

West Suffolk MUST Community Local Action Plan

ALL RISK CATEGORIES:

- Treat underlying condition
- Check client can potentially meet nutritional needs safely via oral route
- Record favourite foods; provide assistance with food choices, eating and drinking as necessary
- Record need for special diets and follow local action plan

Obesity: Record presence of obesity. For those with underlying conditions, these are generally controlled before the treatment of obesity. Discuss with GP local weight management services if required.

MUST SCORE 0 = LOW RISK

- Community services - repeat screening annually or sooner if there is expected weight loss / concerns regarding weight loss.
- Care settings – repeat screening monthly

MUST SCORE 1 = MEDIUM RISK

Treat – prevent weight loss

- Aim to keep a 3 day food diary or ask the client to if possible.
- If adequate intake- little concern and repeat screening:
Care setting- screen monthly
Community services- screen at least every 2-3 months
- If inadequate intake- clinical concern, set goals to improve and increase overall nutritional intake, monitor and review care plan regularly.
 - Encourage eating and drinking
 - Encourage In between meal high calorie snacks- [High calorie snack information sheet](#)
 - Encourage homemade nourishing drinks- [Nourishing drinks information sheet](#)
 - Encourage a fortified diet- [Fortifying your food information sheet](#)
 - If diabetic provide [Diabetes and nutrition support information sheet](#)

MUST SCORE: 2 = HIGH RISK

Treat – increase oral intake- prevent weight loss *

- If appropriate refer to the community dietitians as soon as possible.
- Aim to keep a 3 day food diary, or ask the client to if possible.
- Provide relevant diet sheets:
- Set goals, improve and increase overall nutritional intake
- Care and community services- screen at least monthly
 - Encourage eating and drinking
 - Encourage In between meal high calorie snacks- [High calorie snack information sheet](#)
 - Encourage homemade nourishing drinks- [Nourishing drinks information sheet](#)
 - Encourage a fortified diet- [Fortifying your food information sheet](#)
 - If diabetic provide [Diabetes and nutrition support information sheet](#)
 - If clinical concern refer to GP.

*Unless detrimental or no benefit is expected from nutritional support e.g. imminent death.