

Key Words:

Nutrition; malnutrition; nutritional screening.

Policy Applies to:

Nursing, Food services staff and Dietitian.

Related Standard:

EQuIP Criterion 1.1.1 - The assessment system ensures current and ongoing needs of the consumer/patient are identified.

EQuIP Standard 1.5; criterion 1.5.7 - The organisation ensures that the nutritional needs of patients are met.

Rationale:

Good nutrition is important for an individual's physical health and general sense of wellbeing, particularly those who have undergone surgery. Patients rely on the hospital to provide nourishing, appetising and visually appealing foods that are acceptable in terms of patients' cultural, nutritional and psychosocial needs.

Definitions:

Nutritional care: A coordinated multi-disciplinary approach to providing appropriate food and beverages that meet the patients' needs and preferences during their stay in hospital.

Malnutrition: Malnutrition in this context refers to a deficiency in protein and energy, with or without micronutrient deficiencies.

Nutritional screening: Objective classification of a patient's risk of malnutrition using a validated and reliable nutritional screening tool i.e. Adult Failure to Thrive Screening Tool adapted from Malnutrition Universal Screening Tool (MUST).

Nutritional support: Maximising an individual's food intake which may include supplementary nutrition in the form of ready-made oral liquids e.g. Ensure, Fortisip.

At Risk Patients: High or low BMI, diabetics, elderly or those with relevant comorbidities.

Objectives:

- Through nutritional screening, identify patients with pre-existing malnutrition and those at risk of hospital malnutrition.
- To initiate nutritional support and/or dietitian input if necessary.
- To ensure Mercy Hospital provides nutritious, high quality food and beverages of sufficient variety to meet the needs and expectations of patients.
- At risk in-patients are screened for malnutrition.

Implementation:

- A system for undertaking nutritional screening using a validated tool is in place.
- Staff education and training is undertaken i.e. use of the Adult Failure to Thrive screening tool;
- Dietitian has a regular slot on Clinical Orientation of new staff to support implementation of the policy.
- Pre-admission and admitting nurses are alert to patients with potential nutritional needs e.g. chronic bowel conditions.
- Staff responsibilities are clearly defined (*Appendix 1*).

Evaluation:

- Patient feedback forms and Patient Questionnaire.
- Percentage of patients who state food is excellent or very good or higher is > 90%.
- Current menu meets criteria outlined in the Mercy Hospital Nutritional Guidelines.

Associated Documents

- **External**
 - MUST Screening Tool www.bapen.org.uk
- **Internal**
 - Adult Failure to Thrive Screening Tool; *Nutritional Screening, Clinical Services Work Manual*
 - BMI chart; *Nutritional Screening, Clinical Services Work Manual*
 - Clinical Records Management Policy Food Safety Policy
 - Food Services Work Manual
 - Nursing Assessment Form
 - Patient Assessment Policy
 - Pre-admissions Nursing Assessment – Clinical Services Work Manual
 - Pre-admissions Telephone Calls – Clinical Services Work Manual
 - Weight loss chart; *Nutritional Screening, Clinical Services Work Manual*
 - Mercy Hospital Nutritional Guidelines for Room Service.

References / Acknowledgements

Best Practice Journal May 2011; Strategies to improve nutrition in elderly people.

Ministry of Health. 2013. Food and Nutrition Guidelines for Healthy Older People: A background paper. Wellington: Ministry of Health.

MUST Screening Tool - www.bapen.org.uk

National Institute for Health and Clinical Excellence (NICE). Nutritional support in adults: oral nutrition support, enteral tube feeding and parenteral nutrition 2017. NICE, 2006. Available from: www.nice.org.uk/Guidance/CG32

New South Wales Agency for Clinical Innovation (2011); Nutrition Standards for Adult In-patients in NSW Hospitals.

New South Wales Government (2011), Ministry of Health Policy Directive – Nutrition care.

<https://www.aci.health.nsw.gov.au/resources/nutrition/nutrition-food-in-hospitals/nutrition-policy>

Process

- Nutritional screening of adult in-patients is undertaken by using the Adult Failure to Thrive Screening Tool (*ref: clinical services work manual for BMI chart, weight loss chart and screening tool*).
- Where relevant the pre-admission nurse and admitting nurse have responsibility for completing the tool and documenting the score on the nursing assessment form. Screening is repeated after 7 days if the patient remains in hospital and had a score of 0 on admission.
- Patients with a score of 1 (medium risk) will be managed as per the guidelines i.e. documentation of dietary intake for 2 days or notification to the GP/practice nurse if patient discharged prior.
- Referral to a dietitian will be offered to any patient identified with a screening score of 2 (High risk). If the referral is declined, a high energy, high protein (HEHP) meal plan (*ref: clinical services work manual*) will be put in place with additional snacks and fortified meals and the GP / practice nurse notified by dietitian on discharge.
- Menus fulfil the nutritional requirements of both adult and paediatric patients. Menus are varied, comply with New South Wales (NSW) nutritional guidelines and the presentation of meals is visually appealing.
- Patients are provided with written & verbal information about meal services and have the opportunity to select food and beverages from a menu.
- Meals are adapted to ensure patients' preferences, allergens and complex dietary requirements are met.
- Dietary preferences and food allergies are recorded on TrakCare and TrendCare and are accessed by the kitchen and ward /DSU/Manaaki staff.
- In consultation with the surgeon, patients undergoing colo-rectal surgery and Nissen Fundoplication are referred to the dietitian for assessment and nutritional support as appropriate. Depending on the surgery, this may occur pre-operatively or with 48hours post operatively.
- Mealtimes should be free of interruptions and conducive to eating.
- Preparation of patients for meal service and assistance with eating and drinking is provided in a timely manner by nursing staff, food services staff or ward assistants.