk of malnutrition, as outlined in care plans.

6.14 All inpatients should be weighed using PCNFT approved calibrated weighing scales (refer to Medical Devices Policy CO16) wearing light clothing. Trust approved height measures should be available on all wards. If height can not be obtained or the patient can not reliably recall it, ulna length strips can be used to estimate height. If person cannot be weighed due to physical safety reasons a Mid Upper Arm Circumference (MUAC) reading must be recorded using an appropriate tape measure, this will provide an approximate BMI. (Appendix 3). The mental health dietitians can be contacted if training is required in these measurements.

6.15 Patients will be given the opportunity to wash hands before and after meal time. Hand wash sinks are available for this purpose. If the patient is unable to access a sink, hand wipes will be offered, before and after meals. Staff will prompt/encourage and assist patients with eating and drinking as appropriate. If specialist equipment may be required, advice should be sought from an Occupational Therapist.

7 Objectives

7.1 All inpatients are screened by an appropriately trained member of staff within 48 hours of admission. This is to identify those who are malnourished or at risk of becoming malnourished and those who are obese. Training is available from the Trust Mental Health Dietitians or the Modern matrons.

7.2 Patients on Adult inpatient and RHSD wards should be screened using the trigger questions on the Physical Health Monitoring Form. If, due to patient compliance or other factors, this has not been completed the reason should be documented and dated. MUST assessment should then be used.

7.3 All older adult inpatients will be re-screened at least weekly using MUST by an appropriately trained member of staff, following the recommended advice within the MUST. Fluid balance and food charts must be filled in completely and recorded accurately using Trust approved documentation to enable monitoring for a minimum of three days.

7.3.1 Patients on Adult inpatient wards not considered to be at nutritional risk on admission, should be weighed weekly using the Trust approved weight chart.

7.3.2 Following assessment, adults who fulfil the following requirements, should be re-screened (using MUST) weekly.

- BMI less than 20, and / or any unintentional weight loss
- poor appetite or any general concerns in this area
- who fall into these requirements during admission

7.4 RHSD wards will weigh patients monthly unless other indication requires weekly weight and MUST screen.

7.5 For at risk patients the emphasis placed on nutrition management will continue into discharge planning, through its inclusion within the Care Programme Approach, discharge process or through the GP. Re-evaluation of the nutritional status of the patient must take place during the discharge process by the care co-ordinator if the patient is screened at risk. Multi-disciplinary team members must be included in discharge planning and appropriate written information must be provided to the patient or carers. For patients on oral nutritional supplements, the recommendations must be included in the discharge process with support from the dietitians. See Appendix 5, 6, 7 and 8 for resources available. A minimum of 7 days' supply of oral nutritional supplements must be sent with the patient on discharge.

7.6 If a patient scores 1 or more on MUST, suitably qualified staff should commence a care plan which identifies their nutritional care needs and how these needs are to be met. This must include reporting of any poor intake of diet and fluids, using Trust approved fluid and food intake charts and weekly weight charts. Patients and carers should be offered education on maintaining good nutritional intake and this must be recorded in the notes. The care plan must be reviewed at least weekly if MUST score is 1 or every 72 hours if MUST score is 2 or above.

See Appendices for resources available: Appendix 5 for Referral criteria for nutrition support, 6 for Care plan guidance and 7 and 8 for resources available.

7.7 Systems are in place to provide all inpatients with assistance in eating and drinking. If adapted cutlery, plate guards or other equipment are required advice can be

obtained from an occupational therapist. If dietary advice is required patients should be referred to a dietitian.

7.8 Non-prescribable meal replacements such as Build Up and Complan can be given by ward staff. Oral nutritional supplements must be prescribed – Pennine Care NHS Foundation Trust currently has a contract with Abbott Nutrition for nutritional supplements. Assessments for patients who may require oral nutritional supplements must be completed by a dietitian and therefore a referral to the dietitian must be completed.

7.9 All healthcare professionals who are directly involved in inpatient care will have the appropriate skills and competencies needed to ensure that service nutritional and hydration needs are met by monitoring using the appropriate charts and assisting with menu choice. (Training can be arranged with the dietitians or modern matrons for wards or individuals)

7.10 All facilities are designed to be flexible and patient centred so food and drink can be available 24 hours a day. Provisions must be available on each ward to ensure that patients who miss a meal, for example, due to being off the ward for an appointment or who are admitted out of hours, can access meals or snacks and drinks to ensure the patients dietary needs are met on their return / admission. (Appendix 2).

7.11 The achievement of the Trust's nutrition objectives will be monitored through Patient Led Assessment of the Care Environment (PLACE) assessments, Integrated Quality Matrix (IQM) and the Physical Health Steering Group. Patients should be encouraged to give feedback on catering provision via community meetings.

8 Consent

8.1 All patients will be supported in the making of informed decisions about their care and treatment, in partnership with their health professionals. The Trust is committed to encouraging users to choose a diet that is appropriate for them.

8.2

8.2.1 Advice and support will be compatible with Department of Health guidelines – Reference guide to consent for examination or treatment (2009).

8.2.2 Healthcare professionals will obtain consent from all those deemed to have capacity to provide informed consent.

8.2.3 Act in the patient's best interest if he/she is considered not to have capacity to give consent and in the patient's best interest when offering meals, see Mental Capacity Act.

8.2.4 Decisions on withholding or withdrawing of nutrition support will be considered with reference to both ethical and legal principles (Both at common law and statute, including the Human Rights Act 1998).

9 Monitoring Arrangements

9.1 The monitoring will be led via the clinical audit calendar.

10 References

British Association of Parenteral and Enteral Nutrition (BAPEN) (2004) Malnutrition Universal Screening Tool

Council of Europe Resolution (CER) (2003) Food and Nutritional Care in Hospitals London HMSO

Care Quality Commission (CQC) (2010) Essential Standards of Quality and Safety

Department of Health (2007a) Essential Steps to Safe Clean Care Enteral Feeding

Department of Health (2007b) Improving Nutrition Care: a joint action plan London, HMSO

Department of Health (2009) Guide to Consent for Examination and Treatment 2nd Edition London, HMSO

Department of Health (2010) Essence of Care 2010: Benchmarks for food and drink London, HMSO

Human Rights Act (1998) chapter 42. HMSO

Malnutrition Advisory Group, (2000). detection and management of under nutrition in the community. A report by a standing committee of BAPEN, London, UK.

Mental Capacity Act (2005) chapter 9. HMSO

McCarthy H. Screening Tool for the Assessment of Malnutrition in paediatrics (2008). www.stampscreeningtool.org

National Institute for Health and Clinical Excellence (NICE) (2006) CG32 Nutrition Support in Adults

National Institute for Health & Clinical Excellence (NICE) (2006) CG43 Obesity

Nutrition and Hydration Digest (NHD) (2012) Improving Outcomes through Food and Beverage Service.

Pennine Care NHS Foundation Trust (2015) Trust Policy Identification and Management of Patients with Obesity CL28

Related Policies

CL42 Physical Healthcare Policy for Patients aged 16yrs V4 2009
CL28 Identification & Management of Obesity in Adult & Older People Services Policy V3 2010
CO16 Medical Devices Policy V5 2009
CO37 Food Safety Policy V3 2009

APPENDIX 1

Pennine Care NHS
NHS Foundation Trust

RT2 Number……

Adults of Working Age and Older People
Malnutrition Universal Screening Tool (MUST)
Review Chart

Patient name..... Date of Birth……

NHS number..... RT2

Date	Weight	BMI	BMI Score (Step 1)	Weight loss score (Step 2)	Acute disease effect score (Step 3)	Overall MUST Score (Step 1+2+3)	Completed by	Signature

If MUST score is 1 or above:

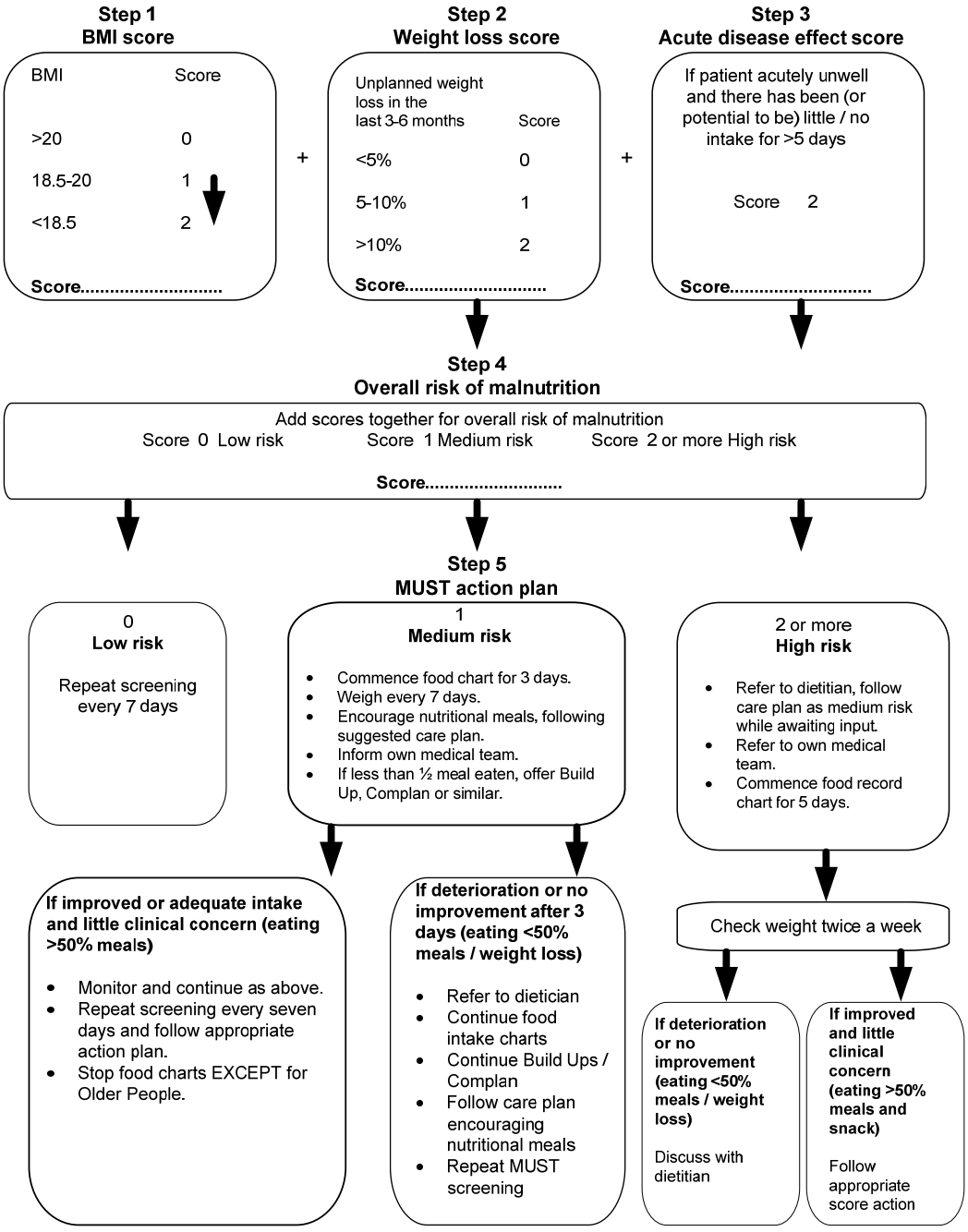
- Follow the flow chart (over leaf)
- An individual nutritional care plan must be in place

RT2 Number……

Adults of Working Age and Older People
Malnutrition Universal Screening Tool (MUST)

Patient name..... Date of Birth……

NHS number..... RT2 number



The 'Malnutrition Universal Screening Tool' ('MUST') is adapted / reproduced here with the kind permission of BAPEN (British Association for Parenteral and Enteral Nutrition)

Pennine Care NHS
NHS Foundation Trust

Ensuring Access to Food throughout the Day and Night

Service users who miss a meal or are admitted out of hours should be provided with food and drink.

Inpatient units based at Fairfield General Hospital, Royal Oldham Hospital, Tameside General Hospital and Stepping Hill Hospital may contact porters to request snack boxes.

All other inpatient units may provide snacks from ward kitchens. For example toast, cereal, milk, tinned or packet soups, tins of beans.

Tins of food e.g. soup/beans that can be heated in microwave

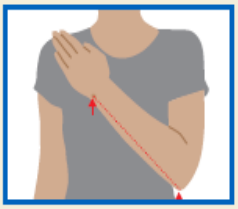
Diet Category	Snack Box	Ward Kitchen	Notes
Normal	Vegetarian or non vegetarian snack box	Hot and cold beverages, cereals, biscuits etc	Order meal from kitchen as soon as possible.
Vegetarian	Vegetarian snack box	Hot and cold beverages, cereals, biscuits etc	Order meal from kitchen as soon as possible
Ethnic	Vegetarian snack box	Hot and cold beverages, cereals, biscuits etc	Order meal from kitchen as soon as possible
Coeliac disease (gluten free)	Not applicable	Range of Complan or Buildup Soups and Shakes.	Buildup shakes not suitable if lactose free. Order meal and gluten free bread from kitchen as soon as possible
Dairy intolerance/ lactose free	Not applicable	Soya deserts/ yogurts and milk ordered from central store	Order meal from kitchen as soon as possible
Vegan		Soya deserts/ yogurts and milk ordered from central store	Order meal from kitchen as soon as possible

Alternative measurements: Instructions and tables

BAPEN

If height cannot be obtained, use length of forearm (ulna) to calculate height using tables below.
(See The 'MUST' Explanatory Booklet for details of other alternative measurements (knee height and demispan) that can also be used to estimate height).

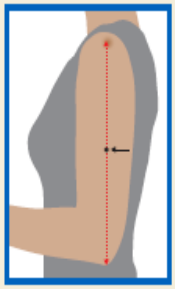
Estimating height from ulna length



Measure between the point of the elbow (olecranon process) and the midpoint of the prominent bone of the wrist (styloid process) (left side if possible).

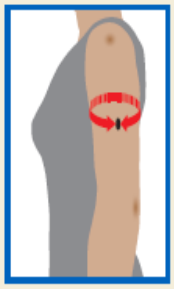
HEIGHT (m)	Men (<65 years)	1.94	1.93	1.91	1.89	1.87	1.85	1.84	1.82	1.80	1.78	1.76	1.75	1.73	1.71
	Men (≥65 years)	1.87	1.86	1.84	1.82	1.81	1.79	1.78	1.76	1.75	1.73	1.71	1.70	1.68	1.67
	Ulna length (cm)	32.0	31.5	31.0	30.5	30.0	29.5	29.0	28.5	28.0	27.5	27.0	26.5	26.0	25.5
HEIGHT (m)	Women (<65 years)	1.84	1.83	1.81	1.80	1.79	1.77	1.76	1.75	1.73	1.72	1.70	1.69	1.68	1.66
	Women (≥65 years)	1.84	1.83	1.81	1.79	1.78	1.76	1.75	1.73	1.71	1.70	1.68	1.66	1.65	1.63
HEIGHT (m)	Men (<65 years)	1.69	1.67	1.66	1.64	1.62	1.60	1.58	1.57	1.55	1.53	1.51	1.49	1.48	1.46
	Men (≥65 years)	1.65	1.63	1.62	1.60	1.59	1.57	1.56	1.54	1.52	1.51	1.49	1.48	1.46	1.45
	Ulna length (cm)	25.0	24.5	24.0	23.5	23.0	22.5	22.0	21.5	21.0	20.5	20.0	19.5	19.0	18.5
HEIGHT (m)	Women (<65 years)	1.65	1.63	1.62	1.61	1.59	1.58	1.56	1.55	1.54	1.52	1.51	1.50	1.48	1.47
	Women (≥65 years)	1.61	1.60	1.58	1.56	1.55	1.53	1.52	1.50	1.48	1.47	1.45	1.44	1.42	1.40

Estimating BMI category from mid upper arm circumference (MUAC)



The subject's left arm should be bent at the elbow at a 90 degree angle, with the upper arm held parallel to the side of the body. Measure the distance between the bony protrusion on the shoulder (acromion) and the point of the elbow (olecranon process). Mark the mid-point.

Ask the subject to let arm hang loose and measure around the upper arm at the mid-point, making sure that the tape measure is snug but not tight.



If MUAC is <23.5 cm, BMI is likely to be <20 kg/m^2.
If MUAC is >32.0 cm, BMI is likely to be >30 kg/m^2.

The use of MUAC provides a general indication of BMI and is not designed to generate an actual score for use with 'MUST'. For further information on use of MUAC please refer to *The 'MUST' Explanatory Booklet.*

APPENDIX 4

Referral documentation available on trust intranet.

North Division – Bury, Rochdale and Oldham has a Service Level Agreement with Pennine Acute Hospital for Dietetic services to inpatient wards on hospital sites.

Hope and Horizon Units – there is a separate Service Level Agreement for these wards with Pennine Acute Hospitals NHS Trust.

Type of ward	**Referral document required**
North Division -Adult	Pennine Acute
North Division– Older people	Pennine Acute
North Division –Prospect Place	Pennine Acute
South Division - Adult	Pennine Care
South Division –Older people	Pennine Care
South Division – RHSD	Pennine Care
North Division – RHSD – Stansfield and Rhodes Place	Pennine Care

Appendix 5. Nutrition Support – Referral Criteria

Older peoples wards: All patients to be screened using MUST on admission and weekly thereafter.

Adult wards and RHSD: Complete MUST if BMI < 20 and/or any unintentional weight loss, poor appetite or any general concerns in this area.

Actions to complete <u>before</u> sending referral to ensure appropriate and for efficient triage:

- Monitor and ensure patient has been weighed on admission and at least one week later – provide at least 2 weights and dates measured to help determine trend
- Ensure accurate height measured and recorded, as this will affect BMI
- Record food and fluid intake for at least 7 days, including refusals
- Complete MUST screening and provide MUST score

Please be aware that improved appetite and weight gain may occur due to improving health, patient setting into ward routine, availability of food and encouragement to eat.

For patients with a MUST score of 2+,
in addition to the above, please <u>document evidence of:</u>

- Offer of high energy, high protein nourishing meals
- Offer and encouragement of nourishing drinks*
- Request extra full cream milk for cereal and drinks
- Offer and encouragement of extra snacks* and milky drinks between meals and at supper time
- Fortification* all food and fluids with extra cream, butter, cheese and other high energy additions
- Offer of Build-Up milkshake or soup (made up with 200mls of full cream milk) if patient eats less than half a meal

*NB: For further suggestions see the Food First Resources, Nutrition support – Referral criteria, or Weight management – Referral criteria, found on the Trust intranet under Physical Health Matters

Criteria for Urgent Referrals:
BMI less than 17
Recent GI surgery / complex GI condition
Complex pressure sores / poor skin integrity / poor wound healing

Dysphagia – Please refer to Speech and Language Therapy before referring to the dietitian

Appendix 6. MUST Care Plan Guidance.

Malnutrition Universal Screening Tool (MUST) is a five-step screening tool to identify **adults,** who are malnourished, at risk of malnutrition (undernutrition), or obese. It also includes management guidelines which can be used to develop a care plan. It is for use in hospitals, community and other care settings and can be used by all care workers. Refer to *the 'MUST' Tool kit for* more information – See MUST resources on the trust intranet.

Take care when screening patient groups where extra care in interpretation may be needed (e.g. those with fluid disturbances, plaster casts, amputations, critical illness and pregnant or lactating women). Note that 'MUST' has not been designed to detect deficiencies or excessive intakes of vitamins and minerals and is of **use only in adults.**

Older peoples wards: All patients to be screened using MUST on admission and weekly thereafter.
Adult wards: Complete MUST if BMI < 20 and/or there is any unintentional weight loss, poor appetite or any general concerns in this area.

MUST scores – Actions required
Score 0. Routine clinical care - Low risk

- Repeat MUST screening weekly (monthly for RHSD)
- Weigh and record weight weekly (monthly for RHSD). Note refusal to be weighed on every occasion
- Keep food and fluid intake charts for three days and then discontinue for adults and RHSD. Continue for Older People

Score 1. Observe - Medium Risk

- Document dietary intake for 3 days as above
- If nutritional intake is adequate, repeat screening as per low risk
- Improved appetite and weight gain may occur due to improving health, availability of food and encouragement to eat

Observe:

- Weight change
- Ensure S&LT referral made if there are any signs of dysphagia (swallowing difficulties)

Care Aims/ Goals:

- To meet nutritional requirements
- To improve nutritional status
- To minimise further weight loss
- To maintain weight
- To improve skin integrity and wound healing
- To identify and record any signs of malnutrition or possible malnutrition risk factors
- To action interventions to aim to overcome nutritional risk factors

Interventions that can be achieved by the patient:

- Regular food and fluid intake – aiming for 3 meals day with snacks an milky drinks between meals and at supper time
- Aim for 6-8 drinks per day – fluid intake includes tea and coffee and water

taken with medications
- Report food and fluid preferences to ward staff

Interventions by staff
- Measure and record weight weekly (twice weekly if MUST = 2 – High risk)
- MUST screen weekly – See MUST resources on the intranet
- Monitor food and fluid intake and record on Food and Fluid Record chart for at least 3-5 days (Medium & High MUST)
- Encourage high protein, nourishing meals and request full fat milk for the patient for cereal and drinks
- Fortify all food and fluids with extra cream, butter and cheese and other high calorie additions – document additions made – See Food First resources on the trust intranet
- Speak to the patient and/or family members about usual eating habits, food and fluid preferences and record these in nursing notes including how tea and/or coffee taken
- Provide additional food and fluids if meals are missed
- If patient has less than half of a meal offer Build-up / Complan* milkshakes made up with 200mls of full cream milk.
- Monitor behaviour at mealtimes, attitude to food, psychological needs and encourage, prompt or offer assistance with feeding and drinking at each mealtime, if necessary
- Monitor for any possible impairments (e.g. dysphagia and/or difficulty feeding self) and refer to appropriate services (e.g. S&LT)
- Respect privacy and dignity of patient at all times
- Monitor and review care plans including those written by other allied health professionals
- Use Food First and MUST resources on trust intranet
- Refer to the dietitian for advice if further concerns, even if does not meet MUST score of 2+

*Non-prescribable supplements such as Build Up and Complan can be given by ward staff. Oral nutritional supplements must be prescribed.

Score 2+. Treat - High Risk
- Refer to dietitian.
- While awaiting consultation from the dietitian use the MUST Score 1 aims/goals and interventions as appropriate to support nutritional status

Treat
- Agree care plan in collaboration with patient (and dietitian post assessment)
- Weigh twice weekly and MUST screen weekly
- Continue to record food and fluid intake for at least 7 days
- Ensure any nutritional supplements are given as per prescription sheet drug chart

Care Aims/ Goals:
As per Score 1.

Nursing Care / Interventions
As per Score 1.

Other considerations:
- Physical positioning at table or location within room

- Distractions
- Equipment required for eating e.g. special cutlery or plate
- Encourage patient wherever possible to choose their own meals from the menu
- Consider finger foods for patients who are prone to wander during meal times or have difficulties using cutlery

Additional information

If unable to measure height, weight and BMI:

If height, weight or BMI cannot be obtained, use subjective criteria to help form a clinical impression of an individual's overall nutritional risk category. It is very important to try to record a baseline observation for BMI:

- Use self-reported height or weight or that from family/carers, if realistic and reliable
- Alternative measurements (Ulna length and Mid Upper Arm Circumference) and observations can also be used
- If these are unobtainable, subjective criteria should be used to give an overall clinical impression of the subject's nutritional risk category

Subjective criteria

- ***As a replacement for calculated BMI***

  Record observations such as thin, acceptable weight, overweight, obvious wasting (very thin) and obesity (very overweight)

- ***As a replacement for known weight loss***

  Record observations such as clothes and/or jewellery/watches have become loose fitting

  History of decreased food intake, reduced appetite or dysphagia (swallowing problems) over 3 – 6 months and underlying disease, psychosocial/ physical disabilities likely to cause weight loss

Please note: these criteria should be used collectively not separately as alternatives to Steps 1 and 2 of 'MUST' and are not designed to assign an actual score.

Appendix 7. MUST resources

MUST tool kit

6 page explanatory tool kit for using MUST. The tool kit includes the 5 steps of how to screen, BMI charts, % weight loss charts, alternative measures, descriptions, alternative measurements using ulna length and mid-upper arm circumference measurements and conversion tables.

BMI charts: 30-100kg and 100-170kg

BMI charts for measuring BMI and for use in MUST and/or Physical Health screening. Weight charts cover weights from 30 -100kg and 100 -170kg.

Use of Weight Chart vs. MUST Chart (Trust approved documents)

Includes recommendations as to when the circumstances under which to use each chart. to use the MUST chart and when to use the weight chart. It is not necessary to use both.

Improving intake of Oral Nutritional Supplements

Information about the type of oral nutritional supplements available on Pennine Care Mental Health wards and units and usage of these. Also some tips to aid consumption of the supplements.

Appendix 8. Food First Resources

- 'Food First' is a concept to encourage the continued consumption of food and fluids, before supplementation where appropriate, as our nutritional intake, health, oral function and digestion are best served from eating meals, snacks and drinking. The Food First concept also promotes nutrition as a crucial element of our physical health.
- Resources to compliment the Food First concept are available on the trust intranet to enable staff to devise and complete effective care plans for patients who are assessed as requiring nutritional intervention and reduce malnutrition and its effects. Care Plans can be developed before referral to a dietitian is made or where this is deemed as unnecessary.
- Patients who have MUST score of 1 = medium or 2+ = high risk of malnutrition should be provided with dietary advice to encourage the use of energy and protein rich foods as the initial intervention before considering prescribing sip feeds
- During periods of acute or chronic illness, anorexia (loss of appetite) can be expected which can be a cause for concern for the patient and carer. In these cases providing simple dietary advice and encouraging nutritional intake may be sufficient until the patient recovers
- Meal times can often become a stressful time between patients and carers due to concerns over poor dietary intake. Many carers may take time to prepare favourite dishes that are often wasted. These issues should be discussed with all concerned and reassurance given that during the short term, small nourishing meals and snacks and milky drinks may be more acceptable
- The social aspect of mealtimes should be encouraged or maintained as people generally eat better in company. If social isolation is a problem, lunch clubs or day care could be considered

These resources can be used in conjunction with the MUST guidelines for Care Plans, also available on the intranet.

- **Nourishing drinks:** Why nourishing drinks are important, how much should we have, what drinks are most nourishing, some recipes and some over the counter proprietary products.
- **Small appetite:** Suggestions on how to increase nutritional intake with a small appetite.
- **Food fortification:** How to provide concentrated sources of energy and nourishment from snacks and lists of suitable foods including simple homemade ways to fortify fluids and foods