Protocols in relation to Nutrition

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Developed by: Director of Nursing Office and Clinical Nurse Managers	**Date Developed: Revised February 2011, 2014, 2017, 2019**
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1.0. **Protocol Statement**. Diet plays a vital role in maintaining health for everyone but is especially important for older people. Older people require the same nutrients as all other adults. For various reasons some older people may take a poor diet, which as the body reserves of nutrients are used up may result in malnutrition and the development of dietary deficiencies. This process is speeded up by illness when the body may have a greater demand for nutrients. All staff working within these services must ensure that residents obtain enough food and fluids in order to prevent malnutrition and the possibility of dehydration.

2.0. On admission. Nursing staff should weigh all residents on admission and ascertain a clear history from the resident on their likes and dislikes in relation to food, their nutritional intake and customs in relation to nutrition and obtain a detailed history from the resident .

3.0. Particular attention should be paid to the energy needs of older people. These needs should be assessed on an individual basis.

4.0. Within the first week of admission and ongoing, the older person should be weighed and have his her food and fluids needs assessed. These needs should be monitored and reviewed very regularly. A specific review after one month should be undertaken when the person is better known to staff.

5.0. All residents should be weighed using the sitting scales provided. These scales should be checked regularly to ensure proper working.

6.0. The weight of each person should be recorded in the care plan at least once per month, Anyone with recent unintended weight loss or gain of 3kg (7lbs) or more should be referred for assessment by a health care professional In this service the professional opinions of the Dietician, speech and language therapist, occupational therapist and physiotherapist. The Medical Officer and/or the General Practitioner of the resident must be informed and arrangements made for urgent referral to the dietician.

7.0. The dietician can be contacted for urgent referrals, outside of normal referrals on Margot Brennan. <margot@margotbrennan.com>.

8.0. However if in the opinion of the multidisciplinary team a referral is required to a Dietician then this should be arranged through the medical officer and Director of Nursing Office. The Nurse in charge must fill out the documentation contained in Appendix One and forward to Director of Nursing. This should be followed up with a phone call. In addition the quality improvement notification also requires the Director of Nursing to be informed of any weight loss in residents on a monthly basis

9.0. At a very minimum Residents must have a minimum of 1800 calories per day and at a very minimum 1500mls of fluids per day. Remember this is a very minimum so unless otherwise indicated this is target that must be achieved. Restricting fluid intake does not reduce problems associated with incontinence. 8-10 teacups of fluid are recommended for those with or prone to constipation

10.0. Attractively presented foods are of utmost importance particularly when alterations to textures have been made.

11.0. Many older people may have small appetites so they should be provided with the opportunity to obtain small frequent meals. Nutritious snacks should be presented in between meals. Snacks such as milky drinks, biscuits, tea, fresh juices and water should all be available throughout the twenty four hour periods.

12.0. All meals should be appropriately spaced.

13.0. Good food hygiene is essential as older people are a vulnerable group.

14.0. Those who have the ability to eat should be allowed to maintain that skill for as long as possible. Assistance of Occupational Therapy should be sought in situations where that skill appears to be diminishing.

15.0. Menu has to be displayed in all areas where residents have access to and can view.

16.0. Finger foods should be offered to those who may have difficulty using utensils and as a way of preserving eating skills.

17.0. Staff should always be present at mealtimes. Nurses must be very vigilant as to what a resident is consuming and this should be recorded.

18.0. All staff should respect the need for quiet and calm during meals.

19.0. Mealtimes should be reviewed to ensure the timing of meals is consistently spaced.

20.0. Nursing staff should clearly document person's food preferences, on admission, in consultation with the resident, in consultation with the family and through their own learning and experience of working with the resident..

21.0. While tables should be neatly presented, there may be a need for those with cognitive impairment or sensory or perceptual issues to keep utensils to a minimum. In dementia care units tables should not be set more than 30 minutes before a meal in order to avoid disorientation.

22.0. Residents should be allowed choose where they sit.

23.0. Residents should be offered a napkin.

24.0. Residents should be offered the choice to serve themselves.

25.0. When serving soup offer the choice of a cup or bowl.

26.0. Offer a choice of drink

27.0. Salt and pepper pots rather than individual packets of condiments.

28.0. Those who need help with eating must be treated sensitively.

29.0. Verbal prompting such as 'open your mouth' chew' or swallow is seen as appropriate as is commenting on the food such as 'this looks very tasty'.

30.0. Please refer to mealtime behaviour assessment on page 45 of **"Eating well for older people with Dementia" Caroline Walker Trust.**

31.0. MUST ASSESSMENT TOOL. This the protocol that must be followed and care plan put in place using three day food diaries ongoing for as long as it takes for person to reverse malnutrition.

Step 1

Measure height and weight to get a BMI score using chart provided. *If unable to obtain height and weight, use the alternative procedures shown in this guide.*

Step 2

Note percentage unplanned weight loss and score using tables provided.

Step 3

Establish acute disease effect and score.

Step 4

Add scores from steps 1, 2 and 3 together to obtain overall risk of malnutrition.

Step 5

Use management guidelines and/or local policy to develop care plan.

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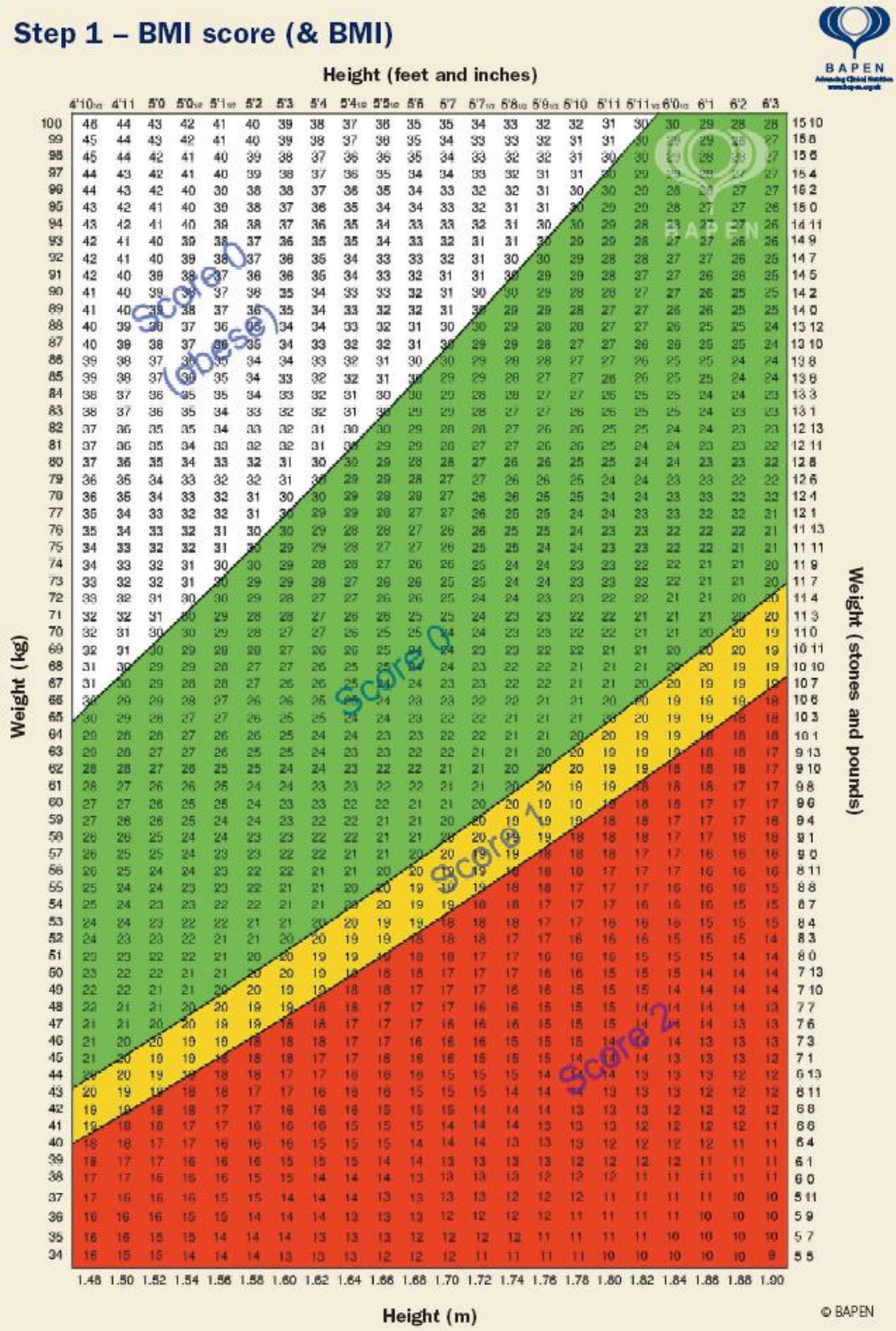
Step 1 – BMI score (& BMI)



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

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Appendix One.

Notification to Director of Nursing requesting input from Dietician. Must be sent with night report or sooner if urgent.

Date	Name of Resident	Weight loss	Loss from previous	Current Plan	Follow up call

Outcome.

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Signed_____Date_____