Nursing and Midwifery
Nutrition Policy - Oral (Adults)

For use in (clinical areas): All clinical areas
For use by (staff groups): All clinicians
For use for (patients/treatments): For use for all adult patients
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Source: Nutrition Steering Group   Issue date: July 2016
Status: Final   Valid until: July 2018   Doc Ref PP (15)274
1. West Suffolk NHS Foundation Trust has a responsibility to ensure patients receive appropriate oral nutrition to meet their individual needs.

2. All patients are screened for the risk of malnutrition on admission to hospital and screened weekly thereafter as a minimum.

3. All patients have a Nutrition Management Plan documented following their nutrition risk assessment with clearly defined overall goals of treatment.

4. All patients screened and identified as high risk of malnutrition should be referred to Dietetics for a more detailed nutritional assessment. Nurses will continue to document a Nutrition Management Plan following their referral to Dietetics with clearly defined overall goals of treatment. Included in the management plan is a ‘Nutrition and Recovery’ leaflet. Nursing staff can print this off and give to patients to refer to whilst in hospital and on discharge. See Appendix H Nutrition and Recovery.

5. Patients requiring or following a special diet will have their needs clearly documented above their bed on a Nutrition Board or similar. This assists with immediate identification for patients on special diets, and helps reduce risks to patients receiving the incorrect foods or textures.

6. Provision of a balanced diet including therapeutic, ethnic/cultural and texture modified diets is the responsibility of the catering department. For further information on accessing special diets menus See Appendix A Special Diet Provision.

7. Oral Nutritional Supplements (ONS) are a range of nutrition drinks and products eg. Fresubin or Ensure and are defined as “foods for special medical purposes” with clear clinical indications Specialised ONS are available on a named patient basis only via referral to Dietetics. However a standard ONS is available for patients at risk of malnutrition on the breakfast menu.

8. Protected mealtimes are in place to allow patients to have undisturbed time for eating meals when all non-urgent clinical activity stops. See Appendix C Protected Meal Times.

9. Red trays are in place to identify those patients who need assistance with eating. The use of red trays is also of proven value in patients with Dementia. Mealtime volunteers and staff helpers are there to support and enable patient’s to eat and drink and encourage nutritional intake which meets their individual needs. See Appendix E Guideline for Mealtime Volunteers.

10. Training opportunities will be made available for all staff responsible for providing patient care including nursing staff, support staff, medical staff, allied health professionals and volunteers.

11. Nutritional care is a multi-disciplinary responsibility. This document focuses on supporting good oral nutrition, and where this is compromised eg. due to illness or risks to patients, consideration should be placed on the value and use of artificial nutritional support eg. tube feeding or parenteral nutrition in a multi-disciplinary context.
1. Introduction

In the NHS England Five Year Forward View\(^1\) published in October 2014 one of its top priorities is for “a radical upgrade in prevention and public health” which “actively supports comprehensive, hard-hitting and broad-based national action to include clear information and targeted personal support … in particular in the areas of obesity and diabetes”. With two thirds of the UK population being obese and around 7 million people set to become diabetic, evidence-based interventions in targeting preventable illness in secondary care is a top priority.

In Malnutrition Matters: Meeting Quality Standards in Nutritional Care\(^2\) published in May 2010 it states “Malnutrition costs UK Health and Social Care economy an estimated 13 billion annually and affects over 3 million people. Good nutritional care has the potential to deliver significant cost savings to the NHS” by reducing admissions and extended stays in hospital. Malnutrition is both a cause and consequence of disease; often unrecognised and untreated, yet it has a substantial impact on health and disease in all community care settings and hospitals.\(^3\) Malnutrition is a state in which a deficiency, excess or imbalance of energy, protein and other nutrients causes measurable adverse effects on body function and/or clinical outcome.\(^4\) With the expected rise in the number of elderly people and increases in numbers of patients with Dementia, the prevalence of malnutrition is set to rise as the population ages. Current figures for malnutrition in various care settings are:\(^2\)

- 25-28% of admissions to hospitals\(^5,6\)
- 30-41% of admissions to care homes\(^5,6\)
- 10 -14% of people living in sheltered accommodation\(^7\)
- 14% of the elderly at home\(^8\)

The benefits of improving nutritional care and providing adequate and appropriate hydration are immense, especially for those with long term conditions and problems such as stroke, pressure ulcers or falls. The need for hospitalisation and high dependency care are reduced and recovery is quicker.\(^9\) Delivering food in an appetising manner, at the correct temperature and of an appropriate consistency, is important. Hospital food is an essential part of nutritional care, with good food encouraging patients to eat well, giving them the nutrients they need to recover from surgery or illness.\(^10\)

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 determines the fundamental standards for meeting the nutritional and hydration needs for service users and applies where care or treatment involves the provision of accommodation, or an overnight stay, on premises provided by the service provider for the purposes of carrying on a regulated activity, or where the provision of nutritional or hydration needs of service users are part of the arrangements made for the provision of care or treatment by the service provider.

In terms of the Act nutritional and hydration needs means:

‘Receipt by a service user of suitable and nutritious food and hydration which is adequate to sustain life and good health.’

It also encompasses the provision of parenteral nutrition and dietary supplements as prescribed by a health care professional and the meeting of any reasonable requirements of a service user for food and hydration arising from their preferences, or religious or cultural background and if necessary the support for a service user to eat and drink.
2. Purpose
The purpose of this policy is to ensure that all patients in West Suffolk Hospital NHS Trust receive appropriate nutritional care that is acceptable to the individual and meets their specific nutritional needs. It is intended to reinforce the importance of nutrition to the health of all patients and staff. Nutritional Care aims to fulfill four main objectives:

- Provide high quality catering arrangements to facilitate good oral intake for all patients
- Reinforce healthy lifestyle messages meeting public health objectives, with a particular focus on preventable illness eg. obesity, diabetes
- Screen routinely for malnutrition to facilitate Nutrition Management Plans for vulnerable individuals eg. frail elderly, those with physical or psychological barriers to eating, those with chronic long-term health problems which adversely affect nutritional status (disease-related malnutrition)
- Provide therapeutic diets and dietary intervention for individuals with specialised dietary needs eg. in coeliac disease, food allergy, enriched diets

3. Scope
This policy applies to the oral nutritional needs of all in-patients within the Trust. It does not cover Paediatrics, tube feeding or parenteral nutrition.

4. Oral Nutrition
All health care professionals have a duty to ensure that patients are fed a diet to meet their nutritional requirements. Mealtimes should be conducive to eating and appropriate food provided for individuals. All staff should assist patients in choosing an appropriate diet to meet their needs whether it is according to lifestyle choices, therapeutic diets or for those identified with special nutritional needs. This is documented in Nutritional Management Plan.

All healthcare professionals have a duty to screen for and treat malnutrition and ensure that individuals’ nutritional needs are met. Nutritional Management Plans should document clearly defined goals of treatment and be reviewed daily to determine whether needs are being met and if further support is needed to meet these needs. All patients identified as high risk of malnutrition are referred to Dietetics for further evaluation and treatment using Oral Nutritional Support options. A Nutritional Management Plan is generated during the Patient Safety Risk Assessment and is by acted upon by nursing staff using this Management Guidance.

5. Protected meal times
Up to 30% of adults show signs on malnutrition on admission to hospital, and a stay in hospital may further contribute to this. A number of patients may have specific dietary requirements that need to be met to prevent malnutrition and to aid recovery from illness. The ward environment, presentation of food, timing and content of meals are important elements in encouraging patients to eat well. The importance of mealtimes needs to be emphasised and ward staff given the opportunity to focus on the nutritional requirements of patients at mealtimes. The purpose of a Protected Mealtime is to protect mealtimes from unnecessary and avoidable disruptions, providing an environment conducive to eating, assistant staff to provide patients with support and assistance with meals and placing food first at mealtimes. All unnecessary activity should cease at meal times and interruptions to patient’s meals avoided unless critical to patient safety or treatment.

See Appendix C Protected Meal Time Guideline
6. Assistance with eating and drinking

Red trays are in place to identify those patients who need assistance with eating. The use of red trays is also of proven value in patients with Dementia. Mealtime volunteers and staff helpers are there to support and enable patient's to eat and drink and encourage nutritional intake which meets their individual needs.

See Appendix D Assistance with Eating - Guideline for use of Red Tray

7. Screening and treating patients at risk of malnutrition

Screening for malnutrition is a first and important step in identifying patients at high risk of malnutrition. Malnutrition is particularly common in long-term chronic conditions and in vulnerable adults with psycho-social and mental health problems. Those individuals have increased lengths of hospital stay and failed discharges, reduced ability to fight infection, poor wound healing, poor muscle strength and mobility all of which have a negative impact on clinical outcomes. Improved nutritional care is a positive step to improving patient experience, wellbeing and clinical outcome. Once identified, malnutrition can be treated with targeted nutritional care, using Oral Nutritional Support and individual Nutritional Management Plans by the Dietetics Team with appropriate follow-up after discharge from hospital.

8. Oral Nutrition Support

Oral nutrition support should be considered in patients who are safe to swallow and:

- have a poor absorptive capacity eg. inflammatory bowel disease
- high nutrient losses eg. pressure wound
- increased nutritional needs from disease, illness or surgery
- been identified as high risk of malnutrition on admission screening (BMI <18.5kg/m² and/or unintentional weight loss of >10% over 3-6 months)

9. Duties and Responsibilities

The Executive Committee of the Trust
Is responsible for ensuring delivery of a safe and nutritious catering service. Nutritional Care is a multi disciplinary responsibility. There is an advisory group within the Trust who have the responsibility for the development, implementation and reviewing of standards of nutritional care, the Nutrition Steering Group who report to the Patient Safety Working Group.

The Nutrition Steering Group
Is responsible for ensuring that all systems are in place for the management of Nutritional Care throughout the organisation and to ensure that audit of National and Local Nutrition Standards are managed effectively.
It is medical staff who are responsible for the diagnosis and management of malnutrition. Doctors should lead the team regarding decisions on appropriate feeding, investigations according to diagnosis and prescription of fluids. Consideration should be placed on the ethical issues regarding the provision of food and fluid to all patients. In the case of fluids see the section below under nursing responsibilities.

**Dietetic Staff**
Dietetic staff are responsible for respond to appropriate referrals where nursing staff have carried out nutritional screening and followed the appropriate Management Guidance for all patients with Nutritional Risk Score of 2 and above. Urgent referrals eg. artificial nutritional support will be seen in one working day; routine/non urgent referrals eg. poor oral intake will be seen within two working days. Dietitians will:

- Review and monitor patients nutritional needs and adjust dietary advice accordingly.
- Contribute to the Nutritional Management Plan and liaise with other multidisciplinary staff as appropriate.
- Work closely with the Catering Department, advising on the production of special diet menus specific to individual needs of patients.
- Train staff directly involved in Nutritional Care on Nutritional Screening, Management Guidance, the appropriate use of Oral Nutritional Supplements.
- Liaise with Community Dietitians for patients with longer-term nutritional care needs.
- Communicate a patient’s nutritional needs with GP in particular when Oral Nutritional Supplement prescription is required.
- Attend the nutrition steering group.

**Catering Staff**
The catering team are responsible for providing the patient meal service in a way that provides:

- A wide and varied selection of food and beverages to meet the dietary needs and preferences of the care groups serviced, including: healthy choices* (e.g., for diabetic, cardio protective and weight reducing diets,) ethnic and cultural options with provision for patients too ill to eat normal meals, prescribed therapeutic diets, religious, vegetarian and vegan options.
- Good quality, safe, wholesome and nutritious meals, snacks and beverages in compliance with requirements of all food safety legislation and to the frequency and standard as laid out in the NHS Plan: ‘Better Hospital Food initiative’.
- Food that is presented in an attractive manner, which offers patients a choice, including vegetarian alternatives with particular attention paid to appearance, taste, texture, portion control, different size portions and nutritional value.
- A meal ordering system that ensures the patient receives the meal of their choice ordered as near to the time of service as possible, dietetically suitable for their needs.

* The items on the menu which are coded with a ‘heart’ indicate the healthier options for that meal time. These choices are either lower in fat, salt, sugar or higher in fibre. They may also be a low glycaemic food or contain oily fish/omega 3 oils.

If a patient has diabetes there is a patient leaflet available from the ward staff which contains further advice/guidance.

If a patient with diabetes is carbohydrate aware, further information is available to assist them with their carbohydrate counting by asking ward staff.
Nursing Staff
Nursing staff are responsible for carrying out nutritional screening on all patients on admission to hospital using the Patient Safety Risk Assessment and to follow and document the Management Guidance generated by that assessment.

Speech and Language Therapy
Responsible following a referral for assessing the oral and pharyngeal stages of the swallow and advising on appropriate food and fluid textures. They give recommendations to the Medical Team to action appropriately.

Pharmacists
Responsible for advising on any interactions between nutrients and drugs.

Meal coordinator
Takes responsibility for:
- Making sure that all menus are filled in correctly and legibly with bay colour tab top
- Striking triangle/ringing bell and collecting aprons
- Designating members of team to clear and clean environment including corridors
- Assist with sitting patients out of bed
- Ask mobile patients if they would like to eat at table in bay by the window
- Designate team members to assist with feeding
- Make sure meals arrive on time
- Make sure cutlery is on meal trays and cups are accessible
- Make sure on completion of meals that fluid charts and food diaries are filled in
- Make sure all meals trays are collected
- Keep open lines of communication between the meal team and other members of clinical staff

10. Hydration
All patients will be adequately hydrated. It is the responsibility of the registered nurse and medical practitioner to:
- Ensure that patients are receiving an adequate amount of fluid to maintain hydration. This may be in the region of 2 litres per day for adults. Requirements may differ according to height, weight, medical condition and ambient temperature.
- Ensure sufficient oral fluids are placed within reach of the patient
- Ensure drinks are of a suitable temperature i.e. a cup of tea is hot, a supplement drink is chilled and are in a suitable drinking vessel that the patient is able to manage eg patients with stroke, dementia.
- Open tops of bottles etc, and assist the patient in drinking fluids as required.
- Maintain a fluid chart if fluid intake is of concern and report to the nurse in charge. Ensure measurable amounts are recorded clearly and regularly. Record both intake and output.
- Ensure Speech & Language Therapy (SALT) recommendations regarding thickened fluids are followed if the patient has swallowing difficulties. If the patient declines to drink thickened fluid this must be recorded in the patient notes. Ensure all staff are aware of patient needs.
- It is the responsibility of the nurse to highlight to the medical team the patient who is unable to take sufficient levels of oral fluids to maintain their hydration or who is Nil By Mouth so that alternative methods of fluid administration are sought.
11. Patient Information Leaflet

Patients wishing to have food brought in from their home should be given a copy of ‘Bringing Food into Hospital’

See Appendix F What Foods May I Bring in?

MONITORING COMPLIANCE WITH, AND THE EFFECTIVENESS OF, PROCEDURAL DOCUMENTS

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Additional Information:

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APPENDIX A - Special Diet Provision

For West Suffolk Hospital in-patients there is **one standard menu** on which all lifestyle, standard texture modified and enriched diets are ordered, which has a **tick box** for specific dietary needs (see below).

<table>
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<th>Types of Diets</th>
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<td><strong>Lifestyle Diets</strong></td>
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| Healthy Option ♥ (Suitable for weight reducing, Cardio-protective or diabetic diets) | Lifestyle Standard menu | Provide patient with menu  
Menus collected daily by Catering  
✔ Tick Appropriate Box on menu  
(will be sent sugar-free jelly and light yogurt if chosen.) |
| Vegetarian                      |                        |                                                                               |
| **Texture Modified Diets**      |                        |                                                                               |
| Soft                            | Texture Modified Diets Standard menu | Provide patient with menu  
Menus collected daily by Catering  
✔ Tick Appropriate Box on menu |
| Puree                           |                        |                                                                               |
| **Special Dietary Needs**       |                        |                                                                               |
| Enriched                        | Special Dietary Needs Standard menu | Provide patient with menu  
Menus collected daily by Catering  
✔ Tick Appropriate Box on menu |
| Assistance with eating          |                        |                                                                               |
| Thickened Fluids                |                        |                                                                               |
| **Special Diets**               |                        |                                                                               |
| Low Fat                         | Special Diets Special menu | Request Menus from Catering.  
Collected daily by Catering along with standard menus  
**Extn 2716**  
*If further Dietetic assistance required please contact Dietitians**  
**Extn 3609** |
| Ethnic Diet eg. Halal, Kosher    |                        |                                                                               |
| Nut free                        |                        |                                                                               |
| Vegan                           |                        |                                                                               |
| Low Residue                     |                        |                                                                               |
| Small appetite                  |                        |                                                                               |
| MAOI                            |                        |                                                                               |
| **Therapeutic Diets**           |                        |                                                                               |
| Food Allergies                  | Therapeutic Diets Special menu | Request menus from Dietitians.  
Dietetic Assistants will take charge of patient’s menus  
**Extn 3609** |
| Milk Free                       |                        |                                                                               |
| Gluten Free                     |                        |                                                                               |
| Low Potassium                   |                        |                                                                               |
| Low Sodium                      |                        |                                                                               |
| **Special Texture Modified Diets** |                        |                                                                               |
| Dysphagia Soft-moist (available adapted for vegan, MAOI, Milk free, low potassium, And gluten free.) | Special Texture Modified Diets | Request Menus from SALT.  
**Extn 3303** |
| **Other**                       |                        |                                                                               |
| Clear Fluids                    | Other                  | Request Menus from Catering.  
(Mastercopies for these are also kept on wards who use frequently)  
Collected daily by Catering along with standard menus  
**Extn 2716**  
PICOLAX information available from Radiology **Extn 3378** |
| Free Fluids                     |                        |                                                                               |

The **Ward Allergen Booklet** has been produced by the Catering Department in response to legislation and contains information on 14 key allergens that must be available for all menus. **For further advice on this or any other menus please contact the Catering Department.**

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APPENDIX B
Guidelines for Food Service at Ward Level

This policy applies to all staff (all disciplines, job roles) caring for inpatients within West Suffolk Hospitals Trust

Food hygiene regulations are laid down in the NHS executives Hospital Catering Delivery ‘and conform to The EU Food Hygiene and UK regulations. All staff working in a ward or clinical area involved in provision of any food, drink or dietary supplement will be classed as food handlers

Food handling
All staff taking food to a patient should have washed their hands and have clothing protected by a green plastic apron.

Beverage production
Should be undertaken by ward staff when patients have missed routine beverage times or the late night beverage. Hands should be washed and clothing covered by a plastic apron.

Special Dietary Products
Should be checked by a trained member of staff, and if the product needs to be decanted, then hands should be washed and clothing covered by a plastic apron.

Food brought in by patients and visitors.
Must be bagged and labelled with the name of the recipient and date the food was brought in. Food must be stored in the patient's refrigerator and discarded after 24 hours. “Bringing Food Into Hospital” is a leaflet which sets out guidelines for patients and their relatives. Only low risk foods (biscuits, sweets) should be kept in the bedside locker.

Patient's Refrigerators
Refrigerators should be checked DAILY by the housekeepers for maintenance, temperature, cleanliness and stock rotation. All food dated over 24 hours should be discarded. All open food should be covered and discarded after 24 hours. Long-life foods should be discarded at the sell by date. Temperatures of the refrigerator should be listed on the log sheet.

Volunteers
Those helping with food service and assistance in feeding should have received training in food service/hygiene. Rules of hand-washing and clothing covering still apply.

Meal Distribution
Meal delivery will be at the same time every day. Each ward has a specific time allocated to. Catering staff will check the temperature of food prior to the food leaving the catering department and will record this temperature. Meals will be plated and placed on trays with cutlery; napkin etc.
The process for meal distribution on the wards is as follows:

1. Allocate a Meal Coordinator at beginning of shift
2. The Meal coordinator checks all menus are ready for collection by 09.30 and are completed correctly
   a. The food ordered is suitable for each patient’s specific dietary requirements
   b. The bay number is highlighted with the bay colour.
3. The Meal coordinator will assign jobs to meal team eg,
   a. Prepare the patient, check to see if they need the toilet, are sitting comfortably and can clean their hands.
   b. Clear the area of clutter.
   c. Identify feeders if appropriate.
4. The triangle/bell should be rung at the start of the Protected Meal Time as indicated on the ward information poster.
5. Staff should wash their hands and put aprons on.
6. Staff, who are not involved with the meal delivery should be asked to leave unless not affecting the process.
7. When the trolley arrives move it to each bay in turn then
   a. serve the meals to the patients remembering to
      i. Check the patients name corresponds with the meal ordered,
      ii. Make sure the meal is assessable,
      iii. Do not remove lids before the patient has eaten the previous course
      iv. Leave all red trays in food trolley until the end to keep hot.
      v. Provide assistance in cutting food, pouring drinks, removing wrappers etc.
8. Make sure that amount of food eaten is documented for patients using red trays (see red tray guidelines) and fluid charts are completed
9. Collect finished trays from the bays when all bays have finished.
10. Rearrange tables so that patient has their water jugs and tissues accessible after eating
11. Porters will then collect food trolleys from the ward.

No meals should be kept for patients who are off the ward or unable to eat their meal at the food service time. Any food not consumed within one hour of meal service should be discarded.

Snack boxes are provided for patients who miss their meals. If a snack box is unacceptable (due to texture etc.) nursing staff can obtain a meal replacement from the catering department.

Disposal of waste food that returns to the kitchen via the meal trolleys will be undertaken by the catering staff.

Food trolleys will be cleaned by catering.
APPENDIX C

Protected Mealtimes
The purpose of Protected Mealtimes is to stop unnecessary and avoidable interruptions, allowing staff to provide patients/clients with support and assistance with meals thus providing an environment conducive to eating, and placing food first at mealtimes.

The ward environment, presentation of food, timing and content of meals are all important elements to encourage patients to eat well. The importance of mealtimes needs to be emphasised and ward based staff given the opportunity to focus on the nutritional requirements of patients at mealtimes.

Protected Mealtimes cover an hour over breakfast, lunch and supper when all non-urgent activity stops. All essential and urgent activity will continue to be met. This guideline is for all clinical and support staff. It should be the aim of all staff to apply with the Protected Mealtime Policy.

Core Aims
- To improve the whole mealtime experience for patients by allowing them to eat meals without disruption
- To ensure the Patient is on the ward to receive their meal at the correct time.
- To improve the nutritional care of patients by supporting the consumption of food.
- To support ward based teams in the delivery of food at mealtimes.
- To ensure that mealtimes are a key social activity for patients.
- To discourage anything that interferes with the meal time.
- To allow the patient time to digest their meal

As such, each ward area should
- Provide mealtimes free from avoidable and unnecessary interruptions.
- Limit ward based activities, both clinical i.e. observations and non-clinical i.e. cleaning tasks, to those that are relevant to mealtimes or essential to undertake at that time
- Focus ward activities into the service of food, providing patients/clients with support at mealtimes
- Create a quiet and relaxed atmosphere in which patients/clients are afforded time to enjoy meals, limiting unwanted traffic through the ward during mealtimes, e.g. estates work and linen deliveries.
- Recognise and support the social aspects of eating.
- Provide an environment conducive to eating, that is, welcoming, clean and tidy.
- Emphasise to all staff, patients and visitors the importance of mealtimes as part of care and treatment for patients.
Appendix D
Assistance with Eating - Guideline for use of Red Tray

Red trays are a means to highlight patients who need help with managing their diet or who are not eating well and their total food intake needs to be monitored and documented. It may also be helpful for patients with Dementia or partial sight who can differentiate the plated meal more easily.

Patient admitted/change in condition

↓

Consider if red tray is required
Patient unable to feed themselves/reduced ability to eat or drink
Consider patients with physical and/or psychosocial limitations
Eg. Dementia, dexterity, blindness, dysphagia, mobility

↓

Patient and relatives informed if patient is at high risk of malnutrition
Identify those patients requiring a red tray

↓

Nursing staff checks the above bed patient board to see who requires a red tray and ticks box on standard menu

↓

Menus checked by Catering and meal plated on red tray
Suitable meal served on red tray

↓

Those with red trays will
Require assistance with feeding
Will require monitoring of food intake

↓

Complete food diary before removing red tray
and write % of food eaten on food diary

↓

Red tray status reviewed daily at each completion of menus
APPENDIX E

Guideline for Mealtime Volunteers

- Any patient requiring assistance in selecting food, cutting up, unwrapping food, loading forks or spoons and helping to transfer food and drink to the mouth will be identified by the Nurse in Charge at each visit. Any special instructions will be given with an opportunity for the Volunteer to clarify if the patient is on a food and fluid chart or a diabetic.

- Exclusions
  - Patients with any degree or risk of dysphagia
  - Patients being nursed in a side room or any patient being isolated.

- The patient should be introduced and verbally consent to being helped to eat by a volunteer ensuring that the concepts of dignity and privacy are maintained at all times.

- If the patient lacks the ability to verbally consent, then other means should be sought by the registered nurse to ensure that they are aware that they are to receive assistance with their food as it is in their best interests to receive nutrition.

- The volunteer when assisting at mealtimes must wear a green plastic apron as per Trust infection control policy. Patients will be offered hand washing and volunteers will meet food and hand hygiene regulations throughout their visit.

- The volunteer will introduce themselves, ask the patient if they would like to wash their hands prior to their meal, or assist in providing a hand wipe for this purpose.

- The volunteer will check that the patients have dentures in place and are wearing glasses and hearing aids if appropriate.

- The volunteer will receive the meal from the nursing staff for the patient then sit on a chair beside the patient to be assisted and discuss the patients preferences for eating prior to starting, including whether to use a fork or spoon, plastic or metal, use of condiments etc.

- The assistance can be in the form of preparing food to eat, cutting up, uncovering food plates as well as physically feeding the patient, as some patients prefer to actually feed themselves if they are able. Offering fluids as required. To assist at a level deemed appropriate. Older patients with delirium and dementia should be offered fluids in a cup rather than a beaker with a spout, as this will assist their recall of the mechanism of drinking. However, they should not be left alone with hot drinks in case of spillage. Some people with delirium and dementia may find it difficult to remember what to do with utensils and may prefer ‘finger foods’.

- Assistance with completion of their menu may also be helpful.

- Give verbal handover to Nurse in Charge on completion of the meal. To ensure that the nursing staff are aware of the dietary intake of the patient involved, in addition to recording on intake sheet if required.
APPENDIX F

Hot meals, prepared at home, and take-away meals, cannot be safely re-heated on the ward. It is also unwise to try to keep a hot meal warm during the journey to hospital, as they are unlikely to be maintained at a sufficiently high temperature to avoid bacteria multiplying. Hot soup may be brought in, in a vacuum flask for immediate consumption during your visit. It should be consumed within 4 hours. Please take away flasks and containers with you at the end of your visit.

If you wish to bring in chilled foods that require refrigeration on the ward you must discuss this first with the nursing staff. Any items requiring refrigeration need to be labeled with the patient’s name and date by the nursing staff before being stored in the ward fridge. The nursing staff will also take responsibility to check use-by dates and discard any that are out of date or damaged.

* Items that have been agreed with the nursing staff and are held in the ward refrigerator will be labelled with the individuals name and date the item was brought in. Please note that ALL items will be destroyed after 24 hours.

Author: Catering Department
Reviewed: September 2014
Review: August 2017

What foods may I bring in?

1.1. Information for Patients and their Visitors
If you require this leaflet in another language, large print or another format, i.e. audiotape, please contact the Patient Advice and Liaison Service

Everybody likes having snacks and drinks available to them when they are in hospital. This advice sheet aims to give you ideas on which are the ‘safest foods’ to bring into a hospital ward environment.

When you are unwell your ability to fight infection is reduced and it is especially important that the foods you eat as a patient in hospital are safe. In order to reduce these risks, it is essential that all foods consumed on the ward are eaten as soon as possible or are stored safely as well as bringing pleasure to you as a patient to help your treatment and recovery.

Generally, foods, which can be stored at room temperature and do not require refrigeration, are the best option. Perishable foods e.g. sandwiches or chilled desserts that need to be stored in a fridge, should be consumed straight away or taken away with your visitor. All foods kept in the bedside locker should be stored in an airtight container such as a lidded plastic box or biscuit tin e.g. fruit, biscuits, sweets. Food items that are already in a sealed package are a good idea, as they are safe in the ward environment. For example:

- Individual packs of biscuits and wrapped chocolate biscuits
- Individually wrapped cakes
- Sealed bags of prepared fruit
- Long-life yogurts and desserts
The following foods are high risk and particularly prone to food spoilage and contamination. Please do not bring these and other similar foods in:

- Home-cooked meals and takeaway meals kept warm during transit, or requiring reheating on the ward
- Items containing high-risk foods such as, shellfish, lightly cooked egg, un-pasteurised cheese.

**Probiotic Drinks**
These small often yogurt based drinks should be taken with caution whilst you are in hospital. If you regularly take them whilst at home, you should check with your ward staff as to your suitability for them when on certain medications and treatments. They require refrigeration and as such should only be brought in to the hospital in agreement with ward staff.

<table>
<thead>
<tr>
<th>List of suitable foods to bring into hospital</th>
<th>Do not bring to hospital the following</th>
</tr>
</thead>
<tbody>
<tr>
<td>Squash, fizzy drinks, bottled water, fruit juice, milk shakes. Yoghurt style drinks (bring in individual container to be consumed immediately during your visit)</td>
<td>Chilled drinks requiring refrigeration, unless previously agreed with ward nursing staff. Chilled drinks can be purchased from the hospital vending machines and cafes.</td>
</tr>
<tr>
<td>Drinks not routinely stocked on ward e.g., favourite bedtime drink, Bovril, Marmite, Cup-a-Soup, Hot soup (brought in a vacuum flask for immediate consumption)</td>
<td>Loose items of fruit in bags, uncovered fruit bowls</td>
</tr>
<tr>
<td>Fresh fruit (washed)</td>
<td>Loose and unwrapped biscuits, cakes, sweets etc – on locker in open packets.</td>
</tr>
<tr>
<td>Biscuits, cakes, crackers, savoury biscuits, crisps and other snacks Cereal bars, instant noodle pots, sweets, and chocolate – all should be kept in a lidded container or individually packaged.</td>
<td>Chilled snacks requiring refrigeration, unless previously agreed with ward nursing staff*.</td>
</tr>
<tr>
<td>Individual long-life desserts/yoghurts/ milk puddings/custard/jelly e.g. Ambrosia, supermarket own brand, Hartley’s, Dole, individual ring-pull cans of tinned fruit e.g. Del Monte Fruitini, Dole fruit parfait</td>
<td></td>
</tr>
<tr>
<td>Savoury snacks e.g. sandwiches, sausage rolls, Scotch egg – should all be individually wrapped and consumed straight away.</td>
<td></td>
</tr>
</tbody>
</table>
14. Meeting nutritional and hydration needs

Meeting nutritional and hydration needs

14.—(1) The nutritional and hydration needs of service users must be met.

(2) Paragraph (1) applies where—
(a) care or treatment involves—
(i) the provision of accommodation by the service provider, or
(ii) an overnight stay for the service user on premises used by the service for the purposes of carrying on a regulated activity, or
(b) the meeting of the nutritional or hydration needs of service users is part of the arrangements made for the provision of care or treatment by the service provider.

(3) But paragraph (1) does not apply to the extent that the meeting of such nutritional or hydration needs would—
(a) result in a breach of regulation 11, or
(b) not be in the service user’s best interests.

(4) For the purposes of paragraph (1), “nutritional and hydration needs” means—
(a) receipt by a service user of suitable and nutritious food and hydration which is adequate to sustain life and good health,
(b) receipt by a service user of parenteral nutrition and dietary supplements when prescribed by a health care professional,
(c) the meeting of any reasonable requirements of a service user for food and hydration arising from the service user’s preferences or their religious or cultural background, and
(d) if necessary, support for a service user to eat or drink.

(5) Section 4 of the 2005 Act (best interests) applies for the purposes of determining the best interests of a service user who is 16 or over under this regulation as it applies for the purposes of that Act.
References

1. Five Year Forward View, NHS England, published October 2014
5. Nutrition Screening Survey in the UK, BAPEN, 2009
7. Screening for malnutrition in sheltered housing, BAPEN, 2009
8. Geographical inequalities in nutrient status and risk of malnutrition among English people aged65 years and older, Nutrition, 2005
10. Better Hospital Food, Hospital Caterer’s Association

Further Reading
Eating Well for Older People with Dementia, Caroline Walker trust, 1998
Appendix H

PATIENT INFORMATION

Nutrition and Recovery

For some people, (in particular those undergoing major surgery, with on-going health problems, with a long stay in hospital or who are already underweight) nutritional advice from a Dietitian may be necessary. *If you have received nutritional advice during your hospital stay from a Dietitian, please continue to follow that advice when you go home.*

For many others, admission to hospital can be accompanied by a poor appetite and weight loss. Getting home and feeling better is often enough to improve your appetite and regain the strength and weight lost during illness or infection. You may find the following information helpful while you are in hospital.

While you are in Hospital

The Hospital Catering Service provides nutritious meals, prepared on site for all our patients, including any special dietary requirements. Ticking the ‘Enriched’ box at the top of the menus will enable the catering staff to send you higher calorie/protein versions of the meals and snacks where possible. The small, normal or large portion sizes on your menu caters for varying appetites. Snacks, e.g. cake, muffin or biscuits are available with your cup of tea/coffee, either from the ward Housekeeping Team or by choosing them from the hospital menus. A balanced high energy, high protein nutrition drink is also available by ticking the ‘supplementary drink’ option on the breakfast menu. *Favourite foods from home are always appreciated if visitors can bring them in. Please be aware that foods requiring refrigeration could be accommodated, but please check with the ward staff first.*

Can I continue to eat well and gain weight when I have a small appetite? Of course! Following a balanced diet will ensure you are getting a variety of nutrients important for recovery and wellbeing. A balanced diet includes eating foods from each food group.
Try to include the following:

- 3 small meals per day as well as 2-3 snacks or milky drinks
- Use at least one pint of full cream milk per day
  - Source of calcium, essential for healthy bones
- At least 6 – 8 cups of fluid each day. Try fruit juice*, smoothies*, soups*, squash, milk or tea/coffee.
  - *Good sources of vitamin C improves wound healing and absorption of iron, essential for healthy blood
- Red meat, chicken, fish, eggs, cheese, beans/lentils, nuts, soya or quorn alternatives at least twice daily
  - Source of protein, iron and zinc, essential for body repair
- Include bread, rice, potatoes, pasta, cereal or chapattis at each meal
  - Source of energy, fibre and B vitamins
- 5 servings of fruit and vegetables. Examples of servings include a small glass of fruit juice, one apple/pear/banana, handful of berry fruits/dried fruits, tablespoon of peas/corn/carrots
  - Source of fibre, water, vitamin C and many other vitamins and minerals
When you are discharged home

Ask yourself the following questions?

Am I eating less than before? Have I lost weight? Am I missing meals? If the answer is yes to any of these, see the sections on Enriching your food, Nourishing Drinks and Vitamin & Mineral Supplement below. This information will also be helpful for your family or carers.

Enriching your food

Extra fats and sugars provide energy, which promote weight gain. Try these ideas:

- Add 2 – 4 tablespoons of milk powder to a full pint of milk and use whenever you have milk: in tea/coffee, milky drinks, sauces, on cereal/porridge, in milk puddings
  ✓ Provides extra calcium, protein, zinc and vitamins A & D
- Add 1oz grated cheese to soups, egg, fish, beans or meat dishes, in pasta sauces and mashed potato
  ✓ Provides extra calcium, protein, zinc and vitamins A & D
- Add a knob of butter, margarine or ghee to vegetables, pasta, mashed potato, chapatti, rice and spread generously on sandwiches/toast
  ✓ Provides extra energy as fat, vitamins A & D
- Add sugar, honey or syrup to milkshakes, smoothies, desserts, yoghurts
  ✓ Provides extra energy as sugar
- Add 1 – 2 tablespoons of double cream to soups, sauces, on cereal/porridge, puddings, fresh or tinned fruit
  ✓ Provides extra energy as fat, vitamin A & D
- Add marmite or yeast extract to soups, sauces, gravies
  ✓ Provides extra B vitamins

Nourishing Drinks

Milkshake or soup style drinks (powders made up with either milk or water) are available at chemists and large supermarkets, containing balanced nutrition if you are missing meals or as an extra between meals. Some examples include Meritene and Complan.
Vitamin and Mineral Supplement

Vitamins and minerals are substances found in the foods we eat and we depend on for a variety of body functions. A balanced diet provides all the essential vitamins and minerals we need. However, following illness or infection our intake of those can be poor and our needs increased. Taking an A-Z type supplement for 3–6 months can help to restore body stores and support recovery and wellbeing. Some examples include: Supermarket own brand, Centrum, Sanatogen, Multibionta.

Still losing weight?

If you continue to lose weight despite following the above advice, contact your GP for advice. They will be able to refer you to a qualified Dietitian for individual advice.

Another thing to note

During your hospital stay you would have had a malnutrition assessment completed by the nursing staff. If you were scored as being at high risk of malnutrition, then you would have been automatically referred to the Dietitians. However, sometimes patients may be discharged home before being seen by the team. If this is the case, you should be contacted by a member of the community Dietitians shortly after being discharged where appropriate.

Further Questions

If you have other medical conditions with a dietary requirement that conflicts with this advice, please talk to your healthcare professional.

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