

Nutrition and Mealtimes Policy

Date	Version
August 2016	4

Purpose

This policy outlines the policy and procedures for meeting patients' nutritional requirements as well as promoting nutrition and improving the patients experience of mealtimes

Who should read this document?

All Nursing and Medical staff, Physiotherapists, Occupational Therapists, Speech Therapists, Dieticians and Volunteers onwards.
All food service staff on the wards.

Key messages

The Nutrition and Mealtimes policy highlights the processes involved in optimising the nutritional care of patients during their hospital stay. Additionally, the policy aims to give protection of patients' mealtimes from unnecessary and avoidable interruption, provides an environment conducive to eating, enables staff to provide patients with support and assistance with meals and places the eating of food as a priority at mealtimes.

Accountabilities

Production	Jill Swales and Elizabeth McGuffog
Review and approval	Nutritional Steering Group
Ratification	Greg Dix, Director of Nursing
Dissemination	Jill Swales
Compliance	Jill Swales

Links to other policies and procedures[Food and Drink Strategy](#)

Patient Experience Nutrition and Mealtimes

[Facilities & The Estates/Patient Food Services Policy.pdf](#)[Clinical/Adult Nasogastric Tube Position Record](#)[Equality Diversity and Human Rights](#)[Patient Food Services Policy](#)**Version History**

22/06/10	Approved by the Clinical Governance Steering Group June 2010
01/02/12	Jill Swales, Matron for Gastroenterology, Elizabeth McGuffog, Service Lead for Hotel Services
March 2013	Approved by the Personal Care Group
December 2015	Reviewed for compliance with Food Standards

Last Approval	Due for Review
August 2016	August 2019

The Trust is committed to creating a fully inclusive and accessible service. By making equality and diversity an integral part of the business, it will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.

**An electronic version of this document is available on the Trust Documents.
Larger text, Braille and Audio versions can be made available upon request.**

Section	Description	Page
1	Introduction	2
2	Purpose, including legal or regulatory background	3
3	Definitions	4
4	Duties	4
5	Key elements (determined from guidance, templates, exemplars etc)	6
6	Overall Responsibility for the Document	8
7	Consultation and ratification	8
8	Dissemination and Implementation	8
9	Monitoring Compliance and Effectiveness	9
10	References and Associated Documentation	9
Appendix 1	Dissemination Plan	10
Appendix 2	Review and Approval Checklist	11
Appendix 3	Equality Impact Assessment	12
Appendix 4	MUST Assessment Tool	14
Appendix 5	Food Chart	16
Appendix 6	Best Practice for Patient Mealtimes	17

The purpose of a Nutrition and Mealtimes policy is to meet and promote the patient's nutritional requirements in hospital in a variety of ways, involving the multi-professional team at ward level. The Nutrition and Mealtimes policy highlights the processes involved in optimising the nutritional care of patients during their hospital stay. Additionally, the policy aims to ensure protection of patients' mealtimes from unnecessary and avoidable interruption, provides an environment conducive to eating, enables staff to provide patients with support and assistance with meals and places the eating of food as a priority at mealtimes.

Hospital food is an essential part of patient care. Malnourished patients stay in hospital longer, are three times more likely to develop complications during surgery and have a higher mortality rate (The British Association of Parenteral and Enteral Nutrition 2012). Good food can encourage patients to eat well, aiding their recovery from surgery or illness.

Hospitals have a responsibility for ensuring that appropriate systems and processes are in place to both identify and manage nutritionally vulnerable patients as well as ensuring that all patients have access to food and hydration appropriate to their needs.

There are many factors which can influence a patient's nutritional state whilst in hospital. The quality, quantity or appearance of the meal/food; pain, anxiety and confusion, chronic disease or surgery can affect a patient's appetite; physical or cognitive impairments may mean that a patient is unable to feed themselves or understand the menu or ordering system. The system itself can also play a part in determining a patient's nutritional state. Meals need to be positioned or placed in such a way that patients can reach and eat them without disruption or avoidable interruptions. Nutritional intake must be monitored and recorded to ensure patients receive the appropriate food choice or alternative nutrition.

Still Hungry to be Heard (2010) concluded that all ward staff must become food aware and protected mealtimes should be implemented. The Royal College of Nursing acknowledged in their campaign Nutrition Now, that a multi-disciplinary approach is needed for good nutritional care to be achieved. It is recognised that busy nurses working in complex environments often struggle to prioritise patient nutrition, with so many competing demands. When multi-disciplinary teams across the whole organisation embrace the importance of nutrition, hydration and protected mealtimes, patients benefit.

We are committed to ensuring that patients' nutritional status is assessed, dietary requirements are met and patients have the opportunity to enjoy mealtimes with good quality, nutritious food available which is well presented and in environments conducive to eating. We recognise the importance of the patient meal experience and regard the food and the service of food, with the appropriate help and assistance, as an essential part of the patient's treatment and care.

The following documents provide the framework within which the Trust is working to improve the nutritional care of its patients:-

- 10 Key characteristics of good nutritional care in Hospitals. Council of Europe Resolution of Food and Nutritional Care in hospitals (2007)
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Meeting nutritional and hydration needs.NICE guidelines
- The BDA Nutrition and Hydration Digest (2012)
- PLACE (2013). Assessments relate to the provision of safe and appropriate food and drink for patients and assistant, when required, at meal times within an environment conducive to eating and drinking.
- Hospital Food Standards Panels Report on Standards for food and drink in NHS Hospitals (2014)

The specific aims of the policy are to:

1. Ensure all patients have a Nutritional Risk Screening on admission using the MUST assessment tool (Appendix 4). The MUST action plan should be documented and patients with a MUST score ≥ 1 commenced on the appropriate MUST care plan, a Food Record Chart (Appendix 5) and offered nutritional supplements as clinically appropriate. MUST screening should be repeated weekly or more frequently if indicated. Patients with a MUST score ≥ 2 should be referred to the dietician.
2. Ensure that all patients have access to food appropriate to their clinical, nutritional and ethnic needs.
3. Ensure the ward and the patients are adequately prepared for their mealtimes
4. Improve the patients' meal experience by allowing them to eat without unnecessary interruption and in a suitable environment.
5. Improve the nutritional care of patients by assisting them to eat & drink where necessary. Where patients are seen to eat less than half their meals and where clinically appropriate, patients should be offered nutritional supplements such as Fresubin Energy or powdered oral supplements.
6. Ensure that the Multidisciplinary and ward team are focused and supported in the delivery of food at mealtimes in particular, identifying and helping those patients who are at risk of malnutrition in hospital. Where nutritional requirements cannot be met by the oral route consideration should be given to artificial enteral support
7. Visitors can be encouraged to support their family members during mealtimes; this encompasses breakfast, lunch or supper, as visiting time is organised to cover each mealtime.
8. Ensure mealtimes are viewed as part of the patients' treatment and

due regard and significance is given to these times.

9. Ensure patients are not inappropriately fasted and that patients who have been fasted are provided with fluids and diet as soon as is safe to do so.
10. Provide a monitoring tool which will evaluate the effectiveness of the policy, enabling action to be taken on the findings. A report is to be presented to Nutritional Steering Group every quarter.
11. Ensure that food and fluid intake is monitored and recorded where appropriate in order to identify risks

3 Definitions

Supported meal times: This is a period of not less than half an hour from food service where patients are provided with a quiet and relaxing environment in which to eat their food. All unnecessary activity should cease in this time.

Meal times: These include breakfast, lunch and supper. However patients who miss these meals can be offered snack boxes or light bites, and should be offered a quiet environment to eat these.

Snack Boxes and Light Bites: These are replacement meals for patients who have missed a meal due to urgent clinical treatments. They are available 24 hours a day and can be ordered via the Housekeeper between 07.30 and 19.30 and the Serco Helpdesk between 19.30 and 07.30. A snack box comprises of a sandwich, a piece of fruit and a pack of biscuits. A Light Bite is an individual frozen meal which requires microwaving by a member of the Serco Team.

Red tray and jug lid: Both these items are a visual alert to the housekeeping and nursing staff for any of the following:-

- Assistance is required to open packaging
- Assistance or encouragement is required in eating meals
- Assistance or encouragement is required to drink
- Nursing staff are required to document all food / fluid intake, and the trays should not be removed until this has been completed.

4 Duties

The Chief Executive Officer / Director of Nursing

The Director of Nursing has delegated responsibility for Patient Experience policies, from the Chief Executive Officer. As Executive Director with responsibility for Patient Experience policies, the Director of Nursing will ensure that the Nutrition and Mealtimes Policy is implemented and reviewed by clinical teams

The Deputy Director of Nursing

The Deputy Director of Nursing has a delegated duty from the Director of Nursing to provide clinical leadership on all aspects of nutrition across the Trust and to chair the Nutritional Steering Group, working alongside the multidisciplinary team to promote, maintain and embed effective practice around all aspects of the patient's nutritional requirements ensuring a good patient experience.

Matrons/Ward Managers

PNHT matrons and ward managers are responsible for ensuring the practical considerations and requirements of this policy are implemented. They shall ensure ward based staff receive training and instruction on implementing the Supported Mealtimes in the wards and monitor the performance of the policy across their wards using the agreed audit tool. They will ensure that nutritional assessments, care plans and all charts are documented accurately; that ward staff are deployed appropriately to assist and monitor patients at mealtimes. Ward managers are responsible for ensuring patients receive the required assistance at mealtimes.

Any formal complaints regarding nutritional care in hospital, will be investigated and answered by the Matron/Ward manager, with assistance from Serco where required and following the Complaints process. Matrons and ward managers are responsible for monitoring and auditing all aspects of the mealtime process.

Nursing Staff on Wards

All ward nursing staff are responsible for the assessing, planning, implementation of nutritional care in hospital and assisting patients at mealtimes. They are responsible for assessing risks by completing the nutritional assessment chart (See Appendix 4), directing housekeeping staff with the red tray/jug system, providing oral nutritional supplements (as required), supervising relatives and/or trained volunteers assisting patients at mealtimes and maintaining food charts (See Appendix 5) and fluid charts, where appropriate.

Other Clinical Staff

All appropriate members of the clinical team should make themselves available to assist with the preparation for, delivery of, and assistance with the provision of food and drink for patients where possible. They should also complete fluid and food charts when in use.

Routine clinical activity should not be planned or delivered during meal times. Urgent investigations or treatments should take priority over meal times, with discussion with the ward team; Snack boxes or light bites will need to be provided where appropriate.

Facilities Staff

The Facilities department is responsible for monitoring the performance of the Hotel Services contractor and this shall include the joint monitoring of the ward meal service, specifically the duties undertaken by the ward housekeeper for meal services.

The Facilities department shall liaise with the ward managers and matron on all matters pertaining to the Hotel Services contract, including the provision and service of meals.

Hotel Services Ward Housekeeper

The Hotel Services ward housekeeper shall undertake to assist the ward based staff to successfully deliver supported mealtimes, ensuring the ward is kept clean

and tidy and conducive to meal service, ensuring patients are informed of the meal service arrangements and menu choices, serving the food attractively of a portion size requested by the patient, offering assistance to unwrap food and alerting nursing staff when patients do not eat their food.

Where a patient has a red tray or red jug-lid the housekeeper should ensure that the contents of these are reviewed by nursing staff prior to their removal to enable food and fluid charts to be completed accurately.

Catering staff (Serco)

Serco catering staff are responsible for ensuring that balanced meals, special diets and snacks are available to meet patients' clinical requirements and needs and choice. This includes the responsibility of ensuring that "Snack Boxes" and Light Bite menus are available for patients who miss a meal.

Dietetic Staff

The Dietetic staff will respond to appropriate written/verbal referrals from nursing staff / patient's team where nursing staff have appropriately screened and followed the MUST protocol. Referral criteria may vary depending on clinical specialism.

Dieticians are responsible for the prescription and monitoring of therapeutic diets and will document an action plan and liaise with the multidisciplinary team as appropriate. They will advise staff on nutritional screening and the use of special dietary products. They will engage in auditing, menu review and improvement according to local needs.

They will review or liaise with relevant health professionals in community regarding onward nutritional care of patients post discharge where appropriate

Speech and Language Therapists

Speech and Language Therapists (SLT) accept referrals from ward staff for patients with swallowing difficulties. They assess the patient's ability to swallow and may recommend modifications to food and fluid textures. They may also give advice on techniques and positioning to assist the patient in safe eating and drinking. The SLT will inform the housekeeper and nursing staff of the patient's needs by writing on the over-bed sign and in the patient's notes.

If a patient is not found to be safe to swallow the SLT may recommend that they are Nil By Mouth and may ask the Doctors to consider an alternative way of providing nutrition and hydration.

Mealtime volunteers

Where available and appropriate, volunteers will offer support to patients during meal times. This could include opening packages, helping cut up the food, feeding a patient, or just sitting with a patient whilst they eat.

Key elements (determined from guidance, templates, exemplars etc.)

1. All patients are screened on admission, using the MUST assessment tool (Appendix 4) to identify the patients who are malnourished or at risk of becoming malnourished. All patients are re-screened weekly.
2. All nursing staff are trained on performing Nutritional Risk Screening (MUST)
3. All patients have a food chart which identifies their nutritional intake (Appendix 5)
4. Patients are involved in the planning and monitoring arrangements for food service provision.
5. The ward should implement Supported Mealtimes to provide an environment conducive to patients enjoying and being able to eat their food.
6. All staff have the appropriate skills and competencies needed to ensure that patient's nutritional needs are met. All staff receive regular training on nutritional care and management and a Nutritional Link Nurse should be available on every ward for the cascade of all training
7. Hospital facilities are designed to be flexible and patient centred with the aim of providing and delivering an excellent experience of food service and nutritional care 24 hours a day, every day.
8. The hospital supports a multi-disciplinary approach to nutritional care and values the contribution of all staff groups working in partnership with patients and users. See Best Practice for Patient Mealtime guidance (Appendix 6)
9. The principle of Supported Mealtimes must be established within the ward routine and structured day. This should be adhered to by all members of the ward team or those health professionals visiting the ward.
10. Appropriate signage should be developed and displayed outside the wards to ensure that all staff and visitors are aware of all mealtimes.
11. Medical staff and other healthcare professionals should be consulted when changes to ward routines are required to improve the mealtime experience.
12. The principles of supported mealtimes should be included in induction training for all staff
13. Special dietary needs including Medical, Cultural, Religious diets and individual preference e.g. Vegetarian should be discussed with patients in order that their needs are met.; these should be clearly communicated to the ward Housekeeper and all members of staff involved in patient mealtimes

14. Menus should be made available to patients in order to help them make informed choices.
15. Communicating the principles of Supported Mealtimes to visitors and carers should not be overlooked. Carers and visitors can support patients with food and should be enabled to undertake this role if happy to do so and appropriate to the patient's clinical need
16. Wards will identify a nutritional link nurse who will be required to attend the specified meetings and training days. They will also provide education for other members of the ward team as well as promoting the implementation of this policy.
17. Information relating to this Policy should be included in the information to patients and visitors on the trust website and in patient information leaflets and booklets.

6 Overall Responsibility for the Document

Jill Swales, Matron for Gastroenterology

Elizabeth McGuffog, Service Lead for Hotel Services

7 Consultation and Ratification

The design and process of review and revision of this policy will comply with The Development and Management of Trust Wide Documents.

The review period for this document is set as default of five years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be approved by the Nutritional Steering Group and ratified by the Executive Director.

Non-significant amendments to this document may be made, under delegated authority from the Executive Director, by the nominated author. These must be ratified by the Executive Director and should be reported, retrospectively, to the approving Nutritional Steering Group

Significant reviews and revisions to this document will include a consultation with named groups, or grades across the Trust. For non-significant amendments, informal consultation will be restricted to named groups, or grades who are directly affected by the proposed changes

8 Dissemination and Implementation

Following approval and ratification, this policy will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process, currently the 'Vital Signs' electronic newsletter.

Document control arrangements will be in accordance with The Development and Management of Trust Wide Documents.

The document author(s) will be responsible for agreeing the training requirements associated with the newly ratified document with the named Executive Director and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

9 Monitoring Compliance and Effectiveness

Dieticians, Matrons, Ward managers and Nutritional Link Nurses to audit both ward nutrition and patient nutrition via Meridian system. 3 audits for each ward quarterly are required. The results are to be reported to Nutritional Steering Group quarterly.

10 References and Associated Documentation

- 10 Key characteristics of good nutritional care in Hospitals. Council of Europe Resolution of Food and Nutritional Care in hospitals (2007)
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Meeting nutritional and hydration needs. The BDA Nutrition and Hydration Digest (2012)
- Hospital Food Standards Panels Report on Standards for food and drink in NHS Hospitals (2014)

Core Information				
Document Title	Nutrition and Mealtimes Policy			
Date Finalised	August 2016			
Dissemination Lead	Jill Swales			
Previous Documents				
Previous document in use?	Nutrition and Mealtimes Policy, version 3			
Action to retrieve old copies.				
Dissemination Plan				
Recipient(s)	When	How	Responsibility	Progress update
All staff		Email	Document Control	

Review		
Title	Is the title clear and unambiguous?	Y
	Is it clear whether the document is a policy, procedure, protocol, framework, APN or SOP?	Y
	Does the style & format comply?	Y
Rationale	Are reasons for development of the document stated?	Y
Development Process	Is the method described in brief?	Y
	Are people involved in the development identified?	Y
	Has a reasonable attempt has been made to ensure relevant expertise has been used?	Y
	Is there evidence of consultation with stakeholders and users?	Y
Content	Is the objective of the document clear?	Y
	Is the target population clear and unambiguous?	Y
	Are the intended outcomes described?	Y
	Are the statements clear and unambiguous?	Y
Evidence Base	Is the type of evidence to support the document identified explicitly?	Y
	Are key references cited and in full?	Y
	Are supporting documents referenced?	Y
Approval	Does the document identify which committee/group will review it?	Y
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	Y
	Does the document identify which Executive Director will ratify it?	Y
Dissemination & Implementation	Is there an outline/plan to identify how this will be done?	Y
	Does the plan include the necessary training/support to ensure compliance?	Y
Document Control	Does the document identify where it will be held?	Y
	Have archiving arrangements for superseded documents been addressed?	Y
Monitoring Compliance & Effectiveness	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Y
	Is there a plan to review or audit compliance with the document?	Y
Review Date	Is the review date identified?	Y
	Is the frequency of review identified? If so is it acceptable?	Y
Overall Responsibility	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Y

Core Information	
Manager	Jill Swales
Directorate	Trust wide
Date	19 July 2013
Title	Nutrition and Mealtimes Policy
What are the aims, objectives & projected outcomes?	The Nutrition & Mealtimes Policy aims to promote patient nutrition in hospital in a variety of ways, involving the multi-professional team at ward level. The policy gives protection of patients' mealtimes from unnecessary and avoidable interruption, provides an environment conducive to eating, enables staff to provide patients with support and assistance with meals and places the eating of food as a priority at mealtimes.
Scope of the assessment	
Incidents/complaints are monitored via datix	
Collecting data	
Race	<p>There is no evidence to suggest a disproportionate impact on race regarding this policy.</p> <p>However, data collected from datix incident reporting and complaints will ensure this is monitored.</p> <p>Consideration will be made if information provided is required in a different language.</p> <p>Consideration has been made for those with special dietary requirements.</p>
Religion	<p>There is no evidence to suggest that there is a disproportionate impact on religion or belief and non-belief regarding this policy.</p> <p>However, data collected from datix incident reporting and complaints will ensure this is monitored.</p> <p>Consideration has been made for those with special dietary requirements.</p>
Disability	<p>There is no evidence to suggest that there is a disproportionate impact on disability regarding this policy.</p> <p>However, data collected from datix incident reporting and complaints will ensure this is monitored.</p> <p>A malnutrition universal scoring tool assessment is used for all patients on admission.</p> <p>Consideration has been made for those with special dietary requirements.</p> <p>Consideration will be made if information is required in different formats or the translation services are required.</p>
Sex	<p>There is no evidence to suggest that there is a disproportionate impact on sex regarding this policy.</p> <p>However, data collected from Datix incident reporting and complaints will ensure this is monitored.</p>
Gender Identity	<p>Data for this protected characteristic is not currently collected.</p> <p>However, data collected from Datix incident reporting and complaints will ensure this is monitored</p>

Sexual Orientation	There is no evidence to suggest that there is a disproportionate impact on sexual orientation regarding this policy. However, data collected from Datix incident reporting and complaints will ensure this is monitored.			
Age	There is no evidence to suggest that there is a disproportionate effect on age. However, data collected from Datix incident reporting and complaints will ensure this is monitored.			
Socio-Economic	Data for this protected characteristic is not currently collected. A malnutrition universal scoring tool assessment is used for all patients on admission. Consideration has been made for those with special dietary requirements. However, data collected from Datix incident reporting and complaints will ensure this is monitored.			
Human Rights	Carers and visitors can support patients with food and should be enabled to undertake this role if happy to do so A malnutrition universal scoring tool assessment is used for all patients on admission. Consideration has been made for those with special dietary requirements.			
What are the overall trends/patterns in the above data?	No comparative data has been used to date which means that no trends or patterns have been identified			
Specific issues and data gaps that may need to be addressed through consultation or further research	No gaps have been identified at this stage but this will be monitored via data collected from datix incident reporting and complaints.			
Involving and consulting stakeholders				
Internal involvement and consultation				
External involvement and consultation				
Impact Assessment				
Overall assessment and analysis of the evidence	Consideration will be made if information provided is required in a different language. Consideration has been made for those with special dietary requirements. A malnutrition universal scoring tool assessment is used for all patients on admission. Consideration will be made if information is required in different formats or the translation services are required.			
Action Plan				
Action	Owner	Risks	Completion Date	Progress update
Collect and monitor data collected from Datix on incidents and complaints	Equality and Diversity lead		Ongoing	

STEP 5 - MUST Care Plan

O Low Risk 'Routine Clinical Care'

Offer help with ordering meals, eating and drinking as required Order special diet if necessary e.g. diabetic, gluten free

Repeat screening weekly

1-Medium Risk 'Observe and Monitor' 'Ward /Nurse led intervention'

Ensure assistance with meals is provided if required. Encourage the patient to eat. Please contact the Department of Speech and Language Therapy (Ext. 52419) if there are any concerns about swallowing competence.

Inform the housekeeper. Ensure appropriate consistency meals are provided and special dietary needs met (e.g. diabetic diet, puree diet). Offer full cream milk and snacks available at ward level

Request a red tray and red jug lid if felt appropriate.

Ensure patient is offered at least 2 nutritional supplements daily (e.g. Fresubin Energy Drink, Fresubin Jucy, Build Ups or Fresubin Creme). Discuss flavor preferences and check if the patient likes milk or juice. Record intake on Food record Chart
Please refer to the Ward Nutrition Information folder for guidance.

Complete a "Food Record Chart" for next 3 days.

If there is no improvement in oral intake after 3 days in hospital refer to the Department of Nutrition and Dietetics with MUST score and reason for referral (Ext 32243).
Once the patient is eating full meals and snacks discontinue supplements and continue to reassess weekly.

Repeat screening weekly

2 or more - High Risk 'Treat'

'Ward/Nurse led intervention and Dietitian involvement'

Follow medium risk guidelines and:

Refer to the Department of Nutrition and Dietetics if felt appropriate with MUST score and reason for referral (Ext 32243)

Refer immediately to the Department of Nutrition and Dietetics (Ext 32243) if patient has dysphagia, an oesophageal stent, major GI surgery (pre or post op), head and neck cancer, wired jaws, newly diagnosed diabetes, new dialysis or transplant patients, any condition requiring complex dietary modification, known or suspected eating disorder i.e. anorexia nervosa, bulimia, if the patient is unable to eat/drink and if a nutritional intervention i.e. tube feeding is being considered.

Refer immediately to the Nutrition Support Team - bleep # 89755 or # 89760 - or Department of Nutrition and Dietetics - If patient requires parenteral nutrition (PN)
Patients with BMI >27 with risk factors e.g. diabetes, heart disease, raised cholesterol or raised blood pressure OR BMI >30. Offer Healthy Eating booklet from ward supply and on discharge inform the GP.



FOOD RECORD CHART FOR NUTRITION SCREENING (MUST)

Surname:
 First Name:
 Hospital Number:
 NHS Number:
 DOB:
 Affix patient label here

For Medium and High risk Patients

Refer to MUST Care Plan for recommended action

The food chart should be filled in with sufficient detail to allow the dietician to accurately assess the patient's nutritional intake. Decisions regarding nutritional treatment will depend on this information.

- Please record all food taken with amounts e.g. number of potatoes, slices of bread, spoons of cereal, size and proportion of meals e.g. none, ¼, ½, ¾, all
- It is not adequate to just write 'main course' or 'pudding' – describe exactly what food was eaten and how much
- Specify whether spread, jam or marmalade was put on bread and toast
- If supplements were taken, specify which type and what time they were taken
- If no food was taken, state the reason e.g. NBM, nauseous, off ward
- Record what was done about a refused meal e.g. offered assistance, offered Fresubin supplement
- Each meal should be signed off by the person completing the chart.

DATE	BREAKFAST	LUNCH	SUPPER	SNACKS/SUPPLEMENTS
Example	2 spoon-fuls cornflakes with milk no sugar 1x toast + butter+jam <div style="text-align: right;">Sig</div>	½ steak and kid pie ½scoop pot, ½ veg All sponge + all custard <div style="text-align: right;">Sig</div>	Refused (nauseous) Offered supplement – refused <div style="text-align: right;">Sig</div>	Fresubin Energy 200ml (10.00 hrs) 2 digestive bias (15.00hrs) <div style="text-align: right;">Sig</div>

If there is no improvement in food intake after 3 days refer to the Nutrition and Dietetic Dept if felt appropriate (ext 52266). **Continue to monitor intake and repeat MUST score weekly.**

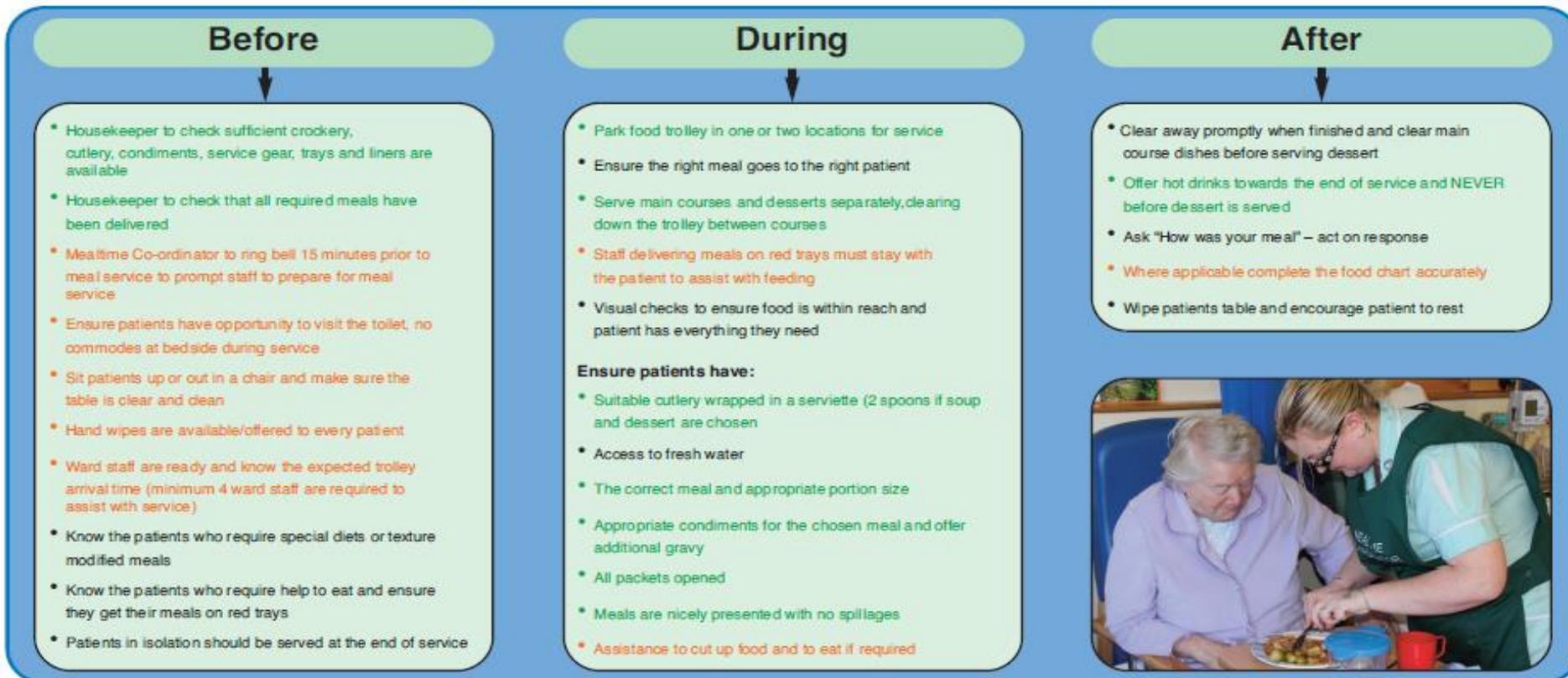
To be filed in the nursing notes



Gold Standards

1. Mealtime Co-ordinator on every ward for every meal
2. Patients are to be provided with Menu Cards to help them make their choice
3. All members of ward staff to be available to assist with meal service and help patients to eat
4. Patient to eat meal uninterrupted with no routine clinical activity over the mealtime
5. Red trays and jug lids to highlight where assistance is needed or monitoring is required

Best Practice for Patient Mealtimes



● Housekeeping ● Nursing ● Joint

Leading with excellence, caring with compassion



Poster produced by: The Medical Photography Department, Plymouth Hospitals NHS Trust, December 2015

