



Llywodraeth Cymru
Welsh Government

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Nutrition in Community Settings

A Pathway and Resource Pack for Health
and Social Care Professionals, the Third Sector,
Care Home Staff, Relatives and Carers

May 2013

Introduction

The British Association of Parenteral and Enteral Nutrition's national survey 2008 found that almost 1 in 3 care home residents and people over 65 in hospitals were malnourished. The importance of good nutrition in supporting patients' recovery has been recognised and under the Free to Lead Free to Care Initiative a number of national initiatives have been put in place to improve food and drink provision in hospitals. However it is recognised that much of the malnutrition present on admission to hospital originates in the community and this highlights the importance of strategies to prevent and treat malnutrition in the community.

Attention has therefore turned to ensuring that those living in their own homes, or in other community settings such as care homes, have access to the same advice and support to eat well and healthily. The risks, and the effects, of developing poor nutritional habits, either through ignorance or deteriorating health, are both considerable and can affect all parts of society. Those who are elderly or frail can be at additional risk, particularly if they are not in regular contact with family, carers or care agencies. Picking up the early signs of eating difficulties and restoring a healthy, appropriate diet, can not only prevent some hospital admissions, it can help the person return home earlier after any necessary stay in hospital.

The Welsh Government is pleased to publish this All-Wales Pathway for the Management of Malnutrition in the Community and a supporting resource pack that has been developed by an all Wales specialist group of Dietitians, Speech and Language Therapists and District Nurses. Its purpose is to improve standards of nutrition for people living in the community, by providing tools and best practice in the areas of:

- Advice on maintaining good nutrition
- Assessing nutritional health risks
- Signposting to generic and specialist advice
- Developing appropriate care plans
- Promoting and supporting a return to independence and self-management.



Contents

The document is in two parts:

Part 1 Contains a pathway showing the framework of advice and support available to people who either care for those living in community settings (their own home, with others, or in care homes), or whose professional work brings them into contact with people who may have eating difficulties. The Pathway shows how and where support can be provided if individuals are seeing signs of deteriorating nutritional health, and includes a commentary to aid navigation.

Part 2 contains a resource pack, a short series of publications; advice leaflets, links to other sources of information, sample risk classifications and care plan templates. These are designed to allow anyone using the Pathway to quickly source the information or forms they need to manage the situation effectively.

Who is this Pathway for?

Quite simply, if you come into contact with people that you think would benefit from help and support with nutrition, particularly older people, who are living in the community (either in their own homes, in a care home environment, or you encounter them in your workplace in the course of your own duties) this pathway is for you.

Typical users of the Pathway will include

- Community health and social care professionals
- Relatives and carers
- Charity workers
- Care home staff
- Independent food providers
- Public health practitioners
- Ambulance staff
- GPs
- Accident and Emergency Unit staff
- Pharmacists
- Staff of other local authority departments (e.g. education, leisure, transport, welfare etc.).

If you don't see your specific role on the list, but still feel that you also have a contribution to make to the improved eating habits of people living in the community, then please do take a copy of the Pathway and use it as necessary.

Training

Local Nutrition and Dietetic services may offer training packages to support the Pathway. This could include Agored Cymru accredited units of learning, NH22CY010 and NH22CY011, which can be viewed at www.agored.org.uk.

It is required that these units are delivered by a Registered Dietitian. For further information on courses in your area email: lifestyles@wales.gsi.gov.uk.



Part 1 The Pathway

Over the page you will find a diagram showing the key questions and decisions to be faced when dealing with a frail or vulnerable person in the community whose approach to food and eating may be causing some concern.

Each part of the Pathway diagram is cross-referenced to the commentary and then to one or more sections in the Resource Pack contained in Part 2. The purpose of the diagram is to allow you to move quickly to the issue that is causing you the most concern and then get the right advice, rather than having to wade through a large document in search for one piece of information. However the Pathway can also be looked at as a whole map so that, even if you do not have a particular concern now, you will know what is available and what to do in future.

The group of health and social care professionals that prepared the Pathway documents wish to stress two things:

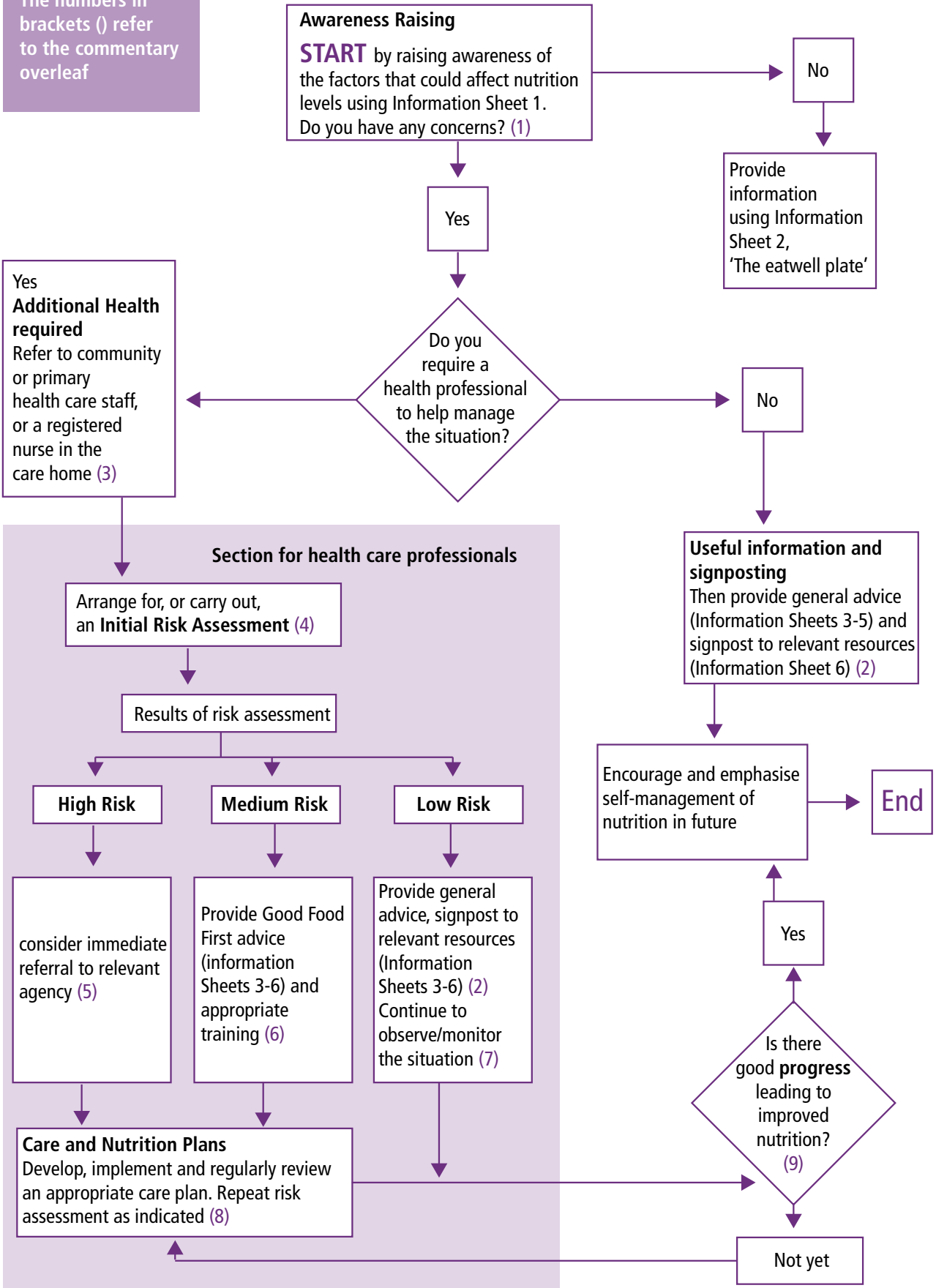
- First, if you have urgent worries that the person you are with is at serious risk of health problems caused or exacerbated by poor eating, please do not hesitate or spend time reading lots of documents. Act quickly to seek medical advice.
- Second, the long-term aim of a pathway like this is to restore the affected person to the point where they manage their own situation as much as their health allows. You will see that all routes through the Pathway eventually move towards independence and self-management and we would ask that the actions everyone takes when using the Pathway have this as their ultimate aim.

Nutrition Risk Screening using a validated tool should be carried out on people on admission to Nursing Homes, on out-patients at their first appointment, and thereafter following the All Wales Community Pathway.

Those caring for people living in their own home who receive social care and those who live in residential care settings should be aware of the risk of malnutrition and request nutrition screening from a healthcare professional if they see signs of this.

Please note -
The numbers in
brackets () refer
to the commentary
overleaf

For general public and community organisations



Pathway commentary

General public and community organisations

(note: each paragraph relates to one of the numbered sections in the Pathway)

(1) Awareness raising

Those working with vulnerable and frail adults in community settings should, as part of their work, always be vigilant for the signs that a person has issues with food or difficulties with eating. Even if there are no immediate causes for concern, prevention is better than cure and you should take regular opportunities to discuss nutrition with the client and raise their awareness of the potential harm caused if eating becomes difficult or they simply lose interest in food. It may be that the issue relates more to the type of food being consumed than the quantity or difficulty with eating. Whatever the situation, starting a discussion about food, raising awareness or looking for the warning signs, is fairly straightforward. **Information Sheets 1 and 2** of the Resource Pack may help with those conversations. They are provided to raise awareness of the signs of malnutrition and to give advice about the nature of a balanced 'eat well' diet. These information sheets are also being produced as leaflets that will be publicised nationally, and distributed widely within public and voluntary sector organisations in Wales.

(2) Useful information and signposting

If your analysis of the situation suggests that the individual and their immediate carers can easily manage the situation, then the information leaflets mentioned above can be given to the person. **Information Sheets 3, 4 and 5** of the Resource Pack contain further advice on eating well and tips to help eating and drinking.

However, there are many other sources of information and you may wish to signpost the person to more comprehensive support. **Information Sheet 6** provides a list of some useful agencies.

(3) Additional help required

If you are concerned for the nutritional health of the person and want to contact a health professional, it is recommended that you refer to community or primary care staff or to a registered nurse in a care home, who can carry out a formal risk assessment. This is simply a way of assessing the degree of difficulty the person is having, classifying this as high risk, medium risk, or low risk, and then being prompted to put the appropriate care plan in place.

It should be stressed that, if you detect that the person's health is at severe and immediate risk due to malnutrition, seek help immediately. This might be a conversation/referral with the GP, NHS Direct or the care home senior nurse.

Health care professionals

(note: each paragraph relates to one of the numbered sections in the Pathway)

(4) Initial risk assessment

Nutritional risk should be assessed using a validated nutritional screening tool (e.g. MUST: <http://www.bapen.org.uk/musttoolkit.html>). **Section 3** of the Resource Pack contains a sample risk classification for high and medium risk conditions, and lists the sorts of conditions and signs to look out for. Some of these are simple observations (appearance, energy levels etc, struggle with eating etc.) whereas others may require simple measurements of weight loss and body mass. This risk classification also suggests what should be included in a care plan for each risk level, in order to restore the person's nutritional health. Sample care and nutrition plans are also included in **Section 3** of the Resource Pack.

(5) High risk

If your assessment reveals that the person is in the high risk category but that the condition does not appear to require immediate hospitalisation, you are strongly advised to ask for a referral to the Local Health Board's Dietetics or Speech and Language Therapy departments. This can be done via the person's GP although you could also ring the Health Board direct and ask to speak to one of the staff of either department. If a referral is not required, then refer to the high risk care plan in **Section 3**, for advice on how to deal with the situation promptly. Note that it is important to ensure that the person has an adequate fluid intake.

(6) Medium risk

Within this category it is important to take swift and decisive action to ensure that the situation does not deteriorate further. Typically, people in this category will have had poor food and drink intake for more than 5 days, may have difficulty in feeding themselves, and may have these difficulties exacerbated by dementia or other conditions. The immediate requirement is to ensure adequate fluid intake, to enrich the food intake to ensure that it contains the right balance of nutrients, to ensure a regular intake through the day via the use of nutritious drinks and snacks, and to tackle any of the physical causes of eating difficulties. These could be missing or ill fitting dentures or an inability to hold implements. See the advice on Good Food First, and the care and nutrition plans for medium risk individuals, in **Sections 2 and 3** of the Resource Pack respectively.

(7) Low risk

By its nature, a low risk classification does not lead to major concerns, but that does not mean that no response is required. As with medium risk cases, the key is to act early to prevent any further deterioration and restore self-management as soon as possible. The advice contained in **Section 2** of the Resource Pack will assist with both helping the person to eat well and giving them the tools to cope when other people are not around.

(8) Care and nutrition plans

Paragraphs 5 and 6 above have already referred to the care plans that could be appropriate for high and medium risk individuals, and examples of these can be found in **Section 3** of the Resource Pack. Note that these are to be supported by an Oral Health Risk Assessment as set out in **Section 4**.

It is vital that not only is a care plan instigated, but also that it is actively monitored, reviewed, and adapted as conditions change. Regular weight checks, coupled with the use of food and fluid charts, will help to monitor progress. If you are only in occasional contact with the person, you might need to find others who can maintain the monitoring and review process.

(9) Progress

Ongoing evaluation and outcomes should be recorded in relevant patient or client records. The close monitoring and changing of the care plan will help you to track any progress. Such progress may be from high risk to medium, or from medium to low and, over time, it is hoped that the progress will be sufficient for the person to retake control of his or her own nutrition. If this is the case, then you are advised to withdraw gradually from your involvement rather than abruptly 'walk away'. If the progress is good, then you might wish to refer the person to the guidance documents and agencies listed in **Section 2** of the Resource Pack. If the progress is slow, or your assessment reveals a need to continue with the chosen care plan, then communicate this to those around the person and carry on with the regular monitoring and reviews.

Having navigated your way around the Pathway diagram, the next part of the document is a resource pack containing examples of the forms, templates and leaflets that you may find useful at each stage of the Pathway.

Part 2 Resource pack

This part of the document contains a range of information that users of the Pathway can refer to and use when tackling the nutrition issues of those they look after or work with.

There are 4 sections as follows:

Section 1		
Awareness raising Information to help raise awareness of good nutrition and to spot the signs that someone may have difficulties with their food and drink intake.	Information Sheet 1: Are you or someone you care about at risk of malnutrition?	Page 10
	Information Sheet 2: The eatwell plate	Page 11
Section 2		
Useful information and agencies Information that can help self-management of nutrition and sources of other advice.	Information Sheet 3: Good Food First	Page 12
	Information Sheet 4: Good Food First – Ideas for nutritious drinks	Page 13
	Information Sheet 5: Good Food First – Tips to help eating and drinking	Page 14
	Information Sheet 6: Good Food First – Agencies that can provide more information	Page 15
Resources to support health care professionals		
Section 3		
Risk classifications and care plans Examples of risk classifications and criteria.	Sample risk classification – High risk Medium risk	Page 16 Page 17
	Examples of care and nutrition plan templates for high and medium risk cases, showing not only the care plan actions but also the objectives and space to record review dates.	Sample care and nutrition plan – High risk Medium risk
Section 5		
Oral health risk assessment For use with Care Plans.	Oral health risk assessment	Page 20
	Guidelines for oral health care	Page 21

Section 1: Awareness raising

Information sheet 1

Are you or someone you care about at risk of malnutrition?

Malnutrition is a deficiency of nutrients and can occur when you don't eat a balanced diet.

Risk factors for malnutrition include:

Eating and drinking less

Eating and drinking less, not being able to finish meals or missing meals altogether and keeping limited stocks of food can lead to unbalanced or inadequate nutrition.

Major life events

Bereavement, moving home, illness, surgery or accidents are examples of life events that completely change routine and will affect eating and drinking.

Independence

People lose independence and are less able to carry out tasks such as shopping and cooking. This could be because of limited eyesight, stiffness, pain, weakness, confusion, falls or lack of confidence. They may also lose independence because of loss of social support networks, transport or regular carers.

Health

Difficulty chewing or swallowing, pain, indigestion, constipation, diarrhoea, forgetfulness, depression and breathlessness are symptoms of poor health that can affect eating and drinking.

Weight changes

Losing weight without trying to is a sign of eating less. Signs include clothes and rings becoming looser.

Malnutrition can be prevented by eating regular balanced meals and snacks throughout the day.

Information sheet 2

The eatwell plate

Use the Eatwell plate to get the balance right. It shows how much of what you eat should come from each food group.



Department of Health in association with the Welsh Assembly Government, the Scottish Government and the Food Standards Agency in Northern Ireland

A balanced diet

The eatwell plate is divided into five food groups. Try to choose a variety of foods from each of the food groups. This will provide the wide range of nutrients needed to stay healthy.

It is important to drink enough. Fluids such as water, tea, coffee, or squash should be taken regularly. It is recommended that adults drink at least 6 – 8 glasses a day.

If you are concerned that you are underweight, not eating enough or that your diet is not balanced you should consult a health care professional such as your GP or NHS Direct Wales.

For more information:

British Dietetic Association Food Facts sheet: 'Getting the Balance Right – A Guide to Healthy Eating'
<http://www.bda.uk.com/foodfacts/index.html>

Or ask at GP surgery or health centre for leaflets or for further advice.

Section 2: Useful information and agencies

Information sheet 3

Good Food First – Making the most of your food

There are some simple things you can do to improve your diet if you have a poor appetite or need to gain some weight.

Eat little and often

Aim for 3 small meals a day with snacks and nutritious drinks in between. Some suitable snacks include:

- Toast
- Sandwich
- Desserts
- Cakes and biscuits
- Ice cream
- Soup
- Chocolate
- Cereal and milk
- Creamy yoghurt
- Cheese and biscuits

Use fortified milk

To make fortified milk, add 2-4 tablespoons of skimmed milk powder to full cream milk. Aim to use one pint of this each day. You can use fortified milk just as you would use your usual milk in:

- Milky Coffee
- Tea
- Milk pudding/custard
- Milkshakes
- Bedtime drinks, e.g. malted milk, hot chocolate
- Porridge
- Fruit smoothies
- Jelly
- Breakfast cereal
- Instant soup

Enrich your food

Add calories to your food with:

Butter or margarine: Add to potato, vegetables, sauces, rice, pasta.

Cheese: Add to potato, vegetables, salad, soup, sauces.

Cream: Add to puddings, porridge, cereal, soup, mashed potato, scrambled egg.

Sugar and Honey: Add to cereals, puddings, custard, porridge, stewed fruit.

Some sugary and sweet foods may not be suitable if you have diabetes. Please check with your nurse or doctor.

Helpful hints

- Avoid low fat/reduced calorie products and use full fat/full calorie products instead, e.g. full fat milk, full fat cheese, full fat margarines and butter, thick and creamy yoghurts.
- Large meals tend to be 'off-putting', so try to eat 5 or 6 small, nutritious meals or snacks regularly throughout the day instead.
- Convenience food and ready made meals may be useful if you are finding cooking difficult or tiring.
- Smoking can reduce your appetite. If you do smoke, try not to smoke in the half hour before your meal. If you wish to give up phone Stop Smoking Wales for advice on 0800 085 2219.
- A drink before a meal can fill you up – have a drink after your meal instead.
- A small glass of wine or sherry or a measure of a spirit in the half hour before a meal can stimulate your appetite. Alcohol should not be taken with some medications. Check with your doctor or nurse.

If you continue to lose weight or require further advice please contact your GP, district nurse or Dietitian. Once your weight and appetite have improved sufficiently, a healthier diet should be considered, as shown in Information Sheet 2.

Information sheet 4

Good Food First – Ideas for nutritious drinks

The right drinks can help to improve your diet if you have a poor appetite or need to gain some weight. There are a selection of nutritious drinks, soups and puddings available to purchase locally from supermarkets and chemists. You can also make your own using home made recipes.

Experiment by making your own drinks and soups using your choices from ingredients such as:

- Fortified milk – mix 2oz (60g) or 4 tablespoons of dried milk (any type) with 1 pint of whole milk
- Add whole-milk yoghurts, ice cream, fromage frais to milk and fruit to make nutritious smoothies
- Look for the condensed and cream of style soups and packet soups and add milk/fortified milk instead of water to add calories and protein
- Add a single serving of butter/margarine into soups. It will enrich the flavour of the soup and add 70 calories.

Recipes

Fruit yoghurt drink

1 small carton full fat natural yoghurt

1 small glass fruit juice or pureed fruit

Mix the ingredients together and whisk them well. Then chill and serve.

Milk shake

1 scoop ice-cream

$\frac{1}{3}$ pint milk

Flavour with milk shake syrup, cordial or honey

Mix ice-cream, milk and flavouring together in a blender and serve.

Snack meals

- Toast with topping e.g. sardines, cheese
- Sandwich filled with meat, fish, cheese or egg
- Pies, sausage roll, pasties.

Snack and dessert ideas

- Thick and creamy yoghurt, blancmange, mousse, instant whip
- Cheese & crackers
- Sponge cake (e.g. chocolate, Madeira, Genoa)
- Biscuits (Bourbons, Gingernuts, Custard creams, fruit shortcake, Digestives)
- Crisps, nuts, dried fruit
- Egg custard, bread & butter pudding
- Stewed/tinned fruit with custard, cream or ice cream.

Information sheet 5

Good Food First – Tips to help eating & drinking

Here are some things you can do to help make eating and drinking easier and more comfortable if you experience difficulties.

Before eating

- Eat when you feel fully awake and alert
- If you wear dentures at meal times, make sure they fit well
- Make yourself comfortable
- Sit in an upright position
- Small, frequent meals may be easier.

During eating

- You should be able to reach your meal, drink and cutlery comfortably
- Try not to talk and eat at the same time as this can sometimes cause difficulty with swallowing
- Allow as much time as you need for your meal
- Allow time between each mouthful
- Slow and relaxed eating is best
- Reduce all distractions around you to help you to concentrate.

If someone is helping you with your meals or drinks they should:

- Sit at the same height as you so you can maintain your posture
- Give you time in between mouthfuls to swallow before giving you more food.

After eating

- Try to remain upright for 20 – 30 minutes after eating
- Check your mouth is empty. Remove any food that may be left.

Remember

- Regular mouth care is important.

Signs of swallowing difficulties may include:

- Difficulty chewing, or avoiding foods that are difficult to chew or swallow
- Food left in the mouth after a meal
- Difficulty starting to swallow
- Coughing or choking during or after eating and / or drinking
- Regular chest infections
- Poor appetite
- Weight loss
- Eating more slowly than usual
- Feeling scared or frightened when eating or drinking
- Food or fluid falling out of the mouth.

If you experience problems contact your GP, District Nurse or local Speech & Language Therapy Department for further advice.

Information sheet 6

Good Food First – Agencies that can provide more information on ways to improve your diet

Age Cymru – Telephone: 0800 169 6565 (for advice and contact details for your local Age UK).

Information and links regarding money matters, health and wellbeing, and more –

<http://www.ageuk.org.uk/cymru>.

Useful resources: 'Food for thought' leaflet (tips for eating well at home) and fridge magnet (for keeping the leaflet on the fridge). To order, send an email to PaAdmin@ageuk.org.uk specifying how many you would like.

BBC Health – 'Nutrition' section

Useful resources in 'Life Stages' subsection –

http://www.bbc.co.uk/health/treatments/healthy_living/nutrition/

Useful pages include: 'Nutritional problems in older people'; 'Healthy diet in older people'.

The British Dietetic Association – Telephone: 0121 200 8080; Email: info@bda.uk.com

Useful resource: 'Food Facts' – <http://www.bda.uk.com/foodfacts/index.html>

Useful Food Facts sheets include: 'A Healthy Breakfast – the best start to your day'; 'Fluid – Why You Need it and How to Get Enough'; 'Getting the Balance Right – A Guide to Healthy Eating'; 'Diet and Depression'; 'Osteoarthritis and Diet'; 'Diet and Rheumatoid Arthritis'.

British Nutrition Foundation – Telephone: 020 7404 6504; Email: postbox@nutrition.org.uk.

Useful resource: 'Later life' (healthy eating advice for the well older person) –

<http://www.nutrition.org.uk/healthyliving/lifestages/later-life>

Diabetes UK – www.diabetes.org.uk/wales – Telephone: 020 7424 1000;

Email: wales@diabetes.org.uk

NHS Direct – Telephone: 0845 4647 or www.nhsdirect.wales.nhs.uk

NHS Choices: 'Live Well' section –

<http://www.nhs.uk/LiveWell/Goodfood/Pages/Goodfoodhome.aspx>.

Useful resources: 'Eat well over 60', available from:

<http://www.nhs.uk/Livewell/over60s/Pages/Nutritionover60.aspx>; 'Over 60 and underweight',

available from: <http://www.nhs.uk/Livewell/over60s/Pages/Underweightover60.aspx>

Oakhouse Foods (home delivered frozen ready meals/desserts) – <http://www.oakhousefoods.co.uk/>

Wiltshire Farm Foods (home delivered frozen ready meals/desserts) –

<http://www.wiltshirefarmfoods.com>. Brochure request and customer care line: 0800 773 773

Physical Activity and Nutrition Networks for Wales

www.physicalactivityandnutritionwales.org.uk

Health Challenge Wales: 'Your local area' section –

<http://wales.gov.uk/hcwsite/healthchallenge/individuals/local/?lang=en>

Click on your area for local information and links.

The Royal Society for Public Health: 'Qualifications' section –

<http://www.rsph.org.uk/en/qualifications/qualifications/qualifications.cfm>

Click on 'Nutrition' heading to find details about courses and search for centres that run the courses near you.

Your GP surgery or health centre will also have a range of leaflets on nutrition, as well as being able to give direct advice.

Section 3: Risk classifications and care plans

Sample risk classification – High risk

If really concerned about a person's swallow/nutritional status consider referral to Speech therapist or Dietitian.

Risk category	Care plan
<p>High risk:</p> <ul style="list-style-type: none"> • Poor dietary intake >5 days • &/or swallowing/chewing problems • &/or inability to feed themselves. <p>Plus</p> <ul style="list-style-type: none"> • Poor mental state due to dementia • Thin/emaciated &/or unintentional weight loss >10% in 3-6 months • Compounding concerns increasing nutritional requirements, pressure ulcers etc • Recent surgery or discharge from hospital. 	<ol style="list-style-type: none"> 1. Undertake Oral Health Risk Assessment – see Section 4. 2. Provide / implement Good Food First advice – see Section 2. 3. Provide snacks between meals – see example list in Section 2. 4. Provide homemade nutritious drinks – see example list in Section 2. 5. Ensure any assistance required for eating and drinking is provided. 6. Ensure any recommendations regarding food and fluid texture modification are followed. 7. Ensure any specific advice for eating and drinking is followed i.e. positioning advice or strategies to help the swallow. 8. Weigh weekly*. 9. Use food and fluid charts to record food and drink intake for 3 days. In residential settings use the All Wales Food and Daily and Weekly Intake and Output charts. 10. Repeat screening after 1 month: <ol style="list-style-type: none"> a) If score improved, continue regime for a further month, then gradually reduce food fortification. b) If no change or deterioration consider specialist treatment below: <ul style="list-style-type: none"> – Prescribe nutritional supplements: a range of starter packs for milk or fruit juice based supplements are available on prescription (as per AWMSG guidelines) – Refer to Dietitian for more detailed assessment/advice.

*weigh weekly - if unable to weigh patient mid upper arm circumference (MUAC) can be used as an alternative to help assess / monitor nutritional status MUAC <23.5cm is likely to mean BMI is less than 20kg/m²

Sample risk classification – Medium risk

If really concerned about a person's swallow/nutritional status consider referral to Speech therapist or Dietitian.

Risk category	Care plan
<p>Medium Risk:</p> <ul style="list-style-type: none"> • Poor dietary intake >5 days • &/or swallowing/chewing problems • &/or inability to feed themselves • Poor mental state due to dementia. 	<ol style="list-style-type: none"> 1. Undertake Oral Health Risk Assessment – see Section 4. 2. Provide/implement Good Food First advice – see Section 2. 3. Provide snacks between meals – see example list in Section 2. 4. Provide homemade nutritious drinks – see example list in Section 2. 5. Ensure any assistance required for eating and drinking is provided. 6. Ensure any recommendations regarding food and fluid texture modification are followed. 7. Ensure any specific advice for eating and drinking is followed i.e. positioning advice or strategies to help the swallow. 8. Weigh weekly*. 9. Use food and fluid charts to record food and drink intake for 3 days. In residential settings use the All Wales Food and Daily and Weekly Intake and Output charts. 10. Repeat screening after 1 month: <ol style="list-style-type: none"> a) If score improved, continue regime for a further month, then gradually reduce food fortification. b) If no change or deterioration consider specialist treatment below. c) If deterioration, follow HIGH RISK from 10b.

*weigh weekly - if unable to weigh patient mid upper arm circumference (MUAC) can be used as an alternative to help assess / monitor nutritional status MUAC <23.5cm is likely to mean BMI is less than 20kg/m²

Sample care and nutrition plan – High risk

Date	Patients nursing needs	Objectives	Nursing care plan	Review date	Signature
	<p>Patients identified as high risk</p> <ul style="list-style-type: none"> • Thin/emaciated & /or unintentional weight loss >10% in 3-6 months. • Compounding concerns increasing nutritional requirements, pressure ulcers etc.. • Recent surgery or discharge from hospital. 	<ul style="list-style-type: none"> • To improve nutritional status and reduce risk score. • Promote achievement of desirable weight. • Improve patient's oral intake. 	<ol style="list-style-type: none"> 1. Undertake Oral Health Risk Assessment - see Section 4. 2. Provide/ implement Good Food First advice - see Section 2. 3. Provide snacks between meals - see example list in Section 2. 4. Provide homemade nutritious drinks - see example list in Section 2. 5. Ensure any assistance required for eating and drinking is provided. 6. Ensure any recommendations regarding food and fluid texture modification are followed. 7. Ensure any specific advice for eating and drinking is followed i.e. positioning advice or strategies to help the swallow. 8. Weigh weekly. 9. Use food and fluid charts to record food and drink intake for 3 days. In residential settings use the All Wales Food and Daily and Weekly Intake and Output Charts. <p>Repeat screening after 1 month:</p> <p>10a. If score improved, continue regime for a further month, then gradually reduce food fortification.</p> <p>10b. If no change or deterioration consider specialist treatment below:</p> <ul style="list-style-type: none"> - Prescribe nutritional supplements: a range of starter packs for milk or fruit juice based supplements are available on prescription (as per AWMMSG guidelines). - Refer to Dietitian for more detailed assessment/ advice. 		

Sample care and nutrition plan – Medium risk

Date	Patients nursing needs	Objectives	Nursing care plan	Review date	Signature
	<p>Patients identified as medium risk</p> <ul style="list-style-type: none"> • Poor dietary intake >5 days. • &/or swallowing / chewing problems. • &/or inability to feed themselves. • Poor mental state due to dementia. 	<ul style="list-style-type: none"> • To improve nutritional status and reduce risk score. • Promote achievement of desirable weight. • Improve patient's oral intake. 	<ol style="list-style-type: none"> 1. Undertake Oral Health Risk Assessment – see Section 5. 2. Provide/ implement Good Food First advice – see Section 2. 3. Provide snacks between meals – see example list in Section 2. 4. Provide homemade nutritious drinks – see example list in Section 2. 5. Ensure any assistance required for eating and drinking is provided. 6. Ensure any recommendations regarding food and fluid texture modification are followed. 7. Ensure any specific advice for eating and drinking is followed i.e. positioning advice or strategies to help the swallow. 8. Weigh weekly. 9. Use food and fluid charts to record food and drink intake for 3 days. In residential settings use the All Wales Food and Daily and Weekly Intake and Output Charts. <p>Repeat screening after 1 month:</p> <p>10a. If score improved, continue regime for a further month, then gradually reduce food fortification.</p> <p>10b. If no change, continue this regime, reassess monthly, then if remain stable reassess quarterly.</p> <p>10c. If deterioration, follow HIGH RISK from 10b.</p>		

Section 5: Oral health risk assessment

	YES	NO
Does the client have access to a dentist?	Record details to the dentist	For a list of dentists that provide NHS services contact your Local Health Board
Can the client travel to a dentist?	Yes	As above
Does the client have natural teeth?	Yes	No
Does the client have dentures?	Yes	No
Does the client require assistance to look after mouth/teeth (including dentures)?	Yes – see Guideline 1	No – see Guideline 2
Does the client have any dental problems?	Yes – if the client has access to a dentist contact and arrange an appointment. If the client does not have access to a dentist, contact your Local Health Board.	No – If client has access to a dentist, record the last dental visit, ensure the next visit is within 12 months. If no dental visit has been made within 12 months arrange an appointment

Guidelines for oral health

Guideline 1

Key points of mouth care:

- Ask the client if they have any mouth problems
- Explain the importance of good oral hygiene
- Always use disposable gloves
- Remove dentures when examining the mouth
- Record any unusual appearances in the mouth (ulcers, swellings, red or white patches), seek appropriate advice
- Clean natural teeth with the clients own toothbrush and fluoride toothpaste
- Check the toothbrush is not old and worn, replace if necessary. Toothbrushes should be replaced when the bristles begin to splay. The average life of a toothbrush is 3 months.

Denture care:

- Clean dentures over a sink filled with water, if dropped they will not break
- Use a nailbrush and liquid soap to clean, rinse thoroughly before replacing in mouth
- Check condition of dentures regularly, especially noting any cracks
- Leave dentures out at night
- Do not soak dentures in bleach.

Guideline 2

Key points of mouth care:

- Wherever possible, teach and encourage clients to carry out their own mouth care
- Encourage the client to brush their own teeth
- Establish a daily routine, brush twice daily using a fluoride toothpaste.

Denture Care:

- As Guideline 1

If a client has both natural teeth and dentures ensure natural teeth are cleaned thoroughly when dentures are removed.

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