


**TRUST POLICY FOR ORAL NUTRITION AND HYDRATION OF ADULTS**

|   |                        |                              |  |  |
|---|------------------------|------------------------------|--|--|
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| <b>Training and Dissemination:</b>  |                        |                              |  |  |
| <b>To be read in conjunction with:</b> UHDB Mealtimes Matter Principles and Standards   |                        |                              |  |  |
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## Contents

| Content   | Page |
|---|------|
| 1. Introduction   | 4    |
| 2. Aim and Purpose  | 4    |
| 3. Definitions, Keywords  | 4    |
| 4. Key responsibilities   | 5    |
| 5. Oral Hydration   | 7    |
| 6. Oral Nutrition for Adults  | 8    |
| 6.1. Oral Nutrition Objectives  | 8    |
| 6.1.1. Mealtimes Matter / Protected mealtimes   | 9    |
| 6.1.2. Patients requiring assistance with feeding   | 9    |
| 6.2. Education and Training   | 9    |
| 6.3. Nutritional Screening  | 10   |
| 6.3.1. What is Malnutrition   | 10   |
| 6.3.2. How do we screen for and treat malnutrition?   | 11   |
| 6.4. MUST   | 11   |
| 6.5. Referral to other HCPs   | 12   |
| 6.5.1. Referral to a Dietitian  | 12   |
| 6.5.2. Referral to Speech and Language Therapy  | 12   |
| 6.6. Food Allergy   | 13   |
| 6.6.1. Management of patients with allergens requesting<br>meal from non-allergen specific menu | 13   |
| 6.7. Oral Nutrition Supplements (ONS)   | 13   |
| 6.8. Enteral Feeding  | 14   |
| 6.8.1. Patients admitted with existing enteral feeding  | 14   |
| 6.8.2. Discharging patients on enteral feeding  | 14   |
| 6.9. Patients at risk of Refeeding  | 15   |
| 6.10. Patients presenting with suspected/confirmed Anorexia                                     |      |

|  |    |
|--|----|
| Nervosa/Eating Disorders   | 15 |
| 6.11. Patients with Dysphagia  | 15 |
| 6.11.1. Referring to Speech and Language Therapy (SLT)                                     | 15 |
| 6.11.2. Nurse Swallow Screens  | 15 |
| 6.11.3. Modified diet and fluid consistencies  | 16 |
| 6.11.4. Patients assessed by a Speech and Language<br>Therapist or Dysphagia Trained Nurse | 17 |
| 6.11.5. Feeding at Risk  | 17 |
| 7. Patients recognised as dying  | 18 |
| 8. Catering and Food Options within the Trust  | 18 |
| 8.1. Royal Derby Hospital and Florence Nightingale Community Hospital                      | 18 |
| 8.1.1. Additional Snacks Process   | 20 |
| 8.2. QHB/SRP/SJCH  | 21 |
| 9. Monitoring, Compliance and Effectiveness  | 23 |
| 10. References   | 23 |

## 1. Introduction

All patients accessing inpatient services from University Hospitals of Derby and Burton NHS Foundation Trust should receive first class care to meet their individual nutrition and hydration needs, within an organised culture and environment. This policy has been developed to support staff in the delivery of nutrition and hydration at ward level and is underpinned by separate guidelines to support best practice.

It is important to note that the information supplied does not replace the need for individual patient assessment and education by a suitably qualified member of staff as clinically indicated.

## 2. Aim and Purpose

Aim:

University Hospitals of Derby and Burton NHS Foundation Trust strives to ensure that no patients suffer from malnutrition or dehydration and their recovery is enhanced by appropriate and targeted nutritional assessment and treatment.

Purpose:

- To provide a standardised approach to food and nutritional care provision by all staff.
- To promote a patient centred approach to meeting nutrition and hydration needs of patients.
- To improve patient experience of food and nutritional care in hospital.
- To provide information and support clinical staff in accessing hospital food for patients.
- To provide guidance on documentation of patients' food intake.
- To provide an overview of therapeutic diets that may be used within the hospital setting.
- To signpost staff to guidelines that are linked to this policy.
- To provide guidance for staff in accessing the dietetic services and speech and language therapy services provided in our hospitals.
- To ensure staff are appropriately trained to carry out the elements of this policy

## 3. Definitions, Keywords

Keywords: Enteral; Oral, Nutrition, Feeding, Hydration, Adult

|       |   |
|-------|---|
| BAPEN | British Association for Parenteral and Enteral Nutrition Website: <a href="http://www.bapen.org.uk">http://www.bapen.org.uk</a> |
| CVA   | Cerebrovascular Accident (Stroke)   |
| DTN   | Dysphagia Trained Nurse   |
| GPs   | General Practitioners   |
| FNCH  | Florence Nightingale Community Hospital   |
| MUST  | Malnutrition Universal Screening Tool   |

|      |   |
|------|---|
| NICE | National Institute for Health and Clinical Excellence<br>Website: <a href="http://www.nice.org.uk">http://www.nice.org.uk</a> |
| NGT  | Nasogastric tube  |
| ONS  | Oral Nutritional Supplements  |
| PEG  | Percutaneous Endoscopic Gastrostomy   |
| PEJ  | Percutaneous Endoscopic Jejunostomy   |
| QHB  | Queen's Hospital, Burton  |
| RIG  | Radiologically Inserted Gastrostomy   |
| RDH  | Royal Derby Hospital  |
| SJCH | Samuel Johnson Community Hospital   |
| SLT  | Speech and Language Therapy (or Therapist)  |
| SRP  | Sir Robert Peel Community Hospital  |
| TTO  | To Take Out (relating to items that can be prescribed/ACBS products)  |
| WHO  | World Health Organisation   |
| CQC  | Care Quality Commission   |

#### 4. Key responsibilities

##### **Clinical patient facing staff working in inpatient and outpatient departments**

All staff have a duty to ensure that good nutrition and hydration is an integral part of patient care. All staff will have an awareness of the Trust Policy for Oral and Enteral Nutrition and Hydration

##### **Board of Directors**

The board of Directors has overall responsibility for the monitoring of compliance with, and effectiveness of the Oral and Enteral nutrition and Hydration Policy in line with CQC regulation 14.

##### **Nutrition and Hydration Steering Group**

Responsible for providing strategic direction, implementing and reviewing Trust nutrition initiatives. Also ensures that systems are in place for auditing performance against relevant criteria identified in national guidelines/policies.

##### **Chief Nurse and Director of Patient Experience**

The Chief Nurse and Director of Patient Experience is the Executive Lead for Nutrition and hydration and is responsible for the implementation of this policy within the Trust.

##### **Consultants and Medical Staff**

Consultants will ensure that medical and investigative procedures will not interfere with patient nutrition unless clinically unavoidable; they will support the philosophy of protected mealtimes by minimising interruptions to nursing staff and patients during mealtimes. The medical team must consider nutrition as soon as the patient is admitted. They will ensure timely referrals are made for patients requiring dietetic and Speech and

Language Therapy input and that they are aware of and act upon any nutritional care plans as required. They will ensure appropriate and timely biochemical monitoring and supplementation of electrolytes, vitamins and minerals for all patients deemed at risk of refeeding syndrome.

Medical staff will be responsible for the initial decision to insert an enteral feeding tube and to ensure this is documented correctly in the medical notes. Medical staff will also be responsible for confirmation of NG placement, working within their scope of practice and their own competency, and defined by the GMC.

### **Emergency department staff**

Responsible for ensuring patients that are able to safely eat and drink are offered timely, appropriate meals and drinks whilst in attendance at ED.

At RDH, ISS will deliver breakfast items to ED every morning for ED staff to offer patients breakfast. There will be a hostess service in ED 7days a week from 10.30-19.00hrs offering a reduced menu of hot and cold choices and beverages to patients that have been in ED for 6 hours or more. The ED staff will work with ISS on this process to ensure that special diets and allergens are documented to avoid harm.

### **Registered Nursing Staff**

Responsible for the day-to-day implementation of this policy at ward level - mainly ensuring that patients are screened for malnutrition risk (and appropriate action plan implemented), offered the appropriate diet/fluids and referred to appropriate specialists as necessary (i.e. Dietitians, Speech and Language Therapists, etc).

Nurses who are trained within an extended role include Dysphagia Trained Nurses (DTN) and nurses trained to carry out a Water Swallow Screen.

### **Nutrition Link Nurses – RDH only**

Each ward at RDH will have a named Nutrition Link Nurse. This nurse will be responsible for attending relevant training on various aspects of nutrition provided by dietitians, speech and language therapists or by the Trust training team and cascading this training throughout their ward area to the ward staff.

### **Nutrition Assistants**

Responsible for supporting registered nursing and ward staff in implementation of this policy at ward level – including a more focused and specialist role in the provision of food and fluids to patients with more complex nutritional needs or requiring modified feeding techniques. Nutrition Assistants are not currently employed to support registered nursing staff at QHB, SJCH or SRP. Nutrition Assistants are available on select wards at RDH.

### **Ward Host/Hostess – RDH/FNCH only**

Responsible for the safe service delivery related to food using the Catering department Menu system. They will provide appropriate patient menu and order patient meals by determining individual patient choices and requirements. They will ensure patient specific

needs are identified by using the hostess special diet form. This must be presented to the nursing staff for completion. They will serve meals and provide refreshments at the bedside in a timely manner in partnership with all ward staff.

#### **Catering Assistants - QHB/SRP/SJ**

Responsible for the safe service delivery related to food and plating up of patient food at ward level. They will serve meals in a timely manner to the ward staff.

#### **Ward Housekeeper - RDH/FNCH**

Responsible for carrying out and monitoring the service delivery related to food, responsible for reporting any non-Compliance regarding the food service. They will support in the delivery of food, and beverage services.

#### **Ward Housekeeper QHB/SRP/SJ**

Responsible alongside clinical staff to take orders from the patients using the catering department ordering service for the service delivery of food to the patient's bed side.

#### **Nutrition Nurse Specialists**

Responsible for supporting registered nurses and ward staff. Will also have an active role and participate in the development and implementation of Trust nutrition initiatives and policies. Nutrition Nurse Specialists are not currently employed to support registered nursing staff at QHB, SJCH or SRP.

#### **Dietitians**

Responsible for the assessment of an individual's nutritional status and requirements with the subsequent provision of impartial, evidence-based advice to them or their representative to address their nutritional needs.

Will also have an active role and participate in the development and implementation of Trust nutrition initiatives and policies.

#### **Speech and Language Therapists**

Responsible for the assessment, diagnosis, and management of patients with identified swallowing difficulties (dysphagia) for evaluating the risk of aspiration. They will also give advice to patients and staff on texture and consistency of food and fluids for patients requiring texture modified diets and/or fluids.

Will also have an active role and participate in the development and implementation of Trust nutrition initiatives and policies.

#### **Facilities (Catering)**

Responsible for the development and provision of a wide range of food/menus to meet the needs of the diverse patient population served by the Trust in conjunction with relevant clinical staff.

#### **Pharmacy**

Responsible for the external ordering of and provision of Oral Nutritional Supplements (ONS) and enteral tube feeds as prescribed to patients at ward level. The pharmacy department will give guidance on suitability of medicines and interactions with enteral feeds. The stores department at QHB order the majority of the ONS and enteral feeds at QHB, SRP and SJCH.

### **Medical Equipment Library**

The medical equipment library will supply the enteral feeding pumps to the wards as required. They will ensure enteral feeding pumps are maintained according to manufacturer guidelines and record evidence of maintenance as per Trust Policy for the Management of Medical Devices. POL-RKM/1780\08

## **5. Oral Hydration**

Hydration can be defined as the process of providing adequate fluid to the body tissues. Fluid requirements are individual and can vary due to many factors such as age, gender, body mass, physical activity levels and climate.

Within the hospital setting it is important to consider where patients may have high fluid losses such as in cases of high body temperature/sweating, vomiting, diarrhoea, high stoma losses and drain losses.

Where patients can have oral fluids, they should be encouraged to consume a range of fluids throughout the day served at an acceptable temperature, and in suitable cups, glasses or mugs. Seek guidance from the team caring for a patient if the patient is on a fluid restricted diet.

Where a patient's fluid is required to be monitored, oral fluid intake should be documented on fluid balance charts. It is essential that intake and output are accurately recorded in millilitres (ml) using the appropriate column on the fluid balance chart.

If patients are unable to tolerate adequate oral fluids, or are suspected to be dehydrated, the use of alternative routes for fluid provision should be discussed with the patient's clinical team and alternative routes for the provision of fluids considered, e.g. IV/enteral.

For patients on thickened fluids please refer to 'Patients with Dysphagia' section 6.12.

## **6. Oral Nutrition for Adults**

### **6.1. Oral Nutrition Objectives**

All hospital staff (clinical and non-clinical) will acknowledge that food is an important part of the treatment and care of patients within the hospital setting alongside that of medication and other therapies. Multidisciplinary working; including catering, dietetics and nursing teams can improve nutritional outcomes by having strong leadership and focus (Dept. Health and Social Care, 2020).



### **6.1.1. Mealtimes Matter / Protected Mealtimes**

It is widely recognised that nutrition and hydration is an essential component of a patient's recovery in hospital. Mealtimes Matter / Protected mealtimes involve positively avoiding all interruptions, allowing patients time to enjoy their meals, which can contribute to their wellbeing and improving outcomes for our patients. At mealtimes, all ward activity should focus on the meal service and there should be an awareness of key issues in the eating environment, which include:

- Allowing people to access dining areas, where available/appropriate, and to be alerted to the pending mealtime
- Suitable and appropriate positioning
- 'Modern Housekeepers and care staff should ensure hand wipes are given to every patient before the mealtime
- Ask if a person requires assistance in eating or help with packages. A relative or carer could also assist

Ensuring protected mealtimes is achieved is crucial to allow patients time to eat a nutritious meal and allows staff at ward level to be available to support patients at mealtimes. At UHDB, all mealtimes are protected for 30 minutes. No HCP should initiate a patient consultation or assessment during this time unless specifically indicated as part of a Speech and Language Therapy Assessment or in the case of a clinical emergency. If the patient has a planned procedure off the ward, this should not be cancelled and the patient offered a meal on their return to the ward. Social dining experience is to be encouraged where space allows.

For further detail regarding UHDB Mealtimes Matter Principles and Standards click [here](#)

### **6.1.2. Patients requiring assistance**

Patients that are served their meals on a green tray have been identified as requiring assistance with feeding. The Trust supports friends and relatives visiting during protected mealtimes to help or encourage patients to eat and drink. Volunteers / Housekeepers are not able to feed patients, but can assist patients preparing for meals (i.e. clearing table space and opening containers) and can provide drinks (but not assisting the patient to drink).

Speech and Language Therapists will specify on a special instruction sheet if patients with dysphagia need assistance with eating and drinking. Please see Patients with Dysphagia, section 6.12 in this policy.

## **6.2. Education and Training**

All colleagues involved in the preparing, delivering, and dispensing of food to patients will require Food safety training. This will vary depending on the role:

Please see the Food Safety policy for further information. [opac-retrieve-file.pl \(koha-ptfs.co.uk\)](#)

All registered nurses will be able to access training on completing MUST as part of their V6 EPR training (Burton colleagues), and induction at other UHDB sites.

The Nutrition and Dietetic department provide scheduled training sessions to FY1 and FY2 doctors. Other training sessions are available on all aspects of nutrition and can be tailored to meet the requirements of wards or departments as required.

The flexible staffing team and Vocational Training & Apprenticeship team in conjunction with Dietetics and Speech & Language Departments provide training to Health Care Support Workers on induction, this includes new starters and flexible staffing who will be supporting patients with eating and drinking including modified diet and fluids, menus and special dietary requirements and related documentation and fridge safety.

### **Enteral Feeding Training**

#### **Medical Staff**

The Nutrition and Dietetic department provide regular scheduled training session to FY1 and FY2 doctors which includes information regarding enteral feeding.

#### **Nursing Staff**

Training must be completed by all nursing staff using the enteral feeding pumps as per the Medical Devices Training Policy.

Theoretical and practical training on insertion of nasogastric tubes and confirmation of their position will be provided for registered practitioners on the Trust's clinical skills training day delivered by the Trusts' Professional & Practice Development Team & Nutrition Specialist Nurse team.

Colleagues must maintain this competency by inserting a minimum of 2 fine bore NG feeding tubes per year and completing a self-declaration form on the MLP system. Training can also be provided by nurses employed by the enteral feeding contract provider on enteral tube feeding including use of the feeding pump, setting up enteral feeds and care of stoma sites. This can be arranged by contacting the nurses directly or through the Nutrition and Dietetic Department.

This training is also incorporated into the Newly Qualified Nurse and Nursing Associate training. Patients / Carers Patients and / or carers requiring training on using an enteral feeding pump, care of enteral feeding tubes and setting up feeds will have the training provided by the nutrition nurse or by nurse from the home enteral feeding provider either on the ward or at the patient's home.

### **6.3. Nutritional Screening**

#### **6.3.1. What is malnutrition**

Malnutrition can be described as a state of nutrition in which a deficiency or imbalance of nutrients such as energy, protein, vitamins, or minerals causes measurable adverse effects

on body composition or function, or clinical outcome. Malnutrition may be both a cause and a consequence of ill health and disease, and often delays recovery from illness (NICE, 2006).

It is estimated that 40% of patients admitted to hospital are at risk of malnourishment/undernutrition (BAPEN, 2021). Prevalence is higher in adults greater than 65 years of age. The more vulnerable at-risk groups include those with chronic diseases, the elderly, those recently discharged from hospital, and those who are resident in care homes.

It was estimated that in 2012, malnutrition cost the NHS approximately £19.6 billion per year (BAPEN, 2015), a figure which has risen by 51% since 2007. It is therefore important to detect and treat malnutrition as early as possible.

### **6.3.2. How do we screen for and treat malnutrition?**

Despite its high prevalence, malnutrition is often overlooked and untreated. However, through routine screening using a validated screening tool, patients at risk of malnutrition can be quickly and appropriately identified and treated.

NICE (2012) made the following Quality Standard statements:

Statement 1 - People in care settings are screened for the risk of malnutrition using a validated screening tool. The Malnutrition Universal Screening Tool (MUST) is validated for use in any setting (e.g. hospitals, care homes or GP surgeries).

Statement 2 - People who are malnourished or at risk of malnutrition have a management care plan that aims to meet their nutritional requirements.

Statement 3 - All people who are screened for the risk of malnutrition have their screening results and nutrition support goals (if applicable) documented and communicated in writing within and between settings.

Statement 4 - People managing their own artificial nutrition support and/or their carers are trained to manage their nutrition delivery system and monitor their wellbeing.

Statement 5 - People receiving nutrition support are offered a review of the indications, route, risks, benefits and goals of nutrition support at planned intervals.

### **6.4. MUST**

MUST is a 5-step screening tool designed to identify, with cautious interpretation of the results, any adult who is malnourished or at risk of malnutrition.

Early identification of malnutrition ensures that appropriate nutritional intervention is implemented promptly.

**MUST assessment must therefore be undertaken on all adult patients (excluding obstetrics) within 24 hours of admission and weekly thereafter, or within 12 hours after transfer to another ward (or earlier if there is clinical concern).**

Clinical measurements taken as part of MUST screening should be clearly documented in the Patient Assessment and Care Record, repeat assessments should be completed within the assessment continuation document.

Suitable calibrated weighing scales and stadiometer should be available to carry out accurate measurements. Where a height or weight cannot be measured, access to appropriate tape measures for measuring ulna length and mid-upper arm circumference (MUAC) will be required. All equipment should be serviced and calibrated as instructed by the Clinical Engineering team.

MUST is completed in the patient care plans on Meditech v6 at QHB, SRP and SJCH.

For patients with a MUST score of '0' or '1', each ward area is to carry out the 'suggested advice' documented in the Patient Assessment and Care Record (page 22).

All patients with a MUST score of above 2 should be referred to the dietetic department. Incomplete referrals will be rejected.

A separate guideline is available which details how to apply MUST in our hospitals.

## **6.5. Referral to other HCPs**

### **6.5.1. Referral to a Dietitian**

Any registered member of staff can refer patients for dietetic assessment and advice. At Royal Derby Hospital and inpatients at FNCH the referral is to be made via Extramed. For oral nutritional referrals please complete 'Dietetics Referral v2'. For tube feeding referrals please complete 'Tube Feeding Referral v2'.

At Queens Hospital Burton, Samuel Johnson and Sir Robert Peel Hospital nursing / medical staff can refer for dietetic assessment on Meditech V6 via orders on PCM (patient care manager section).

Patients with a MUST score above '2' should be referred to the dietetic department within 24 hours of the score being recorded.

Information on the referral must include:

- Indication for referral
- MUST score
- Weight and height used to calculate MUST and date of these measurements. State if either of these measurements are estimated as per MUAC or ulna length as per MUST paperwork.
- Past relevant medical history
- Allergies if known

Note: At QHB, the MUST measurements do not pull through to the dietetic referral on Meditech v6

### **6.5.2. Referral to Speech and Language Therapy**

Please see Patients with Dysphagia, section 6.12.1 in this policy.

## 6.6. Food Allergy

It is crucial that on admission to any ward each patient is assessed for allergies. If an allergy is identified, it must be clearly documented in the patient medical record and shared with all relevant HCP's or catering team representatives.

There is a section to document specifically for allergies on Meditech V6.

### 6.6.1. Management of patients with allergens requesting meal from non-allergen menu

For patients requesting to eat known food allergens from hospital menu, staff must follow MCA policy to establish if patient lacks capacity concerning consumption of a known allergen or if patient is making an unwise decision (see - CONSENT AND THE MENTAL CAPACITY ACT (LAWFUL AUTHORITY FOR PROVIDING EXAMINATION, CARE OR TREATMENT <https://derby.koha-ptfs.co.uk/cgi-bin/koha/tracklinks.pl?uri=https://derby.koha-ptfs.co.uk/cgi-bin/koha/opac-retrieve-file.pl?id=729d142f831b61b11e40a3c851ada0a8;biblionumber=1903>.) The outcome of which should be clearly documented within the health records.

At all points the patient should be supported to choose a suitable meal from the allergen menu. If the symptom of eating an allergen is anaphylaxis, extreme breathing difficulties or deemed increased risk of death, the ward team caring for the patient will need to seek further advice from the safeguarding and legal team. The staff will keep the patient informed at all times.

A dietitian will not agree to a patient with a known allergy eating an allergen.

## 6.7. Oral Nutrition Supplements (ONS)

Nutritional adequacy should be achieved by utilising the menu options available.

If a patient is unable to achieve sufficient intake from the menu alone, the use of ONS can be considered. These products are designed to supplement a patient's intake and should be given in addition to meals and snack, not instead of. If ONS is prescribed, intake should be documented on food and/or fluid record charts.

ONS are prescribable products and should **not** be given to a patient unless prescribed.

A thorough dietetic assessment is gold standard prior to prescribing ONS for two reasons:

1. To ensure they are used in the most appropriate and cost-effective way. In most cases, this will be in addition to other dietary intake and not a substitute for it.
2. Different supplements have different nutritional profile and therefore, prescriptions are tailored to the individual patient. ONS are not interchangeable and so the correct product must be given. ONS come in various forms; juice style, milkshake style, yogurt style or modular. Patients with dysphagia should only be prescribed products of suitable consistency. (See dysphagia section). Not all products are certified vegetarian or vegan, halal or kosher.

Ensure a patient is offered the supplement at an acceptable temperature and decanted into a suitable cup, mug or glass.

Ensure product is stored, served and discarded as directed.

All patients started on ONS during admission should be referred to the dietetic department for assessment. This allows for review of suitability of ONS once discharged and prevents inappropriate prescribing. Maximum 3 days TTO's should be supplied from ward stock. The only exception is specific paediatric supplements which are all supplied through pharmacy, and any specialist feeds that are requested by the dietician.

## **6.8. Enteral feeding**

Enteral feeding is initiated when patients cannot attain adequate oral intake from food and/or ONS, or who cannot eat/drink safely. The gastrointestinal (GI) tract must be accessible and functioning sufficiently to absorb the feed administered. Enteral tube feeding is commonly used for a wide range of clinical condition across a wide age-group.

Enteral tube feeding includes feeding via:

Nasogastric (NG) tube

Gastrostomy tube e.g. percutaneous endoscopic gastrostomy (PEG), radiologically inserted gastrostomy (RIG), balloon gastrostomy

Post pyloric tube e.g. naso-jejunal tube (NJ), percutaneous endoscopic jejunostomy (PEJ), surgical jejunostomy tube

Some clinical areas across UHDB operate an Out of Hours (OOH) enteral feeding plan. These include ICU and the acute stroke ward at RDH. All wards at QHB have access to an OOH feeding plan.

For direction on specialist areas of Enteral feeding please access the appropriate guidelines:

### **6.8.1. Patients admitted with existing enteral feeding**

On admission nursing staff should ask patient/carer what their current feeding regime is, the type of feed, volume of feed, rate of administration if pump fed and detail on additional water flushes. At RDH, current feed plans are available on CITO.

Patients who attend QHB are often under the care of MPFT. The dietitians or ward teams can call the dietetic team at MPFT to get a handover of current feed plan. As the patients who typically attend QHB are not managed by UHDB, we are unable to store current feed plans on Meditech.

### **6.8.2. Discharging patients on enteral feeding**

It is important that each patient discharged with enteral feeding is supported and has the correct equipment and feed. The patient must be discharged with accurate written information and contact details for the dietetic department and nutrition nurses.

## **6.9. Patients at risk of refeeding**

For patients at risk of Refeeding Syndrome please refer to appropriate guideline.

## **6.10. Patients presenting with suspected/confirmed Anorexia Nervosa/Eating disorders**

For any patient admitted with a or confirmed eating disorder, refer to appropriate guideline

## **6.11. Patients with Dysphagia**

Referrals should be made to a Speech and Language Therapist (SLT) for a more comprehensive assessment. SLTs mainly assess for oro-pharyngeal dysphagia; but may see some patients with oesophageal problems if this co-exists with oro-pharyngeal dysphagia. If staff are concerned that the patient is at very high risk of aspiration, they should discuss with the Consultant Team if the patient should be NBM or if the risk of aspiration is accepted until SLT can assess.

All patients with a suspected new stroke should be NBM until their swallowing is assessed by a Dysphagia Trained Nurse (DTN), a Stroke Clinical Nurse Specialist or a Speech and Language Therapist.

### **6.11.1. Referring to Speech & Language Therapy (SLT):**

**Royal Derby Hospital (RDH) and Florence Nightingale Community Hospital (FNCH):** Inpatient referrals should be made to the department via Extramed. Verbal queries and updates to referral information should be made via telephone on ext. 85891.

ENT enquiries should be made direct to the ENT service on ext. 83182.

**Queen's Hospital Burton (QHB), Samuel Johnson Community Hospital (Lichfield) and Sir Robert Peel Community Hospital (Tamworth):** Inpatient referrals should be made to the department via Meditech V6. Verbal queries and updates to referral information should be made via telephone on ext. 5237 or 5229.

### **6.11.2. Nurse Swallow Screens**

The stroke wards at RDH (410 and 312) have their own Dysphagia Trained Nurses (DTNs) to carry out an initial dysphagia screen of patients with a suspected swallowing problem for non-complex patients. The DTN can recommend thickened fluids and modified diet as per the DTN protocol.

Experienced nurse on ward 4 at QHB occasionally screen patients for thin/normal fluids – level 0 and regular / normal diet – level 7.

Patients are then referred on to SLT as required.

The water swallow screen is being implemented on Critical Care with trained nurses and by the Stroke Clinical Nurse Specialists at RDH Referral is then made to SLT as required. If the patient is not found to have any dysphagia, then they are put on sips of thin/normal fluids-level 0 and if tested with regular / normal diet - level 7, they can be put on regular/normal diet-level 7. If dysphagia is identified, the patient is left NBM and referred to SLT for a comprehensive assessment.

### 6.11.3. Modified Diet and fluid consistencies

As a response to the National Patients Safety Alert ([Patient Safety Alert Resources to support safer modification of food and drink v2.pdf \(england.nhs.uk\)](http://patient.safetyalert.nhs.uk/resources-to-support-safer-modification-of-food-and-drink-v2.pdf)) the UK adopted the International Dysphagia Diet Standardisation Initiative (IDDSI). A comprehensive explanation of the framework can be found on the IDDSI Website [IDDSI - IDDSI Framework http://iddsi.org/framework](http://iddsi.org/framework)

UHDB sites use IDDSI terminology for modified diet and fluids.

#### Modified diet consistencies:




Some patients may need to have a modified consistency diet which should be ordered from the appropriate menu.

Breakfast menu choices for all modified diets can be found on the host/hostess tablets or in the menu books used by the ward hostesses.

Menu choices are via the iPad on the QHB, SRP and SJH sites. There is also a catering manual for each ward to show what types of food are available.

Five modified textured diets for oropharyngeal dysphagia are available within the Trust:

#### **MODIFIED DIET TERMINOLOGY (IDDSI 2017) –used by Speech and Language Therapy.**

| <b>LIQUIDISED<br/>LEVEL 3</b>  | <b>PUREED<br/>LEVEL 4</b>   | <b>MINCED &amp; MOIST<br/>LEVEL 5</b>   | <b>SOFT &amp; BITE-SIZED<br/>LEVEL 6</b>  | <b>EASY TO CHEW<br/>from a regular / normal menu – subcategory of LEVEL 7.</b>   |
|--|---|---|---|--|
| Can be drunk from a cup, some effort required to suck through a straw, cannot be moulded, cannot be eaten with a fork as drips slowly through prongs, can be eaten with a spoon, smooth texture with no bits, Same thickness as level 3 – moderately thick fluids. | Usually eaten with a spoon, cannot be drunk from a cup or straw, does not require chewing, can be moulded, slides off spoon when tilted but holds shape, no lumps, not sticky, no separate thin liquid. i.e. Smooth mousse. | Can be eaten with a fork or spoon, can be scooped and shaped, soft and moist (mashed) with no separate thin liquid, particle size needs to be 4mm (particles should pass through prongs of standard fork), holds it's shape and slides off a spoon. i.e. Mashed banana. | Can be eaten with a fork or spoon, can be mashed down with a fork, chewing is required, soft tender and moist throughout with no separate thin liquid, 'bite sized' pieces – particle size needs to be 1.5cm x 1.5cm (entire width of metal fork). i.e. 1.5cm x 1.5cm pieces of banana. | Soft, tender and moist with no separate thin liquid but no restriction on particle size, chewing is required. Can be squashed with a fork and does not regain it's shape. i.e. Omelette. |
|   |    |    |   |   |
| <b>YELLOW</b>  | <b>GREEN</b>  | <b>ORANGE</b>   | <b>BLUE</b>   |  |

#### **Modified Fluids Consistencies:**

When appropriate, fluids are thickened with Nutrilis Clear thickener. This is only recommended by SLT or a DTN if they are safer for the patient to swallow. 5 levels (0-4 inclusive) of fluids consistency are available within the trust:



## **Fluid Terminology** - used by Speech and Language Therapy.

- Thin / Normal fluids – Level 0 (no thickener)
- Slightly thick fluids – Level 1 (1 scoop of Nutilis Clear Thickener in 200ml)
- Mildly thick fluids – Level 2 (2 scoops of Nutilis Clear Thickener in 200ml)
- Moderately thick fluids – level 3 (3 scoops of Nutilis Clear Thickener in 200ml).
- Extremely thick fluids – Level 4 (7 scoops of Nutilis Clear Thickener in 200ml)

N.B. Do NOT thicken drinks unless instructed to by SLT or a DTN (on stroke wards). Thickened fluids are more dangerous to the lungs if aspirated than thin / normal fluids.

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For further information on modified fluid and diet descriptors please go to

[IDDSI - IDDSI Framework](#)

For more information, please see the Managing patient's with Dysphagia UHDB policy.

[Southern Derbyshire Acute Hospitals NHS Trust \(koha-ptfs.co.uk\)](#)

### **6.11.4. Patients assessed by a Speech and Language Therapist or Dysphagia Trained Nurse**

Where a SLT or DTN has assessed for a swallowing problem and recommended a modified consistency diet this will be documented in the medical notes and a special instruction sheet placed behind the patient's bed. SLTs use colour-coded special instruction sheets which match with the appropriate menu. It is essential to only offer foods included on the specific menu unless agreed by SLT, who will document this clearly on the colour-coded special instruction sheet and in the patient's health record at RDH and FNCH, or on V6 in PCS Status Board at QHB, SRP and SJH.

### **6.11.5. Feeding at risk**

Feeding at risk - where a patient is at very high risk of aspiration and choking even on modified diet and fluids and non-oral feeding has been deemed inappropriate.

Non-oral feeding may not be appropriate if:

- The patient has a documented poor prognosis and limited life expectancy, for example being treated via the AMBER care bundle.
- The patient has declined non-oral feeding routes or has a documented Advance Decision to Refuse Treatment (ADRT) in place.
- The risks of carrying out the procedure of PEG insertion outweigh any potential benefits and is unlikely to improve prognosis.

If a patient is assessed to be at very high risk of aspiration on all oral intake then the Consultant team will decide with the patient and their family if they wish to try non-oral feeding or if the patient should be for feeding at risk. The patient's capacity should be assessed to see if they are able to make this decision.

If the patient is for feeding at risk then the blue feeding at risk form will be completed by the Consultant Team and filed in the health record at RDH and FNCH or on V6 at QHB, SRP and SJH. A feeding at risk sticker is placed on the patient's special instruction sheet if the patient is feeding at risk, to help identify this to staff (due to be implemented 2023). At QHB, SRP, SJH it is documented on V6 if a patient is feeding at risk.

## **7. Patients recognised as dying**

As part of the Trust Individualised Care Plan for the Dying Patient, the consultant should regularly review that nutrition and hydration are being provided in a way that meets patients' comfort needs rather than clinical needs. The offer of food and drink by mouth is part of basic care and must always be offered to patients, as part of comfort measures when the patient is recognised as dying. When the patient is recognised as dying then it is implicit that the risk of aspiration and choking would be accepted due to the patient's very poor prognosis and there is no need to complete the feeding at risk form. Patients can be offered teaspoons or small sips of thin / normal fluids – level 0 and teaspoons of food such as smooth yoghurt / ice-cream if staff feel it is appropriate, if the patient is alert enough. Food and drink can be refused by patients at the time it is offered if they so wish.

## **8. Catering and Food Options within the Trust**

There are subtle differences in the catering services at each site. Please see site specific guide below

### **8.1. RDH and FNCH:**

#### Hostess service

The ward hostess service operates from 07:30 to 18:30 daily.

Nursing staff liaise daily with their dedicated ward hostess to ensure that patients' dietary needs are communicated correctly.

Ward hostesses are part of the multidisciplinary team and are trained in Level 2 food hygiene, allergen awareness and customer care. They are responsible for serving three

meals each day, plus an additional snack mid-afternoon as requested. Patients are offered meals from the appropriate menu, which is available from the Catering Department.

Ward hostesses are also responsible for serving five out of seven beverages per day, with nursing staff serving an early morning and evening beverage. These beverages may include milk or a site specific nutritionally enhanced powdered supplement (prescription not required e.g. Aymes product) that can be made up as recommended, as required on an individual patient basis.

Additional beverages are also provided on request and as appropriate by ward staff.

Meal orders are taken approximately two hours before the lunch and evening service, allowing patients to choose their meals close to the service, which is beneficial for patients for a variety of reasons. On some wards, meal orders are taken the previous day.

If a patient is off the ward for an investigation or procedure and misses the mealtime service, it has been agreed that a member of ward staff must contact the relevant Facilities Helpdesk (RDH or FNCH) to order a meal that has been selected by the patient. Once the order has been received, ward hostesses will be contacted and instructed to prepare and deliver the meal to the patient directly. In addition, a snack box can be ordered if the patient misses the mealtime.

#### Modern Housekeeper service

Modern Housekeeper service operates at various times, Monday to Friday inclusive.

As part of their role, Modern Housekeepers are responsible for ensuring the patient mealtime experience is of a high standard, and all patients receive good quality food within the agreed time frame.

Modern Housekeepers will also enhance the hostess service at times of increased activity and will liaise with nursing staff when additional support is required to assist in the feeding of patients.

#### Menus available

There are a wide variety of menus currently available at the RDH and FNCH.

The current food supplier offers a wide range of hot and cold food options for patients. It is reviewed twice per year to offer seasonal variation for both Spring/Summer and Autumn/Winter. When able, the dietitians will support in reviewing the menus.

A wide variety of other menus, including modified consistency and “free from” menus, are available for those with special dietary requirements. Ward hostesses or Dietitians will be able to provide further information on the options available for individual patients.

## Twenty-four-hour food availability.

The RDH offer a snack box and hot soup if the evening meal is missed.

FNCH offer, on request, via the Help desk a reduced hot choice up until 20.00 or a snack box thereafter.

### **8.1.1. Additional snack process.**

Additional snacks are available and can be ordered on a named patient basis, tailored to individual need. Snack menus highlight those snacks suitable for patients with special dietary requirements (including modified consistencies).

It is important to note that it is the responsibility of nursing staff to ensure that bedtime snacks (if ordered) are given to patients at ward level.

Nutritionally enhanced powdered supplement are included on the additional snack list. These are non-prescribable build-up dietary supplements and so should be administered to patients in line with the additional snack process. These products may also be prescribed by Dietitians on an individual patient basis. In these cases, it is the responsibility of the prescribing Dietitian to ensure that these are added to the snack matrix, but it remains the responsibility of nursing staff/ward hostesses to ensure that these are given at the prescribed time(s).

Additional snacks can be ordered on a named patient basis at ward level by Registered Nursing Staff, using the following process:

#### To order snacks:

1. Choose appropriate snack(s) from 'Snack Menu'. Copies available in ward kitchen, from Ward Hostess or on the intranet.
2. Add chosen snack(s) to 'Additional Snack Form'. This is located in the ward kitchen and copies can be found on the intranet.
3. Ward Hostess will submit completed form to their supervisor for snacks to be uploaded onto the electronic snack matrix by Catering.

#### To cancel snacks:

1. Cross through the patients' name on the 'Additional Snack Form' and inform the Ward Hostess that snacks are no longer required.
2. Ward Hostess will inform their supervisor and the electronic snack matrix will be updated accordingly.

#### To transfer snacks:

When a patient is transferred to another ward, nursing staff should inform the receiving ward of the snack order and cancel the snack delivery to their own ward (see above section).

It is important to note that Dietitians have access to the electronic snack matrix and this will be used to order and amend snacks following dietetic assessment. This will not alter additional snack orders made by nursing staff without dietetic assessment.

#### Delivery, storage and administration of snacks at ward level:

1. Snacks will be delivered to the ward each morning.
2. Snacks will be individually wrapped and labelled with the date, patient name and ward.
3. Ward Hostess should place perishable snacks in the fridge. Non-perishable snacks (i.e. crisps, biscuits, slices of cake) should be placed in a prominent place in the kitchen.
4. Ward Hostess will give out mid-morning and mid-afternoon snacks on the respective drinks round (including milk, nutritionally enhanced powdered Shakes/Soups if these have been requested).
5. Nursing staff are responsible for ensuring that bedtime snack (if ordered) is given on the evening beverage round.

## **8.2. QHB/SRP/SJCH**

### Housekeeper service

The ward Housekeeper service operates on most wards from 07:30 to 15.00 Monday to Friday.

Nursing staff liaise daily with their dedicated ward Housekeeper to ensure that patients' dietary needs are communicated correctly.

Ward Housekeepers are part of the multidisciplinary ward team and are trained in food hygiene Level 2, customer care and Allergen awareness. The ward team including Housekeepers are responsible for ordering three meals each day, plus additional snacks mid-morning and mid-afternoon as requested. Patients are offered meals from the appropriate menu, which are available through the electronic meal ordering used by the ward team.

The ward team are responsible for serving seven beverages per day. These beverages may include milk or a site specific nutritionally enhanced powdered supplement (prescription not required e.g. Aymes product) that can be made up as recommended, as required on an individual patient basis.

Additional beverages are also provided on request and as appropriate by ward staff.

Meal orders are taken prior to lunch and evening service, allowing patients to choose their meals close to the service, which is beneficial for patients for a variety of reasons. Breakfast items are taken daily to the ward kitchens. Breakfast orders for special diets i.e. Low Residue, Gluten free, Vegan and Dysphagic/Modified texture Diets are placed by the ward to catering.

If a patient is off the ward for an investigation or procedure and misses the mealtime service, it has been agreed that a member of ward staff must contact the main kitchen to order an ad-hoc plated meal that has been selected by the patient. Once the order has been received by the Catering Department will prepare and collection/delivery arranged.

As part of their role, Housekeepers and ward staff are responsible for ensuring the patient mealtime experience is of a high standard, and all patients receive their meal within the agreed time frame.

Housekeepers will also enhance the catering service at times of increased activity and will liaise with nursing staff when additional support is required to assist in the feeding of patients.

### Catering Service

Catering provides a service Monday to Sunday, breakfast 8-9:30am, lunch 12-13:30pm, supper 17-18:30pm. As part of the Catering assistant's role, it is their responsibility to ensure patient food is served within the legal parameters of Food Safety and recorded for due diligence.

The catering assistants will provide the meal the patient has requested. The meal must be well presented to encourage patient feeding.

The ward team and Catering would liaise to ensure all patients have received their meal order at the end of service.

### Menus available

There are a wide variety of menus currently available with the Trust.

The standard menu offers a wide range of hot and cold food options for patients at lunch time. This is a bulk service and is served on most wards. The evening service at QHB/SRP/SJ is a reduced offer.

The menu is also available on selected wards and offers a wide range of hot and cold food options for patients.

Menus are reviewed twice per year to offer seasonal variation for both Spring/Summer and Autumn/Winter. When able, the dietitians will support in reviewing the menus.

A wide variety of other menus, including modified consistency and "free from" menus, are available for those with special dietary requirements.

Ward Leads, SLT or Dietitians will be able to provide further information on the options available for individual patients.

### Twenty-four-hour food availability.

Up to 19:30 ad-hoc hot and cold meal requests are available by contacting the Catering Department. However, after 20:00 if a patient has missed the main meal service snacks are available on all wards, which consist of options such as, toast, cereals, biscuits, yogurts, fruit and juice.

If modified diets are required out of hours, this should be ordered before the kitchen closes. This is cold food only, for an up-to-date list of the food available, please access the information held on Net-i at this link:

<https://neti.uhdb.nhs.uk/az-nc-efm-patient-catering>

## **9. Monitoring, compliance and Effectiveness**

The key requirements of this Policy will be monitored in a composite report presented to the Trust's Quality Review Group bi-monthly.

|                                 |  |
|---------------------------------|--|
| Monitoring Requirement:         | Training records, incident and feedback analysis   |
| Monitoring Method:              | Ward Assurance audit, Quality Leadership Rounds, Training records, analysis of incidents and patient feedback. |
| Monitoring Report presented to: | Nutrition and Hydration Steering Group   |
| Frequency of report             | Bi-monthly (every other month)   |

## **10. References (including any links to NICE Guidance etc.)**

BAPEN, Malnutrition Action group (2021). Survey of Malnutrition and Nutritional Care in Adults. [survey-of-malnutrition-and-nutritional-care-in-adults-2021.pdf](#) ([bapen.org.uk](#)) Accessed 20.12.22

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Department of Health and Social Care (2020). Report of the Independent Review of NHS Hospital Food. [Report of the Independent Review of NHS Hospital Food](#) ([publishing.service.gov.uk](#)) Accessed 20.12.22

NICE (2006). Nutrition Support for Adults: Oral nutrition support, enteral tube feeding and parenteral nutrition. [Report of the Independent Review of NHS Hospital Food](#) ([publishing.service.gov.uk](#)) Accessed 20.12.22

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