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Nutrition in community care

Rhiannon Morris

Specialist community Dietitian

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Aims

Provide participants with knowledge of how to monitor and support their patients nutritional status and hydration

Learning outcomes

- To understand how and when to refer to the dietetic service
- To be able to identify patients at risk of malnutrition
- To be aware of appropriate ways to support patients with their nutrition and hydration

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Topics covered

- Community Dietetic Service and referral
- Malnutrition and MUST screening
- Food First
- Hydration
- Nutrition links/Resources

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Community Dietetic Service

https://www.kentcht.nhs.uk/service/clinical-nutrition-and-dietetics-service/

- Contact details
  - East Kent – 0300 123 0861
  - West Kent – 0300 123 4495
- Referral form
  - https://flo.kentcht.nhs.uk/Interact/Pages/Content/Document.aspx?id=1347&SearchId=2694283

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Dietitian referral examples…

- Malnutrition
- Wound care – pressure ulcer
- Diabetes
- Weight management
- Gastro conditions – Coeliac disease, IBS, IBD - Crohns, ulcerative colitis
- Neurological conditions – Stroke, MND, MS, Parkinson's
- Allergy/intolerance
- COPD, respiratory disease, cardiac rehab, pulmonary rehab and other long term conditions

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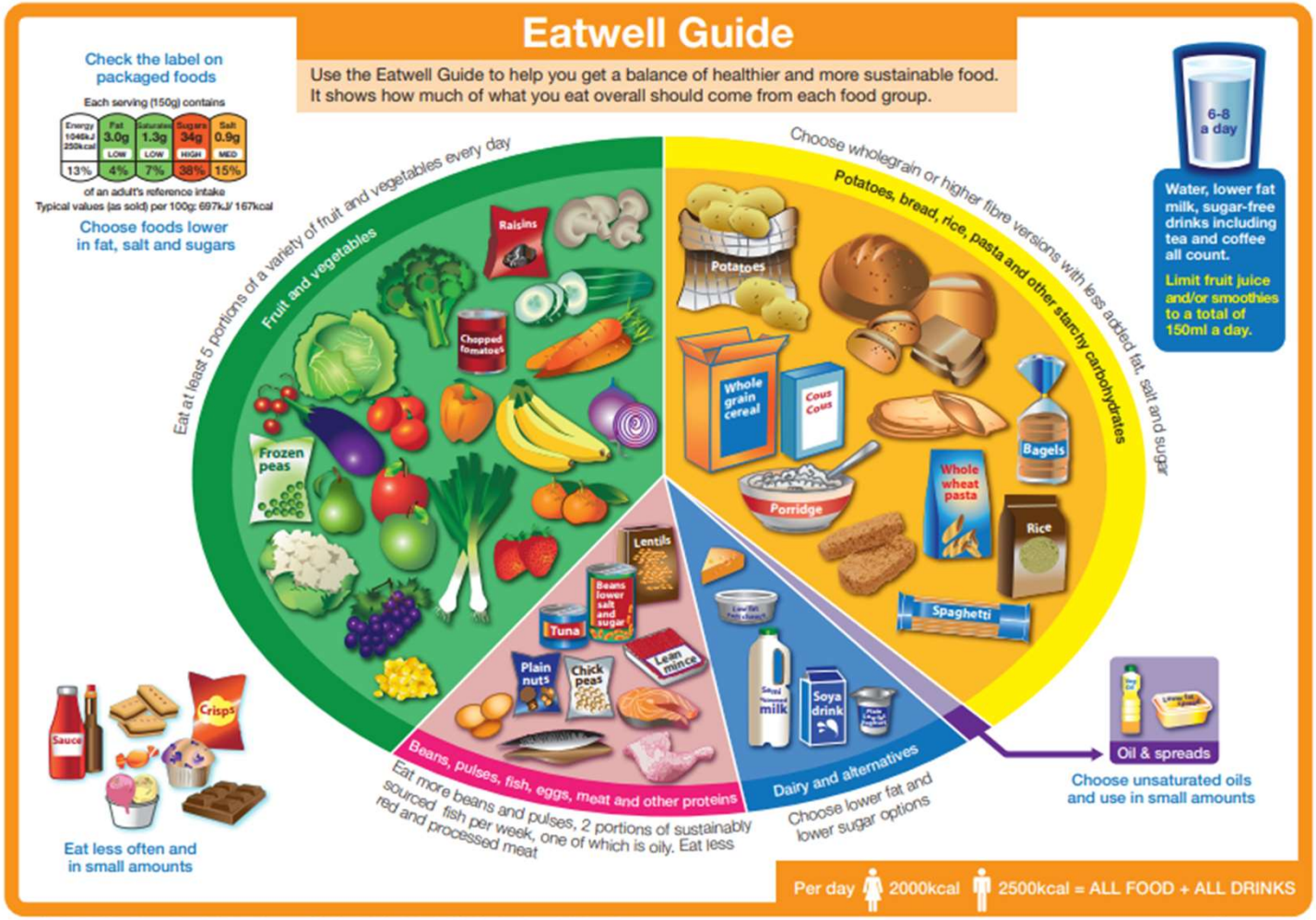

Source: Public Health England in association with the Welsh Government, Food Standards Scotland and the Food Standards Agency in Northern Ireland

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Malnutrition

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Malnutrition in the UK

- Costs the NHS over £19 billion per year in England alone

- ~3 million people who are malnourished or at risk of malnutrition;
- 93% are living in their own home
- 5% are living in care homes
- 2% are in hospital

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What causes malnutrition?

- Impaired intake

- Poor appetite, inability to eat, lack of food, environment, social isolation, limited mobility, oral health, swallowing difficulties, cognition

- Impaired digestion and/or absorption

- Medical or surgical problems affecting the stomach, intestine, pancreas or liver

- Altered nutrient requirements due to medical conditions

- Excess nutrient losses

- Vomiting, diarrhoea, drains, stoma losses

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Some of the consequences of malnutrition

- Loss of weight
- Muscle wasting and reduced strength
- Increased susceptibility to illnesses, infections and pressure ulcers
- Reduced lung and cardiac function
- Oedema
- Impaired immune function
- Reduced metabolic rate
- Slower wound healing
- Increased risk of falls
- Reduced quality of life
- Reduced independence and ability to carry out daily activities
- Weakness
- Feeling tired all the time
- Increased mortality and morbidity
- Reduced recovery
- Apathy and low mood

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Nutritional screening using MUST

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Malnutrition Universal Screening Tool (MUST)

An objective tool for estimating **risk** of malnutrition.

Score derived from 3 criteria:

- BMI (calculated from weight and height)
- Unintentional weight loss in last 3-6 months
- If the patent is acutely ill **and** there has been or is likely to be no nutritional intake for >5days

Each section is scored and then the 3 scores are added together to give a total MUST score.

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Identifying Malnutrition

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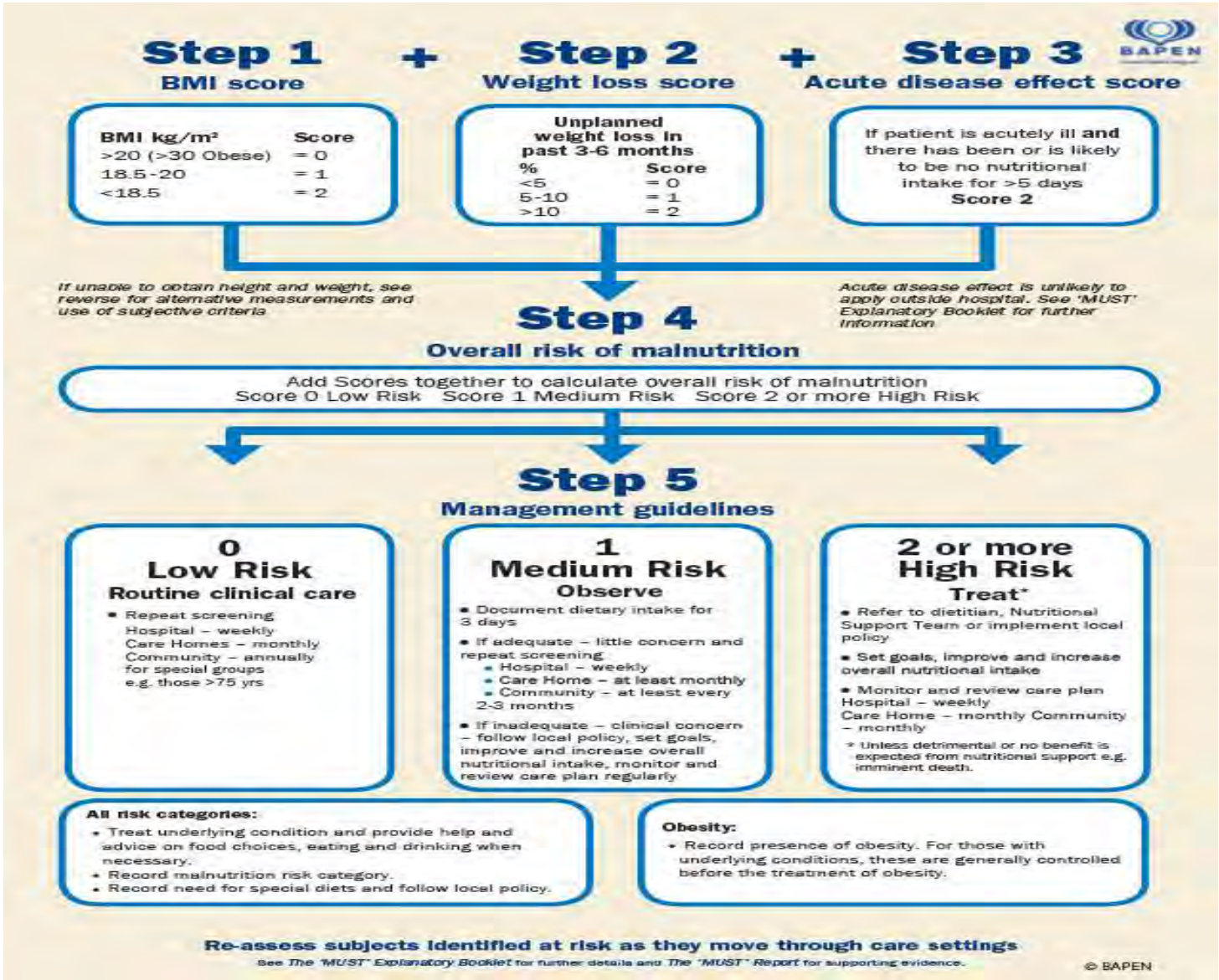

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BMI alternative measure

Mid upper arm circumference (MUAC) can be a useful measurement if the patient is unable to be weighed or it is difficult to obtain an accurate weight (e.g. in the presence of significant oedema or ascites)

Measuring MUAC:

- The subject's non-dominant arm should be bent to 90° angle with the upper arm held parallel to the body.
- Measure the distance between the bony protrusion on the shoulder and the point of the elbow.
- Mark the mid point.

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BMI alternative measure (cont.)

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

This reading is the MUAC.

First reading is a baseline which gives a guide to BMI, later readings show trend of weight loss/gain.

If MUAC is <23.5cm, BMI is likely to be <20kg/m2
If MUAC is >32.0cm, BMI is likely to be >30kg/m2

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Exceptions to MUST

- Under 18 years old
- ITU
- Maternity
- Terminal or where intervention is of no benefit or harmful
- Non-consenting patients

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Improving Intake and Care Planning

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Improving Intake and Care Planning

- Care plans should focus on person's needs & wishes
- Explore the underlying reason for poor nutritional status / intake and take steps to overcome
- Detailed food and or fluid charts should be kept to monitor oral intake when there are concerns
- Refer to appropriate healthcare professionals

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First Line Dietary Advice

- Malnutrition is best treated with food
- Make meal times social
- Involve people / relatives in meal choices
- Environment and Positioning
- Mouth care
- Consider Meal provision / access to food

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Food first advice

- Little and often – encourage high calorie snacks between meals
- Food fortification – add cream, butter, cheese, oil, sugar, syrup to meals and drinks
- Full fat milky drinks – hot or cold
- Protein based snacks – full fat yoghurt, custard, cold meats, sausage rolls, mini pork pie, scotch egg, cheese and crackers, pate on toast

- Oral Nutritional Supplements
- Patient nutrition resources

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Hydration

- **Signs of dehydration**
  - Thirst
  - Dark urine – should be pale or straw coloured

Healthy wee is one to three… Four to eight and its time to hydrate!

- **Factors affecting fluid intake:**
  - Dysphagia–tend to drink less if fluids are thickened or if swallowing is difficult in general
  - Frequent urination or incontinence together with poor mobility can deter people from drinking well
  - Lack of access e.g. inability to reach drinks or needing assistance to drink
  - Poor thirst mechanism – declines with age

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- **How much fluid is recommended?**
  - Aim for 1.5-2.5 litre per day OR 6-8 drinks per day (8-10 if small cups used)
  - OR 30-35ml fluid per kg body weight per day

- **Which fluids are OK?**
  - A variety of fluids can contribute to fluid intake including water, tea and coffee, fizzy drinks, fruit juice, soup, lollies
  - Encourage nourishing fluids if patient is malnourished e.g. milky drinks, fruit juice
  - The diuretic effect of caffeine is not significant

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Nourishing Drinks – 'food first'

- Milkshakes or flavoured milk e.g. "Yazoo", "Nesquik", supermarket own brands
- Milky tea and coffee
- Malted drinks such as Ovaltine or Horlicks
- Hot chocolate
- Home made milkshakes with full cream milk, double cream/ ice cream, creamy yogurt, fruit/ coffee/ milkshake flavouring, honey
- Home made fruit smoothies with fruit juice, creamy yogurt, fruit
- Over the counter supplements e.g. Meritene or Complan

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Oral Nutritional Supplements (ONS)

- ONS to be used when
  - efforts to improve patient's nutritional intake from food alone unsuccessful
  - not possible to meet nutritional requirements from food alone.

- Patient should be correctly identified using MUST
- Needs referral to dietitian to identify suitable ONS

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Common ONS

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Nutrition in Dysphagia

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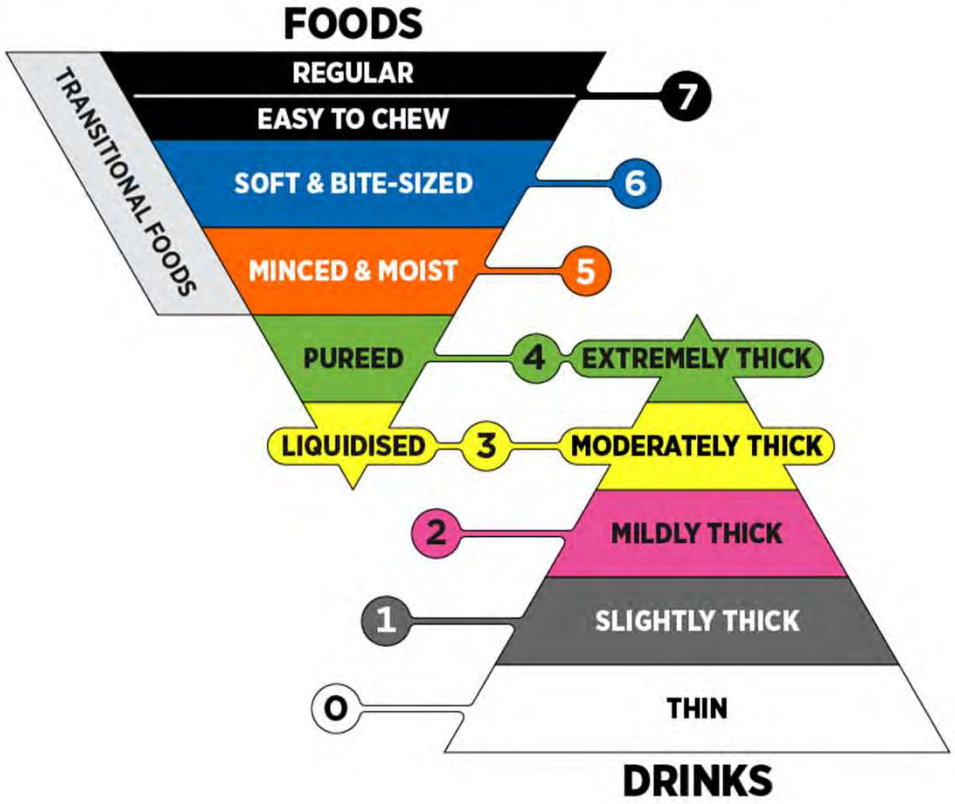
The IDDSI Framework

Providing a common terminology for describing food textures and drink thicknesses to improve safety for individuals with swallowing difficulties.



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Who needs a texture modified diet?

- Some patients have difficulty chewing or swallowing solid food
- This might be because they have dysphagia and are at risk of aspiration

Some situations that may lead to dysphagia:

- Stroke - muscles in the mouth and throat are weak
- Diseases which make muscles weaker over time e.g. Parkinson's Disease, Motor Neurone Disease
- They have severe dementia and have forgotten how to chew
- They have a blockage or narrowing in their oesophagus
- They have difficulty chewing due to dental problems i.e. no teeth or dentures

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Texture modified diet

- People are likely to have a lower nutritional intake and at higher risk of malnutrition
- A balanced diet and food fortification is important
- Making food as appealing as possible is also important for maximising intake
- Dietetic referral not automatically required

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Any questions?

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Course Evaluation

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Useful Links /nutrition resources

- BDA pressure sore leaflet
  https://www.bda.uk.com/resourceDetail/printPdf/?resource=pressure-ulcers-pressure-sores-diet
- BDA malnutrition leaflet
  https://www.bda.uk.com/resourceDetail/printPdf/?resource=malnutrition
- BDA hydration leaflet
  https://www.bda.uk.com/resourceDetail/printPdf/?resource=fluid-water-drinks
- BAPEN MUST leaflet
  https://www.bapen.org.uk/pdfs/must/must_full.pdf
- BAPEN online MUST calculator
  https://www.bapen.org.uk/screening-and-must/must-calculator

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Other resources

Red, yellow and green malnutrition leaflets:

- https://www.malnutritionpathway.co.uk/leaflets-patients-and-carers

Malnutrition task force resources:

- https://www.malnutritiontaskforce.org.uk/mtf-resources/guide-using-mtf-tools

Healthy hydration

- https://flo.kentcht.nhs.uk/Interact/Pages/Content/Document.aspx?id=3397&SearchId=3646376

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