

Focus on Food



Spot and Stop Malnutrition

For Care Homes for the Elderly
in North and Mid Bedfordshire

Bedford Hospital 
NHS Trust

NUTRITION AND DIETETIC DEPT

Issued March 2011

Malnutrition affects between 30 and 42% of care home residents¹

It can increase the risk of:

- Lower resistance to infections
- Lower muscle strength and energy levels
- Pressure ulcers, blood clots (when resident is bedbound)
- Hypothermia
- Delayed wound healing and bone repair
- Apathy, depression
- Vitamin and mineral deficiencies
- Increased risk of hospital admissions
- Altered drug metabolism
- Death

These guidelines will help you to fulfil the nutrition requirements of the Care Quality Commission Essential Standards of Quality and Safety March 2010³, and NICE Guidelines 'Nutrition support in Adults' 2006². The first section includes the Malnutrition Universal Screening Tool (MUST) and accompanying paper work. The second section provides additional information to support you in making sure your residents are well nourished.

NICE 2006 state that new service users must be weighed on admission, and that their diet and dietary preferences must be assessed. During a patient's stay in a care home, nutritional screening should be carried out periodically, and a record maintained of nutrition, weight gain or loss, and any appropriate action that has been taken. All homes should have access to weighing scales which are maintained and accurate, and those which provide nursing care are expected to have sit-on scales.

In addition, NICE states that, although guidance on the provision of meals in care homes is beyond the scope of their guideline, it is clear that **care homes should provide adequate quantities of good quality food if the use of unnecessary nutrition support is to be avoided.** This includes the provision of appropriate textured food and high calorie and protein options and snacks. They also advise that the food should be served in an environment conducive to eating, with assistance given to those patients who can potentially eat but who are unable to feed

themselves. **ONS (oral nutritional support i.e. prescribed sip feeds) should NOT be used as a substitute for the provision of food.**

Taken from Care Quality Commission Essential Standards for Quality and Safety March 2010 Section 5:

What should people who use services experience?

People who use services:

- Are supported to have adequate nutrition and hydration.

This is because providers who comply with the regulations will:

- Reduce the risk of poor nutrition and dehydration by encouraging and supporting people to receive adequate nutrition and hydration.
- Provide choices of food and drink for people to meet their diverse needs, making sure the food and drink they provide is nutritionally balanced.

Where the service provides food and drink, people who use services have their care, treatment and support needs met because:

- Staff identify where the person is at risk of poor nutrition, dehydration or has swallowing difficulties, when they first begin to use the service and as their needs change.
- Action is taken where risk of poor nutrition or dehydration is identified including any difficulty in swallowing or impact of any medicines, and a referral is made to appropriate services.
- They know their medical, dietary and hydration requirements are identified and reviewed.
- Their plan of care includes how any identified risks will be managed.
- Relevant staff know what a balanced diet is.
- Staff involved in food preparation produce food to help facilitate a healthy, balanced diet.

They have food and drink that:

- are handled, stored, prepared and delivered in a way that meets the requirements of the Food Safety Act 1990
- are presented in an appetizing way to encourage enjoyment
- are provided in an environment that respects their dignity
- meet the requirements of their diverse needs
- take account of any dietary intolerance they may have.

- They can be confident that staff will support them to meet their eating and drinking needs with sensitivity and respect for their dignity and ability.
- They are enabled to eat their food and drink as independently as possible.
- All assistance necessary is provided to ensure they actually eat and drink, where they want to but are unable to do so independently.

- They have supportive equipment available to them that allows them to eat and drink independently, wherever needed.
- They are helped into an appropriate position that allows them to eat and drink safely, wherever needed.
- They are not interrupted during mealtimes unless they wish to be or an emergency situation arises.
- They will have any special diets or dietary supplements that their needs require arranged on the advice of an appropriately qualified or experienced person.
- They have access to specialist advice and techniques for receiving nutrition where their needs require it.

The first step in fighting malnutrition is to find out who is at risk.

The Malnutrition Universal Screening Tool (MUST) is a validated, reliable tool for use in all care settings. It was produced by BAPEN³

Complete the tool on admission then at least once a month for every resident. There is also an online calculator if you prefer to use this. www.bapen.org.uk/must-calculator.html. Copy the MUST record chart together with the appropriate standard nutrition care plan (if applicable) to include in each residents care plan.

There are additional summary charts which you may find useful for the kitchen (Special Diets record) and office (Nutritional supplements record) at the end of the second section.

For further training on MUST or advice on the nutrition issues contact the Bedford Hospital NHS Trust Nutrition and Dietetics Service (Community team) on 01234 792171 / Fax 01234 795855

Your Dietitian is _____
Contact details _____

Nutrition and Dietetics Department
 Beeden House, Bedford Hospital
 NHS Trust, Kempston Road
 Bedford MK42 9DJ

1. British Association of Parenteral and Enteral Nutrition (BAPEN) Malnutrition Matters: Meeting Quality Standards in Nutritional Care 2010
2. NICE Guidelines 'Nutrition support in Adults' 2006²
3. Care Quality Commission Essential Standards of Quality and Safety March 2010⁴

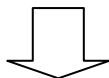
Section 1:

Malnutrition Universal Screening Tool 'MUST'

(USE AS MASTERCOPYES TO PHOTOCOPY)

- The 'MUST' Tool
- Nutrition Action Plans
- 'MUST' paperwork for care plans
- Care Home Questionnaire for Dietitians (to complete when making a referral)

MALNUTRITION UNIVERSAL SCREENING TOOL – ‘MUST’ FLOW CHART



Step1 BMI

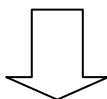
BMI kg/m ²	Score
More than 20	0
18.5 to 20	1
Less than 18.5	2

+

Step2 (see below)

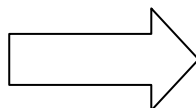
Unplanned weight loss in the past 3 – 6 months	
% loss	Score
Less than 5 %	0
5 – 10%	1
More than 10%	2

Step 2: Note weight 3-6 months ago (original weight), and weight now. If weight has gone up, Score 0. If weight has gone down, how much weight was lost? On MUST step 2 chart look up the weight 3-6 months ago (left column). Follow across to the column which shows the weight lost, and note the score at the top of this column. This is the % weight loss.

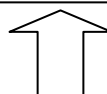


Step1 + Step2 = MUST score

Document steps, score and action in care plan or use sheets provided



ACTION PLAN FOR RESIDENTIAL CARE HOMES



Score 0 :Low Risk

- Repeat screening monthly

Score 1 : Medium Risk

- Select Nutrition Plan MUST score 1 (or Nutrition plan MUST 1 Diabetes or soft/puree)
- Adapt for resident e.g. likes / dislikes
- Copy into care plan and to kitchen.
- See ‘causes of poor appetite’
- **Rescreen monthly**

Score 2+ : High Risk

- Select Nutrition Plan MUST score 2 (or Nutrition plan MUST 2 Diabetes or soft/puree)
- Adapt for resident e.g. likes / dislikes
- Ask GP to prescribed Foodlink / Complan Shake* 1-2 / day
- Copy into care plan and to kitchen.
- Score 3+: see refer to dietitian?
- See ‘causes of poor appetite’
- **Rescreen monthly**

Plan already in place & score unchanged:

- Document any changes to plan
- Is plan working?
- If not (weight still being lost, and/or pressure sores or wounds not healing, see Refer to Dietitian?)

REFER TO DIETITIAN?

WHEN:

- BMI less than 16.5
- MUST score 3 or more
- Unable to use Nutrition Plan or plan is not working – e.g. weight still being lost, and/or pressure sores or wounds not healing
- Newly diagnosed Diabetes
- Medical condition requiring special diet e.g. coeliac disease
- Inflammatory bowel disease
- Multiple food avoidance
- On ONS (prescribed sip feeds) for 6 months or more without a dietetic review.

DO NOT REFER TO DIETITIAN IF NO CLINICAL BENEFIT

e.g. on Liverpool are pathway, or likely to go onto pathway in near future.

HOW:

Ask GP to refer and complete Dietetic Questionnaire and email/fax to Dietetic Dept. Fax: 01234 795855
Tel 01234 792171

Further information

- Malnutrition Universal Screening Tool – explanatory booklet, report, full copy of tool www.bapen.org.uk

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Step 1 – BMI score (& BMI)

Height (feet and inches)

	4'10 ¹ / ₂	4'11	5'0	5'0 ¹ / ₂	5'1 ¹ / ₂	5'2	5'3	5'4	5'4 ¹ / ₂	5'5 ¹ / ₂	5'6	5'7	5'7 ¹ / ₂	5'8 ¹ / ₂	5'9 ¹ / ₂	5'10	5'11	5'11 ¹ / ₂	6'0 ¹ / ₂	6'1	6'2	6'3	
100	46	44	43	42	41	40	39	38	37	36	35	35	34	33	32	32	31	30	30	29	28	28	15 10
99	45	44	43	42	41	40	39	38	37	36	35	34	33	33	32	31	31	30	29	29	28	27	15 8
98	45	44	42	41	40	39	38	37	36	36	35	34	33	32	32	31	30	30	29	28	28	27	15 6
97	44	43	42	41	40	39	38	37	36	35	34	34	33	32	31	31	30	29	29	28	27	27	15 4
96	44	43	42	40	39	38	38	37	36	35	34	33	32	31	30	30	29	28	28	28	27	27	15 2
95	43	42	41	40	39	38	37	36	35	34	34	33	32	31	31	30	29	29	28	27	27	26	15 0
94	43	42	41	40	39	38	37	36	35	34	33	33	32	31	30	30	29	28	28	27	27	26	14 11
93	42	41	40	39	38	37	36	35	35	34	33	32	31	31	30	29	29	28	27	27	26	26	14 9
92	42	41	40	39	38	37	36	35	34	33	33	32	31	30	30	29	28	28	27	27	26	25	14 7
91	42	40	39	38	37	36	36	35	34	33	32	31	31	30	29	29	28	27	27	26	26	25	14 5
90	41	40	39	38	37	36	35	34	33	33	32	31	30	30	29	28	28	27	27	26	25	25	14 2
89	41	40	39	38	37	36	35	34	33	32	32	31	30	29	29	28	27	27	26	26	25	25	14 0
88	40	39	38	37	36	35	34	34	33	32	31	30	30	29	28	28	27	27	26	25	25	24	13 12
87	40	39	38	37	36	35	34	33	32	31	30	29	29	28	27	27	26	26	25	25	24	24	13 10
86	39	38	37	36	35	34	34	33	32	31	30	30	29	28	28	27	27	26	25	25	24	24	13 8
85	39	38	37	36	35	34	33	32	32	31	30	29	29	28	27	27	26	26	25	25	24	24	13 6
84	38	37	36	35	35	34	33	32	31	30	30	29	28	28	27	27	26	25	25	24	24	23	13 3
83	38	37	36	35	34	33	32	32	31	30	29	29	28	27	27	26	26	25	25	24	23	23	13 1
82	37	36	35	35	34	33	32	31	30	30	29	28	28	27	26	26	25	25	24	24	23	23	12 13
81	37	36	35	34	33	32	32	31	30	29	29	28	27	27	26	26	25	24	24	23	23	22	12 11
80	37	36	35	34	33	32	31	30	30	29	28	28	27	26	26	25	25	24	24	23	23	22	12 8
79	36	35	34	33	32	32	31	30	29	29	28	27	27	26	26	25	24	24	23	23	22	22	12 6
78	36	35	34	33	32	31	30	30	29	28	28	27	26	26	25	25	24	24	23	23	22	22	12 4
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76	35	34	33	32	31	30	30	29	28	28	27	26	26	25	25	24	23	23	22	22	22	21	11 13
75	34	33	32	32	31	30	29	29	28	27	27	26	25	25	24	24	23	23	22	22	21	21	11 11
74	34	33	32	31	30	30	29	28	28	27	26	26	25	24	24	23	23	22	22	21	21	20	11 9
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70	32	31	30	30	29	28	27	27	26	25	25	24	24	23	23	22	22	21	21	20	20	19	11 0
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60	27	27	26	25	25	24	23	23	22	22	21	21	20	20	19	19	18	18	18	17	17	17	9 6
59	27	26	26	25	24	24	23	22	22	21	21	20	20	19	19	18	18	17	17	17	17	16	9 4
58	26	26	25	24	24	23	23	22	22	21	21	20	20	19	19	18	18	18	17	17	16	16	9 1
57	26	25	25	24	23	23	22	22	21	21	20	20	19	19	18	18	18	17	17	16	16	16	9 0
56	26	25	24	24	23	22	22	21	21	20	20	19	19	18	18	18	17	17	17	16	16	16	8 11
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54	25	24	23	23	22	22	21	21	20	20	19	19	18	18	17	17	17	16	16	16	15	15	8 7
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34	16	15	15	14	14	14	13	13	13	12	12	12	11	11	11	11	10	10	10	10	10	9	5 5

Weight (stones and pounds)

1.4

Step 2 – Weight loss score

	SCORE 0	SCORE 1	SCORE 2
	Wt Loss <5%	Wt Loss 5-10%	Wt Loss >10%
34 kg	<1.70	1.70 – 3.40	>3.40
36 kg	<1.80	1.80 – 3.60	>3.60
38 kg	<1.90	1.90 – 3.80	>3.80
40 kg	<2.00	2.00 – 4.00	>4.00
42 kg	<2.10	2.10 – 4.20	>4.20
44 kg	<2.20	2.20 – 4.40	>4.40
46 kg	<2.30	2.30 – 4.60	>4.60
48 kg	<2.40	2.40 – 4.80	>4.80
50 kg	<2.50	2.50 – 5.00	>5.00
52 kg	<2.60	2.60 – 5.20	>5.20
54 kg	<2.70	2.70 – 5.40	>5.40
56 kg	<2.80	2.80 – 5.60	>5.60
58 kg	<2.90	2.90 – 5.80	>5.80
60 kg	<3.00	3.00 – 6.00	>6.00
62 kg	<3.10	3.10 – 6.20	>6.20
64 kg	<3.20	3.20 – 6.40	>6.40
66 kg	<3.30	3.30 – 6.60	>6.60
68 kg	<3.40	3.40 – 6.80	>6.80
70 kg	<3.50	3.50 – 7.00	>7.00
72 kg	<3.60	3.60 – 7.20	>7.20
74 kg	<3.70	3.70 – 7.40	>7.40
76 kg	<3.80	3.80 – 7.60	>7.60
78 kg	<3.90	3.90 – 7.80	>7.80
80 kg	<4.00	4.00 – 8.00	>8.00
82 kg	<4.10	4.10 – 8.20	>8.20
84 kg	<4.20	4.20 – 8.40	>8.40
86 kg	<4.30	4.30 – 8.60	>8.60
88 kg	<4.40	4.40 – 8.80	>8.80
90 kg	<4.50	4.50 – 9.00	>9.00
92 kg	<4.60	4.60 – 9.20	>9.20
94 kg	<4.70	4.70 – 9.40	>9.40
96 kg	<4.80	4.80 – 9.60	>9.60
98 kg	<4.90	4.90 – 9.80	>9.80
100 kg	<5.00	5.00 – 10.00	>10.00
102 kg	<5.10	5.10 – 10.20	>10.20
104 kg	<5.20	5.20 – 10.40	>10.40
106 kg	<5.30	5.30 – 10.60	>10.60
108 kg	<5.40	5.40 – 10.80	>10.80
110 kg	<5.50	5.50 – 11.00	>11.00
112 kg	<5.60	5.60 – 11.20	>11.20
114 kg	<5.70	5.70 – 11.40	>11.40
116 kg	<5.80	5.80 – 11.60	>11.60
118 kg	<5.90	5.90 – 11.80	>11.80
120 kg	<6.00	6.00 – 12.00	>12.00
122 kg	<6.10	6.10 – 12.20	>12.20
124 kg	<6.20	6.20 – 12.40	>12.40
126 kg	<6.30	6.30 – 12.60	>12.60

Weight before weight loss (kg)

	SCORE 0	SCORE 1	SCORE 2
	Wt Loss <5%	Wt Loss 5-10%	Wt Loss >10%
5st 4lb	<4lb	4lb – 7lb	>7lb
5st 7lb	<4lb	4lb – 8lb	>8lb
5st 11lb	<4lb	4lb – 8lb	>8lb
6st	<4lb	4lb – 8lb	>8lb
6st 4lb	<4lb	4lb – 9lb	>9lb
6st 7lb	<5lb	5lb – 9lb	>9lb
6st 11lb	<5lb	5lb – 10lb	>10lb
7st	<5lb	5lb – 10lb	>10lb
7st 4lb	<5lb	5lb – 10lb	>10lb
7st 7lb	<5lb	5lb – 11lb	>11lb
7st 11lb	<5lb	5lb – 11lb	>11lb
8st	<6lb	6lb – 11lb	>11lb
8st 4lb	<6lb	6lb – 12lb	>12lb
8st 7lb	<6lb	6lb – 12lb	>12lb
8st 11lb	<6lb	6lb – 12lb	>12lb
9st	<6lb	6lb – 13lb	>13lb
9st 4lb	<7lb	7lb – 13lb	>13lb
9st 7lb	<7lb	7lb – 13lb	>13lb
9st 11lb	<7lb	7lb – 1st 0lb	>1st 0lb
10st	<7lb	7lb – 1st 0lb	>1st 0lb
10st 4lb	<7lb	7lb – 1st 0lb	>1st 0lb
10st 7lb	<7lb	7lb – 1st 1lb	>1st 1lb
10st 11lb	<8lb	8lb – 1st 1lb	>1st 1lb
11st	<8lb	8lb – 1st 1lb	>1st 1lb
11st 4lb	<8lb	8lb – 1st 2lb	>1st 2lb
11st 7lb	<8lb	8lb – 1st 2lb	>1st 2lb
11st 11lb	<8lb	8lb – 1st 3lb	>1st 3lb
12st	<8lb	8lb – 1st 3lb	>1st 3lb
12st 4lb	<9lb	9lb – 1st 3lb	>1st 3lb
12st 7lb	<9lb	9lb – 1st 4lb	>1st 4lb
12st 11lb	<9lb	9lb – 1st 4lb	>1st 4lb
13st	<9lb	9lb – 1st 4lb	>1st 4lb
13st 4lb	<9lb	9lb – 1st 5lb	>1st 5lb
13st 7lb	<9lb	9lb – 1st 5lb	>1st 5lb
13st 11lb	<10lb	10lb – 1st 5lb	>1st 5lb
14st	<10lb	10lb – 1st 6lb	>1st 6lb
14st 4lb	<10lb	10lb – 1st 6lb	>1st 6lb
14st 7lb	<10lb	10lb – 1st 6lb	>1st 6lb
14st 11lb	<10lb	10lb – 1st 7lb	>1st 7lb
15st	<11lb	11lb – 1st 7lb	>1st 7lb
15st 4lb	<11lb	11lb – 1st 7lb	>1st 7lb
15st 7lb	<11lb	11lb – 1st 8lb	>1st 8lb
15st 11lb	<11lb	11lb – 1st 8lb	>1st 8lb
16st	<11lb	11lb – 1st 8lb	>1st 8lb
16st 4lb	<11lb	11lb – 1st 9lb	>1st 9lb
16st 7lb	<12lb	12lb – 1st 9lb	>1st 9lb

Weight before weight loss (st lb)

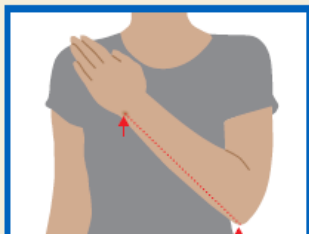
< means less than

> means greater than

Alternative measurements: instructions and tables

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

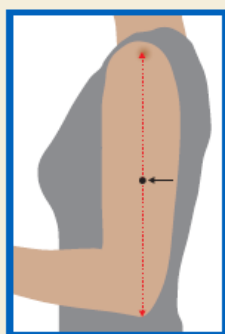
Estimating height from ulna length



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

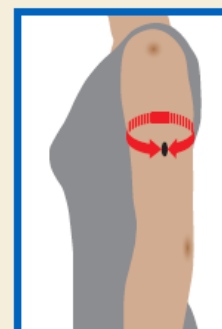
HEIGHT (m)	Men (<65 years)	1.94	1.93	1.91	1.89	1.87	1.85	1.84	1.82	1.80	1.78	1.76	1.75	1.73	1.71
	Men (≥65 years)	1.87	1.86	1.84	1.82	1.81	1.79	1.78	1.76	1.75	1.73	1.71	1.70	1.68	1.67
	Ulna length (cm)	32.0	31.5	31.0	30.5	30.0	29.5	29.0	28.5	28.0	27.5	27.0	26.5	26.0	25.5
HEIGHT (m)	Women (<65 years)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

Estimating BMI category from mid upper arm circumference (MUAC)



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

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



If MUAC is <23.5 cm, BMI is likely to be <20 kg/m².

If MUAC is >32.0 cm, BMI is likely to be >30 kg/m².

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

Alternative measurements and considerations

Step 1: BMI (body mass index)

If height cannot be measured

- Use recently documented or self-reported height (if reliable and realistic).
- If the subject does not know or is unable to report their height, use one of the alternative measurements to estimate height (ulna, knee height or demispan).

Step 2: Recent unplanned weight loss

If recent weight loss cannot be calculated, use self-reported weight loss (if reliable and realistic).

Subjective criteria

If height, weight or BMI cannot be obtained, the following criteria which relate to them can assist your professional judgement of the subject's nutritional risk category. Please note, these criteria should be used collectively not separately as alternatives to steps 1 and 2 of 'MUST' and are not designed to assign a score. Mid upper arm circumference (MUAC) may be used to estimate BMI category in order to support your overall impression of the subject's nutritional risk.

1. BMI

- Clinical impression – thin, acceptable weight, overweight. Obvious wasting (very thin) and obesity (very overweight) can also be noted.

2. Unplanned weight loss

- Clothes and/or jewellery have become loose fitting (weight loss).
- History of decreased food intake, reduced appetite or swallowing problems over 3-6 months and underlying disease or psycho-social/physical disabilities likely to cause weight loss.

3. Acute disease effect

- Acutely ill and no nutritional intake or likelihood of no intake for more than 5 days.

Further details on taking alternative measurements, special circumstances and subjective criteria can be found in *The 'MUST' Explanatory Booklet*. A copy can be downloaded at www.bapen.org.uk or purchased from the BAPEN office. The full evidence-base for 'MUST' is contained in *The 'MUST' Report* and is also available for purchase from the BAPEN office.

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MUST SCORE 1 NUTRITION CARE PLAN

Residents name _____ DOB _____
Date _____ Signature _____

Follow a high protein, high calorie balanced diet, offering food and fluids 'little and often'

- Offer 3 evenly spaced nourishing meals.** Make sure at least 2 include protein foods (meat, fish, eggs, cheese, pulses e.g. lentils, or vegetarian alternatives)
- Do not give drinks before or during meals as this will reduce appetite.
- Have enriched milky drinks between meals and at bedtime.** Homemade milks shakes (see recipes), enriched milky coffee, malted drinks. **Complan / Build Up/Foodlink** can be bought over the counter (also useful to replace any meals not eaten)
- Offer 2 or 3 High Calorie Snacks a day**, such as toast with butter and jam, cheese sandwich, cereal and milk, cake, creamy or Greek yogurt, full fat mousse, cream cheese and crackers (see snack ideas in 'Spot and Stop malnutrition pack')
- Use full cream milk** – aim for at least 1 pint (600mls) per day
Enrich milk with milk powder –Add 4 tablespoons of milk powder and blend into 1 pint full cream milk. Chill in the fridge and then use on cereals, in porridge, to make up sauces, soups, desserts, jellies, milky drinks etc. **Use enriched milk within 24 hours of preparation.**
- Add milk powder dissolved in a little liquid** to soups, milk puddings, custard, mashed potatoes. Try 2-3 teaspoons of milk powder per portion of food
- Choose full fat and full sugar products** rather than 'diet' 'low fat' 'low sugar' or 'healthy eating' varieties
- Add knobs of butter / margarine** to vegetables, potatoes etc (not low fat spread)
- Add grated cheese** to soup, mashed potato, jacket potato, scrambled eggs etc
- Serve meals** with a creamy sauce e.g. Cheese sauce, parsley sauce, mayonnaise
- Add cream or evaporated milk** to soups or puddings e.g. Stewed / canned fruits, custard, rice puddings etc
- Add sugar to cereals, drinks, desserts.** Serve jam, honey, syrup on bread, milk puddings etc. Choose drinks with high sugar content e.g. fruit juice, lemonade, full sugar squash

Monitoring:

- Monthly weight checks (or more frequently if condition is changing) and ¹MUST screen;
- Food and fluid intake charts (for at least 3 days a month)

Variance:

Please cross out any of the above which does not apply to this resident and note why.

Ask the GP to refer to dietitian if ¹MUST score is 3 or more, BMI is less than 16.5 or resident has newly diagnosed diabetes, coeliac disease, inflammatory bowel disease, multiple food avoidance /other conditions needing a special diet

¹ Malnutrition Universal Screening Tool www.bapen.org.uk/must_tool.html

MUST SCORE 1 + SOFT / PUREE

NUTRITION CARE PLAN

Residents name _____ DOB _____

Date _____ Signature _____

**Follow a high protein, high calorie balanced diet, offering food and fluids 'little and often'
Change the texture to make foods easier and safer to swallow.**

- Offer 3 evenly spaced nourishing meals.** Make sure at least 2 include protein foods (meat, fish, eggs, cheese, pulses e.g. lentils, or vegetarian alternatives) Remove skin, fat, bone or gristle. For a soft diet, finely chop or mash foods and serve with nourishing sauce or gravy. For puree diet add a small amount of appropriate nourishing liquid (not just water) e.g. gravy, stock, soup, sauce. Blend until smooth. Reheat thoroughly. Puree or mash vegetables & serve separately, to retain colours and flavours. Sieve out any skins and pips.
- Do not give drinks before or during meals as this will reduce appetite.
- Have enriched milky drinks between meals and at bedtime.** Homemade milks shakes (see recipes), enriched milky coffee, malted drinks. **Complan / Build Up/Foodlink** can be bought over the counter (also useful to replace any meals not eaten). If thickened fluids are recommended you will need to add thickener as advised by Speech and Language therapist.
- Offer 2 or 3 High Calorie Snacks a day**, well soaked cereal and milk, creamy or Greek yogurt with no bits, full fat mousse (see snack ideas in 'Spot and Stop malnutrition pack')
- Use full cream milk** – aim for at least 1 pint (600mls) per day
Enrich milk with milk powder –Add 4 tablespoons of milk powder and blend into 1 pint full cream milk. Chill in the fridge and then use on cereals, in porridge, to make up sauces, soups, desserts, jellies, milky drinks etc. **Use enriched milk within 24 hours.**
- Add milk powder dissolved in a little liquid** to soups, milk puddings, custard, mashed potatoes. Try 2-3 teaspoons of milk powder per portion of food
- Choose full fat and full sugar products** rather than 'diet' 'low fat' 'low sugar' or 'healthy eating' varieties
- Add knobs of butter / margarine** to vegetables, potatoes etc (not low fat spread)
- Melt grated cheese** into soup, mashed potato, jacket potato, scrambled eggs etc
- Add cream or evaporated milk** to soups or puddings e.g. Stewed / canned fruits, custard, rice puddings etc
- Add sugar to cereals, drinks, desserts.**

Monitoring:

- Monthly weight checks (or more frequently if condition is changing) and ¹MUST screen;
- Food and fluid intake charts (for at least 3 days a month)

Variance:

Please cross out any of the above which does not apply to this resident and note why.

**For individual advice on swallowing issues ask GP to refer to Speech and Language therapy
For more advice on preparing a puree diet contact Nutrition and Dietetics (01234 792171)**

¹ Malnutrition Universal Screening Tool www.bapen.org.uk/must_tool.html

MUST SCORE 1 + DIABETES

NUTRITION CARE PLAN

Residents name _____ DOB _____

Date _____ Signature _____

Follow a high protein, high calorie balanced diet, offering food and fluids 'little and often'

- Offer 3 evenly spaced nourishing meals.** Make sure at least 2 include protein foods (meat, fish, eggs, cheese, pulses e.g. lentils, or vegetarian alternatives)
- Do not give drinks before or during meals as this will reduce appetite
- Have enriched milky drinks between meals and at bedtime.** Homemade milks shakes (see recipes), enriched milky coffee, malted drinks. **Complan / Build Up/Foodlink** can be bought over the counter (also useful to replace any meals not eaten)
- Offer 2 or 3 High Calorie Snacks a day**, such as toast with butter and jam, cheese sandwich, cereal and milk, cake, creamy or Greek yogurt, full fat mousse, cream cheese and crackers (see snack ideas in 'Spot and Stop malnutrition pack')
- Use full cream milk** – aim for at least 1 pint (600mls) per day
Enrich milk with milk powder –Add 4 tablespoons of milk powder and blend into 1 pint full cream milk. Chill in the fridge and then use on cereals, in porridge, to make up sauces, soups, desserts, jellies, milky drinks etc. **Use enriched milk within 24 hours of preparation.**
- Add milk powder dissolved in a little liquid** to soups, milk puddings, custard, mashed potatoes. Try 2-3 teaspoons of milk powder per portion of food
- Choose full fat products** rather than 'diet' 'low fat' or 'healthy eating' varieties
- Add knobs of butter / margarine** to vegetables, potatoes etc (not low fat spread)
- Add grated cheese** to soup, mashed potato, jacket potato, scrambled eggs etc
- Serve meals** with a creamy sauce e.g. Cheese sauce, parsley sauce, mayonnaise
- Add cream or evaporated milk** to soups or puddings e.g. Stewed / canned fruits in juice, custard, rice puddings etc
- Sugar free drinks;** e.g. squash, only 1 small glass unsweetened fruit juice, add artificial sweetener to other drinks if required
- Regular dessert e.g. cake, sponge, milk pudding, normal custard** can still be offered in small portions, unless advised otherwise by a Dietitian Use no added sugar jelly.

Monitoring:

- Monthly weight checks (or more frequently if condition is changing) and ¹MUST screen;
- Food and fluid intake charts (for at least 3 days a month)

Variance:

Please cross out any of the above which does not apply to this resident and note why.

Ask the GP to refer to dietitian if ¹MUST score is 3 or more, BMI is less than 16.5 or resident has newly diagnosed diabetes, coeliac disease, inflammatory bowel disease, multiple food avoidance /other conditions needing a special diet

¹ Malnutrition Universal Screening Tool www.bapen.org.uk/must_tool.html

MUST SCORE 2 NUTRITION CARE PLAN

Residents name _____ DOB _____
Date _____ Signature _____

Follow a high protein, high calorie balanced diet, offering food and fluids 'little and often'

- Offer 3 evenly spaced nourishing meals.** Make sure at least 2 include protein foods (meat, fish, eggs, cheese, pulses e.g. lentils, or vegetarian alternatives)
- Do not give drinks before or during meals as this will reduce appetite
- Have enriched milky drinks between meals and at bedtime.** Homemade milks shakes (see recipes), enriched milky coffee, malted drinks. **Complan / Build Up/Foodlink** can be bought over the counter (also useful to replace any meals not eaten)
- Ask GP to prescribe Foodlink complete or Complan shake** 1-2 /day. Make up with full cream enriched milk. Serve between meals (or to replace meals not eaten)
- Offer 2 or 3 High Calorie Snacks a day**, such as toast with butter and jam, cheese sandwich, cereal and milk, cake, creamy or Greek yogurt, full fat mousse, cream cheese and crackers (see snack ideas in 'Spot and Stop malnutrition pack')
- Use full cream milk** – aim for at least 1 pint (600mls) per day
Enrich milk with milk powder –Add 4 tablespoons of milk powder and blend into 1 pint full cream milk. Chill in the fridge and then use on cereals, in porridge, to make up sauces, soups, desserts, jellies, milky drinks etc. **Use enriched milk within 24 hours of preparation.**
- Add milk powder dissolved in a little liquid** to soups, milk puddings, custard, mashed potatoes. Try 2-3 teaspoons of milk powder per portion of food
- Choose full fat and full sugar products** rather than 'diet' 'low fat' 'low sugar' or 'healthy eating' varieties
- Add knobs of butter / margarine** to vegetables, potatoes etc (not low fat spread)
- Add grated cheese** to soup, mashed potato, jacket potato, scrambled eggs etc
- Serve meals** with a creamy sauce e.g. Cheese sauce, parsley sauce, mayonnaise
- Add cream or evaporated milk** to soups or puddings e.g. Stewed / canned fruits, custard, rice puddings etc
- Add sugar to cereals, drinks, desserts.** Serve jam, honey, syrup on bread, milk puddings etc. Choose drinks with high sugar content* e.g. fruit juice, lemonade, full sugar squash

Monitoring:

- Monthly weight checks (or more frequently if condition is changing) and ¹MUST screen;
- Food and fluid intake charts (for at least 3 days a month)

Variance: Please cross out any of the above which does not apply to this resident and note why.

Ask the GP to refer to dietitian if ¹MUST score is 3 or more, BMI is less than 16.5 or resident has newly diagnosed diabetes, coeliac disease, inflammatory bowel disease, multiple food avoidance /other conditions needing a special diet

¹ Malnutrition Universal Screening Tool www.bapen.org.uk/must_tool.html

MUST SCORE 2 + SOFT / PUREE

NUTRITION CARE PLAN

Residents name _____ DOB _____

Date _____ Signature _____

Follow a high protein, high calorie balanced diet, offering food and fluids 'little and often'
Change the texture to make foods easier and safer to swallow.

- Offer 3 evenly spaced nourishing meals.** Make sure at least 2 include protein foods (meat, fish, eggs, cheese, pulses e.g. lentils, or vegetarian alternatives) Remove skin, fat, bone or gristle. For a soft diet, finely chop or mash foods and serve with nourishing sauce or gravy. For puree diet add a small amount of appropriate nourishing liquid (not just water) e.g. gravy, stock, soup, sauce. Blend until smooth. Reheat thoroughly. Puree or mash vegetables & serve separately, to retain colours and flavours. Sieve out any skins and pips.
- Do not give drinks before or during meals as this will reduce appetite.
- Have enriched milky drinks between meals and at bedtime.** Homemade milks shakes (see recipes), enriched milky coffee, malted drinks. **Complan / Build Up/Foodlink** can be bought over the counter (also useful to replace any meals not eaten). If thickened fluids are recommended you will need to add thickener as advised by Speech & Language Therapist.
- Offer 2 or 3 High Calorie Snacks a day,** well soaked cereal and milk, creamy or Greek yogurt with no bits, full fat mousse (see snack ideas in 'Spot and Stop malnutrition pack')
- Use full cream milk** – aim for at least 1 pint (600mls) per day
Enrich milk with milk powder –Add 4 tablespoons of milk powder and blend into 1 pint full cream milk. Chill in the fridge and then use on cereals, in porridge, to make up sauces, soups, desserts, jellies, milky drinks etc. **Use enriched milk within 24 hours.**
- Ask GP to prescribe Foodlink complete or Complan shake** 1-2 /day. Make up with full cream enriched milk. Serve between meals (or to replace meals not eaten) If thickened fluids are recommended you will need to add thickener as advised by Speech Therapy.
- Add milk powder dissolved in a little liquid** to soups, milk puddings, custard, mashed potatoes. Try 2-3 teaspoons of milk powder per portion of food
- Choose full fat and full sugar products** not 'diet' 'low fat' 'low sugar' or 'healthy eating'
- Add knobs of butter / margarine** to vegetables, potatoes etc (not low fat spread)
- Melt grated cheese** into soup, mashed potato, jacket potato, scrambled eggs etc
- Add cream or evaporated milk** to soups or puddings e.g. Stewed / puree canned fruits, custard, rice puddings etc
- Add sugar to cereals, drinks, desserts.**

Monitoring:

- Monthly weight checks (or more frequently if condition is changing) and ¹MUST screen;
- Food and fluid intake charts (for at least 3 days a month)

Variance:

Please cross out any of the above which does not apply to this resident and note why.

For individual advice on swallowing issues ask GP to refer to Speech and Language therapy
For more advice on preparing a puree diet contact Nutrition and Dietetics (01234 792171)

¹ Malnutrition Universal Screening Tool www.bapen.org.uk/must_tool.html

MUST SCORE 2 + DIABETES

NUTRITION CARE PLAN

Residents name _____ DOB _____

Date _____ Signature _____

Follow a high protein, high calorie balanced diet, offering food and fluids 'little and often'

- Offer 3 evenly spaced nourishing meals.** Make sure at least 2 include protein foods (meat, fish, eggs, cheese, pulses e.g. lentils, or vegetarian alternatives)
- Do not give drinks before or during meals as this will reduce appetite
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- Ask GP to prescribe Foodlink complete or Complan shake** 1-2 /day. Make up with full cream enriched milk. Serve between meals (or to replace meals not eaten)
- Offer 2 or 3 High Calorie Snacks a day**, such as toast with butter and jam, cheese sandwich, cereal and milk, cake, creamy or Greek yogurt, full fat mousse, cream cheese and crackers (see snack ideas in 'Spot and Stop malnutrition pack')
- Use full cream milk** – aim for at least 1 pint (600mls) per day
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- Add knobs of butter / margarine** to vegetables, potatoes etc (not low fat spread)
- Add grated cheese** to soup, mashed potato, jacket potato, scrambled eggs etc
- Serve meals** with a creamy sauce e.g. Cheese sauce, parsley sauce, mayonnaise
- Add cream or evaporated milk** to soups or puddings e.g. Stewed / canned fruits, custard, rice puddings etc
- Sugar free drinks;** e.g. squash, only 1 small glass unsweetened fruit juice, add artificial sweetener to other drinks if required
- Regular dessert e.g. cake, sponge, milk pudding, normal custard** can still be offered in small portions unless advised otherwise by a Dietitian. Use no added sugar jelly.

Monitoring:

- Monthly weight checks (or more frequently if condition is changing) and ¹MUST screen;
- Food and fluid intake charts (for at least 3 days a month)

Ask the GP to refer to dietitian if ¹MUST score is 3 or more, BMI is less than 16.5 or resident has newly diagnosed diabetes, coeliac disease, inflammatory bowel disease, multiple food avoidance /other conditions needing a special diet

¹ Malnutrition Universal Screening Tool www.bapen.org.uk/must_tool.html

FOOD AND FLUID RECORD


NAME:DOB.....

DATE: DAY OF WEEK:

Please record below everything eaten or drunk during the day, including nutritional supplements
Describe each item and state the **amount actually taken** NOT just what is given.

	FOOD AND DRINKS - AMOUNTS ACTUALLY TAKEN	
<p><u>EXAMPLE</u></p> <p>- BREAKFAST</p>	<p>Cereals - Cornflakes, 6 tablesp 1 cup full cream milk - 180mls 1 slice of wholemeal toast, Scraping butter 1 tsp marmalade, 1 cup of tea - dash of milk, no sugar ½ carton fortisip (100mls)</p>	
BREAKFAST		
MID-MORNING		
MID-DAY		
AFTERNOON		
EVENING MEAL		
DURING EVENING		
BEDTIME		

Care Homes Questionnaire for Dietitians

Please fill in form and send/ fax to: Community Dietitians, Bedford Hospital, Kempston Road, Bedford MK42 9DJ / Fax No: 01234-795855		Bedford Hospital  NHS Trust Nutrition and Dietetics			
Patient name: (If emailing, use initials only. Do not add name, DOB or NHS number)		Care Home:			
NHS Number:		GP name: Dr			
DOB:		Person filling form in:			
Date of referral:		Date of form filled in:			
Admission date:		Weight on Admission:.....kg			
Recent weights with dates (last 6 months-1year) Height:.....(actual/estimated) BMI:..... MUST SCORE:.....	Date				
	Weight				
	Date				
	Weight				
		(Please include a copy of weights recorded/MUST recording chart)			
How often is patient weighed?		Weekly or monthly			
Past medical history/diagnosis					
Reason for referral:					
Medication: (please attach copy of script)					
Current problems					
Having nutritional supplements? Which type? How many per day taken? Are these on prescription?		Yes/No			
Are you purchasing Eg. Complan/Build-Up?					
Any recent changes to appetite?		Yes/No			
Needs help with feeding?		Yes/No			

Patients Name: (initials only if emailing)	
NHS number:	
Having 3 meals? Having puddings?	
Having snacks? What type?	
Normal/Soft/ Liquidised diet	
Any special dietary needs? vegetarian/vegan/religious dietary restrictions/allergies/ intolerances	
Problems with drinking fluids	Yes/No
Any problems swallowing? Thickened fluids	Yes/No Yes/ No
Any problems with teeth?	
Any other comments about weight, appetite or diet Fussy/Refusing foods Dislikes/Likes	
Likes milk? Takes milky drinks?	Yes/No Yes/No
Likes fruit juice? Likes squash?	Yes/No Yes/No
Any problems with bowels?	Yes/No Constipation/Diarrhoea
Urine output	Dark/Light/ Normal
Active/mobile/unable to walk	
Any regular visitors that help with feeding or bring in food/snacks?	Yes/No
Food fortified: eg adding milk powder/butter/cream/ sugar?	Yes/No
Full fat/ Semi-skimmed milk	Full/Semi
Visual impression:	Underweight/normal weight /overweight Frail/thin/well covered?
If diabetic- are blood sugars monitored? What range of readings are seen?	
Are the following being done? Please tick	Food fluid chart Weekly/ Monthly weights: Food fortification Referral to SALT/DN

Section 2:

Additional Information

- Tips for accurate weight and height
- Getting the Most from Nutritional Supplements
- Why is appetite poor or weight loss continuing?
- Palliative Care
- Diabetes
- Nourishing drink recipes
- Tempting snacks (including soft/puree choices)
- Dealing with dementia
(and meal time behaviours that affect food intake)
- Constipation
- Diarrhoea
- Mouth problems
- Nutritional Supplements record (please photocopy)
- Special Diets record (please photocopy)

GETTING THE MOST FROM NUTRITIONAL SUPPLEMENTS

Nutritional supplements should not be used instead of food. Offer high protein, high calorie food and drink choices e.g. full cream milk drinks/homemade milk shakes 'little and often'. Enrich foods by adding milk powder, etc. Where the resident cannot take enough food and drink, nutritional supplements may be needed.

Which one?

Complan, Build up or Foodlink can be bought for residents who miss occasional meals.

If the MUST score is 2 or more, try Foodlink Complete or Complan Shake on prescription from the GP. If the resident does not like this, or MUST score is over 3, then refer to the Dietitian.

What about people with Diabetes?

Any of the sip feeds are suitable, either milk, yoghurt or fruit juice based. Encourage the resident to sip them slowly.

How to make up?

200mls full cream milk. 1 sachet (or 4 heaped tablespoons) of supplement powder (e.g. Foodlink) 3 heaped tablespoons of milk powder. Blend the powders with a little milk to make a smooth paste, then stir in the rest of the milk or blend together using a hand mixer or processor. Keep in the fridge and use up within 24 hours.

How to serve?

Serve chilled. Some can be served warmed e.g. chocolate flavour or natural flavour with coffee granules or malted drink powder added. Encourage your resident to take small sips regularly. Provide help if needed e.g. hand over hand, guiding glass to mouth. Remove after 4 hours (to cut risk of food poisoning) If juice style supplements are too sweet, try mixed with lemonade or soda.

How much?

Supplements are expensive! Avoid waste by only giving a resident what they are likely to take. E.g. give ½ a glass of supplement and keep rest in the fridge to offer later.

Make sure you record on food/fluid chart how much was drunk, not just what was offered.

What other varieties are there?

Readymade supplements are much more expensive. Available on prescription, there is milk or yoghurt-style (e.g. Fortisip, Ensure Plus etc), or fruit juice (e.g. Ensure Plus Juice, Fortijuce etc). They can be sweet or savoury. Some are more concentrated, giving more nutrition in smaller volume eg Fortisip compact, Fresubin 2Kcal. Neutral, which is unflavoured, can be added to other foods and drinks. Calogen is a fat based supplement. Only give the recommended dose (usually 30 mls)

Can supplements be used in cooking?

Contact the company producing the supplement for a recipe leaflet or visit: www.nutricia-clinical-care.co.uk Try freezing a supplement and serving as ice cream or fruit ice.

Whip a milk based supplement, mix with equal amounts of whipped cream and freeze to make softer dairy ice cream. Use a fruit juice based supplement to make up a jelly.

Storing supplements

Keep in a cool place, off the floor. Keep a few chilling in the fridge. Once opened, can be kept in the fridge for 24 hours. Rotate stock to use in date order.

Ordering Supplements

Avoid ordering too much to prevent waste. State residents preferred flavours. Variety is the spice of life, so ask for a range of flavours.

TIPS TO HELP ACCURATELY WEIGH RESIDENTS⁴

- The scales should be on a hard flat surface
- Check zero balance
- Weigh resident in light indoor clothes
- Shoes should be removed
- Resident should stand in the centre of the platform and look straight ahead
- Record the presence of visible oedema (fluid overload) and its site
- Weigh in kg and record to the nearest 0.1kg
- Record time of weighing, i.e. am or pm, as there are daily variations in weight
- Calibrate scales on a regular basis throughout the year, and if the scales are moved to another location
- Consider purchasing wheel chair scales if several residents are unable to use stand on scales. Make sure the residents feet are not resting on the floor when weighing.

- NB:** If possible,
- ensure resident has an empty bladder
 - weigh before a meal

⁴Gibson, R., S. (1990) Principles of Nutritional Assessment. Oxford University Press

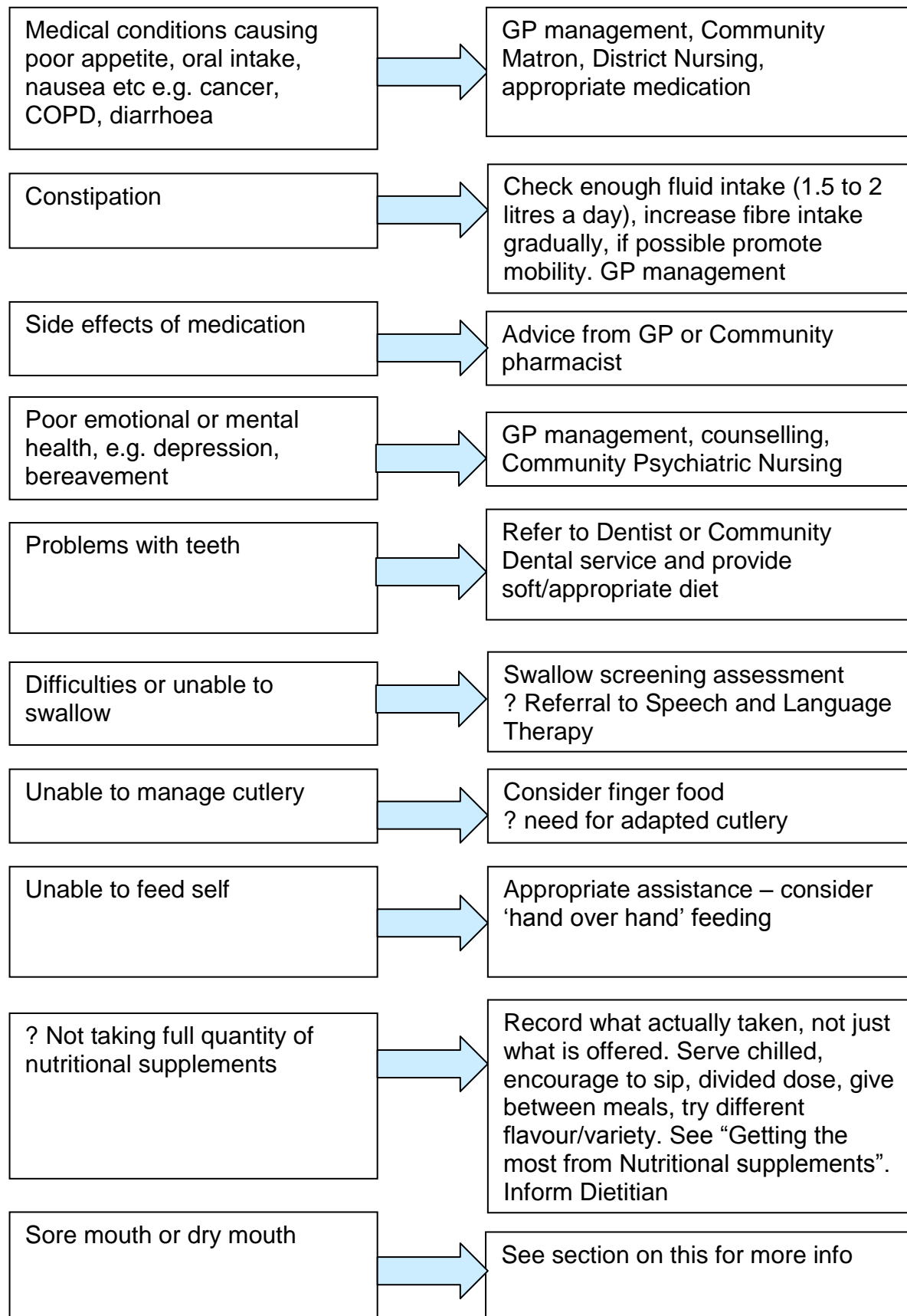


HEIGHT OF RESIDENT

A record of height is needed to work out BMI. Record height on admission. If possible check height using a height measure. The resident may be able to tell you their height, but bear in mind that people can lose a significant amount of height in later years (up to 10"). If you know your own height, a colleague may be able to estimate the residents height if you stand next to the resident. Ulna length can also be used (see MUST information). Beware of using a tape measure to check height – the resident may misunderstand your purposes. Make a note of whether height has been reported/estimated/taken from Ulna length.



WHY IS APPETITE POOR or WEIGHT LOSS CONTINUING?



PALLIATIVE CARE

Think about the resident's prognosis and quality of life. Nutritional supplement use is common in palliative care patients; but the reasons need to be thought about. Avoid prescribing ONS for the sake of 'doing something' especially if other dietary treatments have failed. At end stages of life, weighing the resident is not in their best interests and the nutritional content of the meal is not important. Instead think about the resident's quality of life and encourage them to have small meals, to eat often and chose their favourite foods. Feeling sick, being sick and constipation will put residents off eating. See the sections on these problems for ideas to help.

DIABETES

Think about the resident's diagnosis, how long they might live, quality of life, blood sugar control targets (avoid high or low blood sugar symptoms while not aiming for perfect blood sugar levels), diabetes treatment and malnutrition risk. Poor blood sugar control in the elderly can happen for many reasons. Try to find the cause and ask for the medication to be reviewed rather than being over restrictive with the diet. The dietary treatment of malnutrition means residents will need foods higher in fat and sugar than is usually recommended for diabetes. Diabetes medications may need to be reviewed if food intake has changed a lot. Blood glucose monitoring might need to be reviewed. Please refer to the GP or District Nurse.

For most residents with diabetes who are at risk of malnutrition offer regular meals and desserts, with between meal and bedtime snacks which include starchy carbohydrate e.g. milk based drink with biscuits or a sandwich or breakfast cereal. Drinks should be sugar free. Blood sugars should be controlled by medication, rather than restricting the diet.

For further information on managing residents with diabetes see the Bedfordshire diabetes guidelines www.bedfordshirediabetes.org.uk/guidelines/diabetes-in-the-elderly.html also Diabetes UK Good clinical practice guidelines for care home residents with diabetes at www.diabetes.org.uk

NOURISHING DRINKS

If the resident has lost weight, has a small appetite or needs extra nourishment, e.g. to help heal a wound, they may find it easier to boost dietary intake by having nourishing drinks than by eating more at meals. Nourishing drinks do not replace meals but sipping them between meals, can make a difference to health, as well as being tasty.

Enriched Milk

Blend 4 tablespoons of skimmed milk powder, e.g. Marvel, Plus Pints, Millac or supermarket's own brand, with a little milk taken from 1 pint (600mls) of full cream milk to make a smooth paste. Add remaining milk and mix well. Cover, label and keep in the fridge for up to 24hours.

Use this milk in drinks such as tea or coffee, on cereals, in sauces, or to make up milkshakes. A glass of enriched milk has 175 calories (kcal) and 11g protein (twice as much as semi-skimmed milk)

Whizzy Milk Shakes

Blend 200mls (1/3 pint) enriched milk and add the following ingredients:

Chocolate Wish

- 1 scoop vanilla ice cream
- 2 heaped teaspoons of drinking chocolate

Raspberry Appeal

- 1 tablespoon of double cream
- Raspberry milk shake syrup

Greek Cooler

- 1 tub (150g / 5oz) Greek yogurt
- 2 tablespoons honey

Pineapple Punch

- ½ a banana
- 50mls (2fl oz) pineapple juice
- 1 tablespoon double cream
- 2 teaspoons of muscavado sugar



Fruit Shakes

- 75g (3oz) soft fruit – fresh or tinned. eg strawberry, apricot, peaches, banana
- 1 scoop (50g / 2oz) vanilla ice cream or 1 pot creamy yogurt

Simple Iced Coffee

- 2 tsp coffee granules dissolved in a little hot water
- 2 or more teaspoon sugar

Coffee Delight

- Blend 1 pot of crème caramel & a scoop of ice cream

TEMPTING SNACKS

Biscuits are usually offered as between meal and bedtime snacks. But a rich tea biscuit only contains 36kcal and 0.6 g protein. Make the most of between meal and bedtime snacks to boost intake.

- Scone with clotted cream and jam
- Tinned fruit and ice cream
- Crackers and dips
- Cheese and biscuits
- Sandwiches



Sometimes relatives like to bring in treats, so advise them to choose full fat and sugar varieties rather than 'healthy eating' options.

The soft option

- Chocolate desserts. - Nestle rolo dessert, Nestle milky bar dessert and GU chocolate puddings
- Thick and creamy yoghurts - Muller fruit corner, own brand
- Custards and rice puddings - Ambrosia, Muller, own brand
- Mousse - Dr Oetker, Cadbury's, Own brand.
- Cheesecake, trifle and other nourishing desserts - Crème Brulee, all types of cheesecake, Cadbury's and supermarket own brand trifles
- Fruit pastry/pie softened with custard/cream.
- Tinned fruit and ice cream
- Scrambled egg
- Porridge/ cereal with milk/double cream



- Baked beans on toast.
- Soft, moist cake/muffin.
- White bread sandwich, crust removed, with creamy filling e.g. egg or tuna mayo/cream cheese/jam/smooth peanut butter



And for those on puree diets:

- Mousse, custard, creamy yoghurt with no 'bits', Nestle rolo or milky bar dessert.
- Soup made with full cream milk, added cream
- Fruit smoothie (e.g. Innocence)
- Readymade yoghurt or milk shake drink, or see recipes

HELPING THOSE WITH DEMENTIA TO EAT

Eating problems are common in dementia and mealtimes can become stressful for both the person with dementia and their carers. Social meal times seated at the dining table, with any necessary support, can help improve eating. Avoid residents eating with a slumped posture to reduce risk of choking. Weight loss is common but not inevitable. Fortified foods and nourishing drinks can help prevent weight loss. Below are some ideas to make mealtimes easier.

Keep it simple

- Try to develop a calm, regular routine with plenty of time for meals
- Reduce distractions by switching off the television. Gentle background music may be calming
- Large, noisy dining rooms can be confusing.
- Think about the tableware:
 - o Vividly patterned tablecloths, placemats and plates can be confusing – use plain ones instead
 - o Use plates that are a contrasting colour to the food so it can be seen more easily, e.g. pale foods on a dark plate
 - o Insulated plates help keep food hot longer for slower eaters – or serve small portions on a warmed plate
 - o Light-weight, adapted cutlery may be easier to use (and so less frustrating)
 - o Keep the table or tray clear of unnecessary utensils
 - o Only offer one course at a time
- o Offer a choice. Suggest options with a yes or no answer e.g. would you like a banana? Poor memory skills may mean the resident would always choose the last option on a list.
- o Pictures of foods can help choice.



Encourage Independence

- Make sure the resident has their glasses, teeth, hearing aid, etc
- Avoid tricky foods such as spaghetti and don't flood plates with gravy
- Use a shallow bowl for soup or cereal
- Try using non-slip mats below plates or a plate guard
- Cut food into pieces so it can be spooned up
- Offer foods that can be eaten with your hands – “finger foods”



Where assistance is needed

One option is loading the spoon or fork and placing it directly into their hand. If a resident needs help with eating, put the food / spoon into their hand and guiding it to their mouth (Hand over hand technique). A small spoon is best. Tell the resident what you are doing - “here is some mashed potato”. However, be aware of tone and language as the resident should not be made to feel like a child

being fed. Do not leave a resident to eat unattended if they are at risk of choking e.g. though overfilling mouth. The same carer should stay with the resident throughout the meal.

Gentle Reminders

- Involvement in meal preparation or laying the table can help remind someone it is time to eat
- Eating with others provides an opportunity to observe and copy
- Offer positive encouragement and gentle reminders to eat
- you may need to give specific verbal cues e.g. “open your mouth”, “chew”, “swallow”
- If someone doesn’t open their mouth, ask them to and then try touching their lips gently with the spoon.
- Do not force someone to eat, if food is refused offer it again later. Even a short time later the refusal may be forgotten and food accepted.

Tickle Those Taste buds

People with dementia often have a change in their tastes. Try new foods – strong flavours are often popular so extra sauces or seasoning may be needed. Make sure food is not uncomfortably hot or dangerously salty but otherwise be flexible.

Other ideas to help are:



- Make meals look tempting by choosing colourful foods
- If sweet foods are demanded, try offering sweeter vegetables such as carrots, parsnips and swede or add a small amount of sugar to savoury foods such as quiche, omelettes or sauces
- Try adding sweet sauces e.g. sweet and sour (or even chocolate sauce)
- Find if there are times of the day when food is taken better and make the most of these – often breakfast and lunch
- Try renaming dishes that fall out of favour

Cheers!

Offer drinks frequently – use a cup or small glass and avoid over-filling it to reduce spillages. Consider a two handed cup. Avoid beakers unless absolutely necessary.

Put the cup or glass into the person’s hand to prompt them to drink, rather than leaving it on the table.

Semi-liquid foods such as soups, sauces, jellies and ice cream can also count towards total fluid intake

The Alzheimer’s Society is a good source of information and support. www.alzheimers.org.uk

MEAL TIME BEHAVIOURS THAT AFFECT FOOD INTAKE

Pre-meal time

Problem	Intervention
Recognising part of the day they are in ie refusing to eat a meal because they think they have had it or demanding a meal because they think they haven't had it	<ul style="list-style-type: none"> Distraction is the best solution. Talk about something they are particularly interested in. Messages get stuck
Refusing to go to the dining room or refusing to sit down	<p>As above</p> <ul style="list-style-type: none"> Take them out of the room, walk them around, talk about something else, then bring them back Consider more finger foods (see section on finger foods)

At meal times – resistive/disruptive behaviour

Problem	Intervention
Won't stay seated	<ul style="list-style-type: none"> Perhaps they can be encouraged back to finish the meal. Give in small servings with second helpings to avoid food becoming cold and unappetising Consider providing finger foods that can be handed to the person as they walk by/taken around with them
Distracts easily from eating	<ul style="list-style-type: none"> Avoid loud noises as this can interrupt the brain messages and can cause the client to stop eating. Restart the eating process by verbal or physical prompts If dining room noisy, sit on own in a quieter environment Try calm/relaxing music in the background
Verbally refuses to eat	<p>'No' may not mean 'no'. People with dementia can get stuck saying the same thing. They should be given a choice of 2 items only. (Don't ask an open question – 'what do you want to eat?') Show foods to them to help them make a choice. If still say 'no' place in front of them so they can make a choice. Sometimes removing meal and serving again 5-10 minutes later can work. Consider food preferences</p>
Refuses to drink	<p>Offer drink every hour when awake, day and night if possible. Treat underlying conditions (30ml x 16 = 480ml) Dehydration is a serious consequence and must be monitored carefully</p>

Eating slowly	<ul style="list-style-type: none"> • Serve first, so don't feel embarrassed by taking a long time to eat • Try using an insulated plate to keep food warm – ask OT for advice • Serve a small meal, then give a second serving that has been kept hot • Allow to eat at own pace • Allow enough time for the client to eat, at least an hour (more haste, less speed) • Try giving dessert later, if very slow and exhausted by main course • Remember that slow eaters may also want second helpings
Eating too quickly	<ul style="list-style-type: none"> • Only a problem if don't swallow and end up with a mouthful of food • Offer smaller cutlery ie teaspoon instead of dessert spoon • Verbal prompt to slow down • Gentle hand on arm to slow down
Eating other people's food	<ul style="list-style-type: none"> • If they eat other people's food, they may be very hungry and frightened they are not going to get enough, so offer second helping and in-between snacks • It may be related to wandering (see section on wandering)
Mixing food together	<ul style="list-style-type: none"> • Serve courses separately • Is it really a problem?
Eats only certain foods	<p>It appears that in conditions like dementia people return to the basic instinct of sweet food</p> <ul style="list-style-type: none"> • Always offer main course which should be high protein, high calorie • Consider making main course sweeter eg adding sugar, chocolate sauce <u>or</u> stronger in flavour eg chilli, curry, tomato ketchup, brown sauce etc • Offer 2 puddings if little main course is eaten (remember sugar at meal times is not as harmful to teeth) • Maintain good mouth hygiene • Do not mix liquidised food together in case the resident dislikes one flavour • Note down likes and dislikes
Swallowing problems	<ul style="list-style-type: none"> • Carry out a swallow screening assessment (Speech and Language therapy can provide training tel 01234 792275) • Commence a texture modified diet if needed • Regularly monitor quantities taken and weight • If quantities are insufficient and the resident loses weight, fortify meals and snacks and offer Complan / Build UP in between meals

Incorrect use of/difficulty with spoon, fork or knife	<ul style="list-style-type: none"> • Change cutlery type given eg replace knife and fork with a spoon • Consult Occupational Therapy re additional aids • Provide food cut up ready • Plate guard/lipped plate
Biting cutlery	<ul style="list-style-type: none"> • Provide heavy duty plastic cutlery, which jars less on the teeth
Unable to use cutlery	<ul style="list-style-type: none"> • Feed the resident • Provide finger foods
Hoards, hides or throws food	<ul style="list-style-type: none"> • Remove items
Interrupts during meal service or wants to help	<ul style="list-style-type: none"> • Give a role eg setting table, pouring water, greeting guests
Wants to pay for meal	<ul style="list-style-type: none"> • Provide with 'vouchers/tickets'

At meal times – oral behaviour

Problem	Intervention
Does not chew before swallowing	<ul style="list-style-type: none"> • Verbal prompts • Purée food
Refuses to open mouth	<ul style="list-style-type: none"> • Verbal prompting • Encourage resident to smell the food • Feed with spoon instead of a fork • Place food on lips to enable taste to trigger eating • Assist e.g. hand over hand
Spits out food (This can make staff and other residents upset and uncomfortable)	<ul style="list-style-type: none"> • Identify any changes of texture/consistency that can help • Avoid foods with skins such as peas, sweetcorn • Give nutrition more frequently in liquid forms such as fortified soup
Continually chews food without swallowing	<ul style="list-style-type: none"> • Verbal prompting • May need to finely chop or puree meat, coated with enough sauce or medium thick gravy • May need to ask them to clear their mouth with their tongue, as meat may have collected in the sides of their cheeks (pouching – like a hamster!)
Holds food in mouth	<ul style="list-style-type: none"> • Try verbal prompting and asking to swallow • Gently flex the neck by putting your hand at the back of the head • Try different tastes/textures
Food sticks in the roof of the mouth	<ul style="list-style-type: none"> • Remove false teeth and rinse after each meal • Encourage resident to drink carefully after eating • Look in the mouth to check that it is empty at the end of a meal

Falling asleep with food in the mouth	<ul style="list-style-type: none"> • Wake the resident and empty the mouth
Poor lip seal causing spillage	<ul style="list-style-type: none"> • Provide an apron and a supply of tissues • Give sips of iced fluid as the cold promotes lip closure • Rub the inner margins of the lips with a 'refresher' sweet as the sherbet stimulates lip smacking • Hold a finger horizontally under the lower lip
Residue heard in the throat, 'wet voice'	<ul style="list-style-type: none"> • Verbally prompt to swallow again • Give a <u>coated</u> spoon in the mouth to allow the taste to trigger a second swallow • Try thickening the fluid/food slightly
Choking when finishing a drink	<p>This can occur as the airway is at its most open when the head is tipped back</p> <ul style="list-style-type: none"> • Refill the cup when it is only $\frac{1}{3}$ full • Provide shorter, wider cups • Where possible, use open cups rather than feeder beakers
Overeating / forgetting they have already eaten	<ul style="list-style-type: none"> • If overweight, avoid excess intake by diverting with conversation / activities. • To prevent further weight gain, choose lower energy meal and snacks with plenty of fruit and vegetables. • Keep tempting snacks out of sight.

Reference: Adapted and extended from Lifespan dementia pack and Caroline Walker Trust 'Eating Well for Older People with Dementia'

CONSTIPATION

Constipation can be caused by eating less, not taking enough fibre or fluid or becoming less active. It may be a side effect of some medications, e.g. pain killers. Constipation can reduce appetite. Making changes to the diet to get the right balance of fibre and fluid may help improve or avoid constipation.

Drink plenty of fluids

- Ensure the resident is encouraged to take regular fluids throughout the day - aim for 8-10 cups /1.5 to 2 litres every day to help keep stools soft and easier to pass
- Nourishing fluids include such as milky or yoghurt drinks, fruit juices, smoothies or soups.
- Don't give fluids just before a meal as this will fill the resident up and reduce appetite. Offer drinks after or between meals
- For residents with diabetes, offer diet or "no added sugar" drinks



Increase fibre

This must be accompanied by more fluid or constipation can be made worse. Only make one or two changes at a time to avoid discomfort from wind and bloating resulting from a sudden increase in fibre

- Try higher fibre breakfast cereals such as weetabix, porridge, branflakes or muesli
- Try mixing these with the residents usual cereal
- Offer wholemeal, granary and high fibre white breads instead of standard white or brown bread
- Add peas, beans, lentils and sweetcorn to casseroles, soups, stews, mince dishes and curries – introduce these foods slowly to avoid wind
- Include fruit or vegetables at every meal – these can be fresh, tinned or frozen
- Dried fruit can be particularly helpful - try adding a handful to breakfast cereals or puddings
- Higher calorie fibre options: digestive and oat biscuits, flapjacks, fruit scones and fruit smoothies

Other suggestions

- AVOID raw bran – this needs to be taken with a lot of fluid to prevent your stool getting hard and also reduces the absorption of other nutrients
- Support regular unhurried visits to the toilet – not opening the bowels when the urge is felt can worsen constipation
- Encourage activity, even standing can help.
- "Live" probiotic yoghurts or fermented milk drinks such as Yakult, Actimel or Activia may help – however these need to be taken daily for at least 4 weeks. If one product does not seem to help, try another brand as the types of bacteria used vary between products
- Traditional remedies for constipation include figs, prunes and prune juice; some people find a hot drink in the morning also helps to get their bowels moving.

Changes can take up to 4 weeks to take effect – if constipation is severe or there is no improvement discuss with the GP.

DIARRHOEA

Diarrhoea is the frequent passage of watery stools. It may be acute (lasting a few days) or chronic (going on longer than 2 weeks). If a resident develops chronic diarrhoea notify the GP.

Diarrhoea can be caused by infection, emotional upset, too much coffee or alcohol, too many laxatives or the side-effects of certain medications, e.g. antibiotics. It may also have a medical cause such as IBS (irritable bowel syndrome).

The resident may have stomach pains, feel sick or lose their appetite. However continue to encourage to try to eat and drink or they could become weak and dehydrated.



Plenty to drink

- Try to replace the fluids lost by encouraging small sips frequently. Aim for 8-10 cups of fluid every day. Suitable drinks are water, diluted fruit juice or squash, fizzy drinks, thin soups, milky drinks, weak tea or coffee and fruit teas
- For resident with diabetes continue to offer “no added sugar” or “diet” drinks.
- The ability to absorb milk sugar (lactose) may be lost temporarily after a severe bout of diarrhoea. If milk seems to be making symptoms worse, exclude for 2 weeks and gradually reintroduce. If it is still not tolerated seek dietetic advice.

If the resident complains of bloating, let fizzy drinks go flat before offering them



Foods to eat

- Offer small servings regularly. Base on high carbohydrate foods such as bread, rice, pasta, potatoes or chapattis
- Encourage the resident to slowly, chew well and relax after meals

Foods to avoid

- Foods high in fibre may irritate the bowels so try replacing high fibre foods with lower fibre alternatives, e.g.
 - o Offer cooked rather than raw fruit and vegetables (small portions)
 - o Swap to white bread, rice and pasta
 - o Try Rice Krispies or Cornflakes rather than high fibre or bran cereals
 - o Offer biscuits and cakes made with white flour rather than oats or wholemeal flour
 - o Avoid beans, peas, lentils, nuts and seeds
- Spicy foods, strong tea/coffee and alcohol can also irritate the gut so try to cutting down on
- Some people find “fatty” foods, e.g. pastries, fried foods and rich cakes troublesome. However these foods can be a good source of calories so only avoid them if they make the diarrhoea worse.

Return to normal diet once symptoms improve

When the diarrhoea has resolved, slowly start reintroduce any foods you have been avoiding. Reintroduce high fibre foods gradually.

MOUTH PROBLEMS

The mouth can become sore due to lack of saliva, ill fitting dentures, mouth ulcers, an infection or as a side effect of some medications. A sore or dry mouth can make eating difficult and unpleasant.

Sore mouth

- Choose soft foods and keep them moist by adding sauces, gravy, cream or custard
- Avoid very dry or rough foods such as toast, cereal bars or raw vegetables. Instead try cereal soaked in warm milk or boil and mash vegetables with butter/margarine
- Cool, smooth foods such as yoghurts, ice cream, mousses or milk jellies can be soothing and easy to eat
- Hot foods and drinks may be painful. Let them cool down or try cold drinks such as milkshakes and yoghurt drinks that are gentle on the mouth and also nourishing
- Encourage small mouthfuls of food and use a straw for drinks
- Try to avoid very salty or spicy foods that may sting. Avoid spicy food, or serve with natural yoghurt
- Acidic drinks such as fresh fruit juices can also sting. Try a Vitamin C enriched squash or less acidic juices such as apple or peach instead. Fizzy drinks are usually easier to drink if left to go flat first
- Pineapple and melon slices can help make the mouth feel clean and refreshed

If the resident has been prescribed pain killers for a sore mouth, give them before meals to gain the most benefit from them. Alcohol and smoking can irritate your mouth and throat.

Dry mouth

- Offer sips of nourishing drinks throughout the day, especially with meals.
- Between meals offer sipping cold milky drinks rather than sugary drinks
- Keep meals moist with sauces, gravy, cream or custard
- Dry foods such as crackers and biscuits may be difficult to eat –dunking them in soup or hot drinks to moisten them can help
- Avoid chocolate, pastry and white bread as these can all stick to the roof of the mouth
- Boiled sweets, pineapple chunks or sugar free chewing gum can help to stimulate saliva flow. Or sucking ice cubes – flavour with sugar free squash or lemon juice.
- Apply a thin layer of petroleum jelly, e.g. Vaseline, or lip balm for dry lips
- Ask the GP about artificial saliva products



Care of teeth



Having a sore or dry mouth can increase risk of tooth decay so encourage oral hygiene, using a soft tooth brush and suitable mouthwashes. For dentures, leave them to soak in a denture-cleaning solution overnight and then brush to remove all debris. Encourage the resident to leave them out for as long as they can during the day to prevent them chafing the gums. Make sure they have the dentures in for mealtimes.

If dentures have become ill fitting please arrange a dental appointment. The community dental service can arrange home visits if it is not possible for a resident to attend an appointment.

Nutritional Supplements Record

MONTH.....YEAR.....

Name of resident	Dislikes e.g (flavours, brands)	initial start date	Current MUST score	Current weight Kg	Target weight * Kg	Names of and dose of supplements (complete as many columns as necessary)		
						1.	2.	3.

PLEASE COMPLETE ONE SHEET AT THE BEGINNING OF EACH MONTH AND KEEP BACK COPIES IN FILE FOR DIETITIAN AND OTHER PROEFSSIONALS

NEW ADDITIONS SHOULD BE ADDED DURING THE MONTH FOR UP TO DATE INFORMATION

* Target weight: from Dietitians letter to GP or calculate as BMI of 20 -22.

