

## Paediatric Nutrition and Mealtimes Policy

Issue Date	Review Date	Version
October 2018	October 2023	V1

### Purpose

This policy outlines the policy and procedures for promoting nutrition and improving the experience of mealtimes for children and young people.

### Who should read this document?

All paediatric nursing and Medical staff, Physiotherapists, Occupational Therapists, Speech Therapists, Dieticians and Volunteers on wards.

All food service staff on the paediatric wards or looking after children

### Key Messages

The Nutrition and Mealtimes policy highlights the processes involved in optimising the nutritional care of children and young people 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.

### Core accountabilities

<b>Owner</b>	Anita Dykes, Matron for Paediatric and Neonatal Services
<b>Review</b>	Nutritional Steering Group
<b>Ratification</b>	Beverley Allingham, Deputy Chief Nurse
<b>Dissemination (Raising Awareness)</b>	Anita Dykes, via email, newsletter
<b>Compliance</b>	Anita Dykes, via NSG

### Links to other policies and procedures

Nutrition and Mealtimes Policy (Adult)

### Version History

<b>V1</b>	October 2018	New Policy
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*The Trust is committed to creating a fully inclusive and accessible service. Making equality and diversity an integral part of the business 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 Trust Documents.  
Larger text, Braille and Audio versions can be made available upon request.**

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## 1 Introduction

The purpose of the Paediatric Nutrition and Mealtimes policy is to promote patient nutrition for children in hospital in a variety of ways, involving the multi-professional team at ward level. The Paediatric 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 sited 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 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.

A healthy, nutritious diet is essential for all children's growth and development. But for sick children, good nutrition is even more important as it can aid recovery.

During illness and recovery, nutritional requirements increase. This may be due to increased losses through vomiting and diarrhea, or an increase in metabolic rate that uses up a child's energy stores more quickly.

Sick children are particularly vulnerable to nutritional deficit and there is evidence to suggest that children in UK hospitals often have a poor nutritional status.

Poor nutrition leads to weight loss, a reduced immune response to infection, delayed wound healing and increased risk of pressure sores, and an increased length of hospital

stay.

Breast-Feeding should be encouraged and supported for infants admitted to hospital. Mothers of breast feeding infants should be provided with meals to ensure continued lactation. In the same way the organization would provide formula or food to a baby, food is provided to breast feeding mothers to ensure maintenance of milk supply.

Plymouth Hospitals NHS Trust is 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. The Trust recognises the importance of the patient meal experience and regards the food and the service of food, with the appropriate help and assistance, as an essential part of the patient's treatment and care.

## **2 Purpose**

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)
- Care Quality Commission (CQC) Outcome 5 Nutrition
- 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)
- STAMP (Screening Tool for the Assessment of Malnutrition in Paediatrics) (2008)
- Malnutrition What nurses working with children and young people need to know and do (2006)
- UHPNT Infant Feeding Policy TRW.MAT.POL.311 6.2

The specific aims of the policy are to:

1. Ensure all paediatric patients have a Nutritional Risk Screening on admission using the STAMP assessment tool (Appendix 4).
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 age appropriate nutritional 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. Ensure that parents/carers who wish to assist patients' at mealtimes are appropriately enabled to do so.
8. Ensure mealtimes are viewed as part of the patients' treatment and due regard and significance is given to these times.
9. Ensure children and young people 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 give feedback about the effectiveness of the policy.
11. Ensure that food and fluid intake is monitored and recorded where appropriate in order to identify risks

### 3 Definitions

**Child or Young Person** refers to a patient on the children's wards or departments for the purposes of this policy.

**Supported meal times:** 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.

### 4 Duties

#### **The Chief Nurse / Deputy Chief Nurse**

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

#### **Matron/Ward Managers**

The Paediatric Matron and Paediatric 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 on 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 paediatric 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 1), 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 is on fluid monitoring, the housekeeper should ensure that the contents of water jugs is reviewed by nursing staff prior to their removal to enable food and fluid charts to be completed accurately.

### **Catering staff**

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 referral made by Salus from nursing staff / patient's team where nursing staff have appropriately screened and followed the STAMP protocol. Referral criteria may vary depending on clinical specialism.

Dietitians 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 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 nursing staff and housekeeper of the patient's needs by writing an SLT Feeding Advice Sheet to be added to the bedside nursing notes and writing 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.

The formal support of eating disorders patients during mealtimes cannot be undertaken by volunteers.

## **5 Paediatric Nutritional Policy**

1. All patients are screened on admission, using the STAMP (Screening Tool for the Assessment of Malnutrition in Paediatrics assessment) tool (Appendix 4) to identify the children who are malnourished or at risk of becoming malnourished. All patients are re-screened weekly.
2. All staff are trained on performing STAMP assessments
3. All patients identified as being at risk of malnutrition will have a accurately filled out food chart (See appendix 2)
4. Patients are involved in the planning and monitoring arrangements for food service provision.
5. Wildgoose Ward should implement Supported Mealtimes to provide an environment

- suitable for older children 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 paediatric 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**

Anita Dykes, Matron for Paediatrics and Neonatal 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 Formal Documents.

The document owner will be responsible for agreeing the training requirements associated with the newly ratified document with the name Deputy Chief Nurse 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**

Dietitians, Matrons, Ward manager and Nutritional Link Nurses to audit both ward nutrition and patient nutrition via Meridian system using the Nutritional Audit Tool

## **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)
- Care Quality Commission (CQC) Outcome 5 Nutrition
- The BDA Nutrition and Hydration Digest (2012)

- Hospital Food Standards Panels Report on Standards for food and drink in NHS Hospitals (2014)
- STAMP (Screening Tool for the Assessment of Malnutrition in Paediatrics) (2008)
- Malnutrition What nurses working with children and young people need to know and do (2006)

Dissemination Plan			
Document Title	Nutrition and Mealtimes Policy		
Date Finalised	13 <sup>th</sup> November 2018		
Previous Documents			
Action to retrieve old copies	None		
Dissemination Plan			
Recipient(s)	When	How	Responsibility
All Trust staff		Vital Signs	Information Governance Team
All paediatric staff		Via newsletter	Paediatric Matron

Review Checklist		
<b>Title</b>	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
<b>Rationale</b>	Are reasons for development of the document stated?	Y
<b>Development Process</b>	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
<b>Content</b>	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
<b>Evidence Base</b>	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
<b>Approval</b>	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?	N/A
	Does the document identify which Executive Director will ratify it?	Y
<b>Dissemination &amp; Implementation</b>	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
<b>Document Control</b>	Does the document identify where it will be held?	Y
	Have archiving arrangements for superseded documents been addressed?	N/A
<b>Monitoring Compliance &amp; Effectiveness</b>	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
<b>Review Date</b>	Is the review date identified?	Y
	Is the frequency of review identified? If so is it acceptable?	Y
<b>Overall Responsibility</b>	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Y

<b>Core Information</b>	
<b>Date</b>	13 <sup>th</sup> November 2018
<b>Title</b>	Paediatric Nutrition and Mealtimes Policy
<b>What are the aims, objectives &amp; projected outcomes?</b>	Optimise the Nutritional care of children and young people in hospital
<b>Scope of the assessment</b>	
Incidents/complaints are monitored via datix	
<b>Collecting data</b>	
<b>Race</b>	<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>
<b>Religion</b>	<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>
<b>Disability</b>	<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>
<b>Sex</b>	<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>
<b>Gender Identity</b>	<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>
<b>Sexual Orientation</b>	<p>There is no evidence to suggest that there is a disproportionate impact on sexual orientation regarding this policy.</p> <p>However, data collected from Datix incident reporting and complaints will ensure this is monitored.</p>

<b>Age</b>	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.
<b>Socio-Economic</b>	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.
<b>Human Rights</b>	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.
<b>What are the overall trends/patterns in the above data?</b>	No comparative data has been used to date which means that no trends or patterns have been identified

<b>Involving and consulting stakeholders</b>				
<b>Internal involvement and consultation</b>	Discussions with ward managers and Dietetics at CG meeting			
<b>External involvement and consultation</b>	None			
<b>Impact Assessment</b>				
<b>Overall assessment and analysis of the evidence</b>	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.			
<b>Action Plan</b>				
<b>Action</b>	<b>Owner</b>	<b>Risks</b>	<b>Completion Date</b>	<b>Progress update</b>
Collect and monitor data collected from Datix on incidents and complaints	Equality and Diversity lead		Ongoing	
<b>Specific issues and data gaps that may need to be addressed through consultation or further research</b>				

# STAMP screening form

This form can be used to screen a child up to three times – please date, sign and initial the space at the bottom of this sheet every time you do so.



Step 1 – Diagnosis				
Does the child have a diagnosis that has any nutritional implications?	Score	1 <sup>st</sup> screening	2 <sup>nd</sup> screening	3 <sup>rd</sup> screening
Definite nutritional implications	3			
Possible nutritional implications	2			
No nutritional implications	0			
Step 2 – Nutritional intake				
What is the child's nutritional intake?	Score	1 <sup>st</sup> screening	2 <sup>nd</sup> screening	3 <sup>rd</sup> screening
No nutritional intake	3			
Recently decreased or poor nutritional intake	2			
No change in eating patterns and good nutritional intake	0			
Step 3 – Weight and height				
Use a growth chart or the centile quick reference tables to determine the child's measurements	Score	1 <sup>st</sup> screening wt: ht:	2 <sup>nd</sup> screening wt: ht:	3 <sup>rd</sup> screening wt: ht:
> 3 centile spaces/≥ 3 columns apart (or weight < 2 <sup>nd</sup> centile)	3			
> 2 centile spaces/= 2 columns apart	1			
0 to 1 centile spaces/columns apart	0			
Step 4 – Overall risk of malnutrition				
Add up the scores from the boxes in steps 1–3 to calculate the overall risk of malnutrition	Score	1 <sup>st</sup> screening	2 <sup>nd</sup> screening	3 <sup>rd</sup> screening
High risk	≥4			
Medium risk	2–3			
Low risk	0–1			
Step 5 – Care plan				
What is the child's overall risk of malnutrition, as calculated in step 4?	Use management guidelines and/or local nutrition policies to develop a care plan for the child			
High risk	<ul style="list-style-type: none"> <li>Take action</li> <li>Refer the child to a Dietitian, nutritional support team, or consultant</li> <li>Monitor as per care plan</li> </ul>			
Medium risk	<ul style="list-style-type: none"> <li>Monitor the child's nutritional intake for 3 days</li> <li>Repeat the STAMP screening after 3 days</li> <li>Amend care plan as required</li> </ul>			
Low risk	<ul style="list-style-type: none"> <li>Continue routine clinical care</li> <li>Repeat the STAMP screening weekly while the child is an in-patient</li> <li>Amend care plan as required</li> </ul>			

Please complete after each screening	Date	Signature	Initials
1 <sup>st</sup> screening			
2 <sup>nd</sup> screening			
3 <sup>rd</sup> screening			

Child's name: _____
DOB: _____
Hospital no.: _____



Supported by an educational grant from Abbott Nutrition

Central Manchester University Hospitals NHS  
NHS Foundation Trust

Attach Pt Label Here



**Paediatric Food Record Chart**

Special Instructions

Signature.....

Responsible Dietician .....

- Please record all food taken with amounts e.g. number of potatoes, slices of bread, spoons of cereal, size or portion of meals etc.
- Describe exactly what food has been eaten and how much
- Specify whether spread, jam or marmalade was put on toast
- If no food was taken specify reason e.g., NBM, nauseous, off ward etc.

Date	Breakfast	Lunch	Supper	Snacks

Date	Breakfast	Lunch	Supper	Snacks