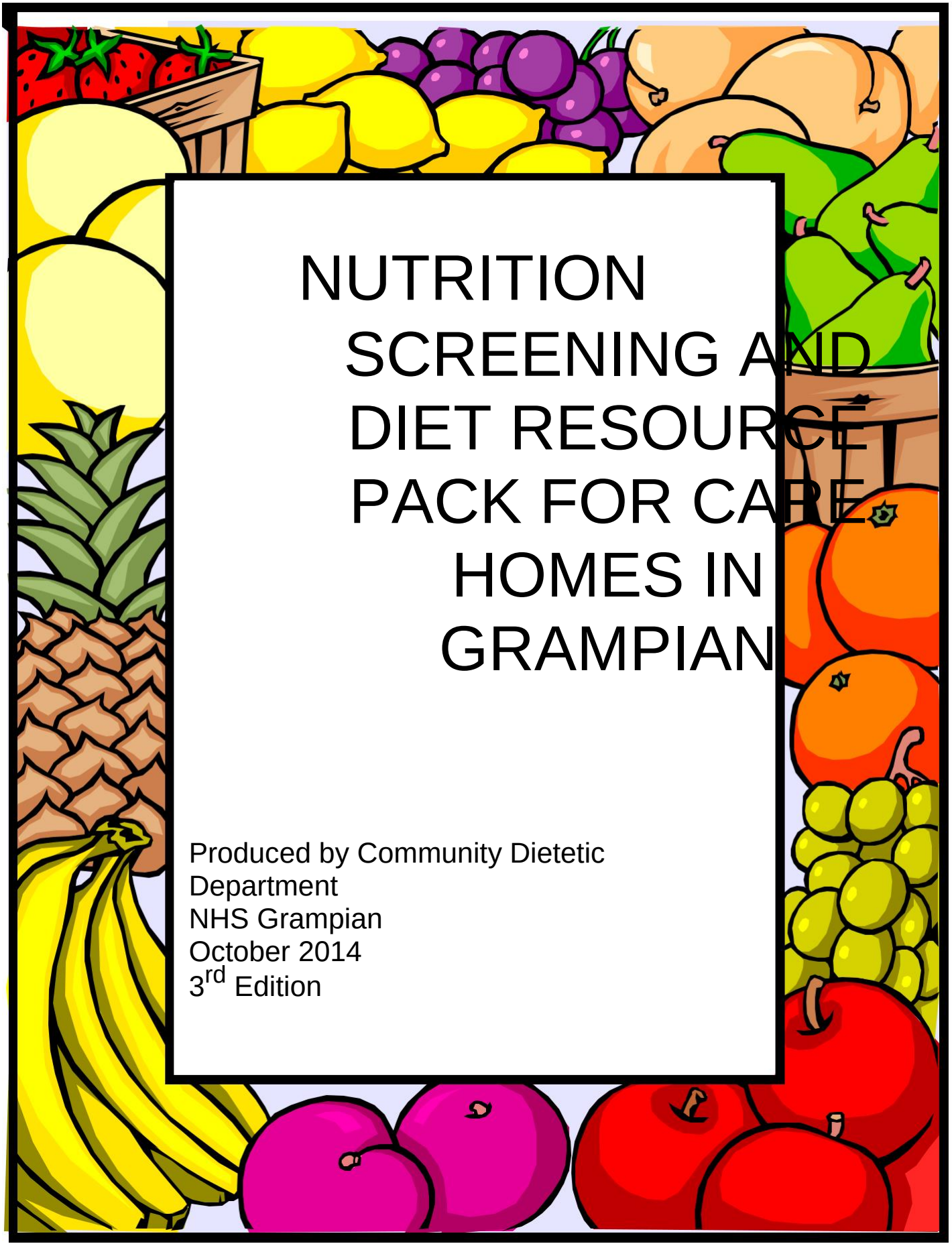

NUTRITION SCREENING AND DIET RESOURCE PACK FOR CARE HOMES IN GRAMPIAN

Produced by Community Dietetic Department
NHS Grampian
October 2014
3rd Edition

Care Home Pack
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INTRODUCTION

The nutritional care older people in long term care has been highlighted as an important area for continued improvement by the National Service Framework for Older People[1], National Minimum Standards – Care Homes for Older People[2] and most recently through the Improving Nutritional Care Programme[3].

The focus on nutrition is not only related to an individual's consumption and availability of foods but also looking at the importance of the environment and social interactions around the mealtime experience.

Good nutritional care, adequate hydration and enjoyable mealtimes can dramatically improve the general health and well-being of older people, as well as increasing their resistance to disease and their recovery from any illness, trauma or surgery.

The national guidance states that meals are varied and nutritious. They reflect food preferences and any special dietary needs. They are well prepared and cooked and attractively presented. They also state that service users can be confident that the provider is aware of their nutritional state and will, with the service users agreement, arrange for this to be regularly assessed and reviewed. This will take account of any changes in health. [2]

In order to do this care home staff at all levels require access to up -date, evidenced based information. This pack provides information on the most common nutritional problems as well as a range of therapeutic diets.

SECTION 1
NUTRITIONAL SCREENING

Purpose of Nutritional Screening

The National Care Standards: Care Homes for Older People recognise that eating well is fundamental to good care and that nutritional status should be assessed and reviewed regularly[4].

Poor appetite and weight loss can arise from a number of conditions or situations. A significant percentage of residents in care homes, due to their age and condition, have a small appetite and are only able to eat small volumes of food at one time. This dietary need should be reflected in the normal menu and food provided in the care home[2] This should help towards preventing residents losing weight in the first instance.

A separate menu planning tool is available from your local community dietitian or https://www.hi-netgrampian.scot.nhs.uk/people-networks/community-dietitians-nhs-grampian/)

Malnutrition is a significant problem in older people. Studies have shown 40% of patients admitted to hospital are malnourished and two thirds of these patients lose weight during admission. [6] The early detection of malnutrition is important as it can severely compromise patient recovery if left untreated and can result in patients staying in hospital significantly longer. [6]

The purpose of nutritional screening is to identify residents who are:

- nutritionally at risk
- potentially at risk
- not a risk

and to highlight the most appropriate intervention.

The Malnutrition Universal Screening Tool ('MUST') is a validated screening tool which is used nationally and implemented in NHS in care homes and hospitals. There is a specific MUST screening tool for care homes in Grampian. It is recommended that this version of the tool is used as it reflects local actions, resources to be used and when to refer to the dietitian.

This screening tool is not foolproof. It is a **guide** to someone's risk of malnutrition. It may not be appropriate to use it in some circumstances such as end of life.

If you are in doubt about the nutritional status of a resident you can contact your local community dietitian for advice.

Nutrition Screening for Care Homes
'Malnutrition Universal Screening Tool' ('MUST')

On Assessment

Gather & document nutritional measurements/observations: Height, weight, recent unplanned weight loss, effect of acute disease, likes/dislikes, food allergies, need for assistance with eating, cultural/ethnic/religious requirements/special diets

↓

Screen using **MUST**

↓

Step 1
Calculate BMI

BMI	Score
>20 (>30=Obese)	=0
18.5-20	=1
<18.5	=2

Step 2
Calculate Weight Loss

Unplanned weight loss in past 3-6 months

Weight Loss	Score
<5%	=0
+5-10%	=1
>10%	=2

Step 3
Nutritional Intake

If patient is acutely ill AND there has been OR is likely to be no nutritional intake for >5 days

Score =2

For all other residents

\+ **Score** = 0

↓

Step 4

Add scores together to calculate overall risk of malnutrition

↓

Step 5

Management Guidelines

0 **Low Risk**: **Routine Clinical Care**	**1** **Medium Risk**: **Observe**	**≥2** **High Risk**: **Treat**** ***unless not appropriate or no benefit is expected from nutritional support*
• Weigh & repeat screen monthly • Document in appropriate care plans	• Document dietary intake for 3 days • Provide a **Fortified diet** *: encourage high energy snacks and drinks • Aim for an **extra 400-600kcals** per day* • Weigh weekly & repeat screen every 2 weeks • Document in appropriate care plans • If no improvement after **8 weeks** refer to dietitian**	• Document dietary intake for 3 days • Provide a **Fortified diet** *: encourage high energy snacks and drinks • Aim for an **extra 400-600kcals** per day* • Weigh & repeat screen weekly • Document • in appropriate care plans • If no improvement after **4 weeks** refer to dietitian**

*Refer to Food Fortification : A Guide to Adding Extra Nourishment (available from your local community dietitian or https://www.hi-netgrampian.scot.nhs.uk/people-networks/community-dietitians-nhs-grampian/)

** unless not appropriate or no benefit is expected from nutritional support. Care homes can refer residents directly to the Community dietitian using the appropriate referral form (Appendix 4)

Staff can contact the community dietitians directly to seek advice and support where there is uncertainty regarding the appropriate action to take regarding an individual resident

EXPLANATORY NOTES FOR USING THE 'MUST' SCREENING TOOL

Step 1 Calculating Body Mass Index (BMI)

BMI (Body Mass Index) is a measure of individual's weight relative to their height.

$$BMI = \frac{\text{Weight (kg)}}{\text{Height(m) X Height (m)}}$$

Height - **should be measured annually** using a height stick (stadiometer) where possible

- if height cannot be measured, use recently documented self-reported height (if reliable and realistic)
- alternative measures can also be used eg. Ulna (forearm length), knee height or demispan (Appendix 1)

Ulna (forearm length) – ask resident to bend arm, palm across chest, fingers pointing across to opposite shoulder. Measure the length in centimetres using a tape measure, between the point of the elbow and mid point to the prominent bone of the wrist.*

Knee height – resident should sit on a chair without footwear, with knee at a right angle. Extend the tape measure straight down the side of the leg in line with the bony prominence at the ankle to the base of the heel.*

Demispan – resident should raise their right arm until horizontal with the shoulder. Measure distance between sternal notch and between the middle and ring finger of right hand.*

* use tables in Appendix 1 to convert measurements to height.

Weight

Use scales which are calibrated regularly. If weight measurements are not possible, use weight recently documented in the resident's notes or self reported weight (if reliable and realistic).

If weight differs significantly from a previous weight consider:

- Does the client have oedema or taking diuretics?
- Have different scales been used?
- Is the measurement accurate? If in doubt, re-check

Use the BMI chart to establish BMI score.

BMI	Score
>20 (>30=Obese)	=0
18.5-20	=1
<18.5	=2

If none of the above is possible, use the following subjective criteria:

	Score
Visually, weight is acceptable (or BMI >20)	**0**
Visually, thin (or BMI 18.5-20)	**1**
Visually, very thin (or BMI <18.5)	**2**

Record score on relevant paperwork.

'Malnutrition Universal Screening Tool' ('MUST')

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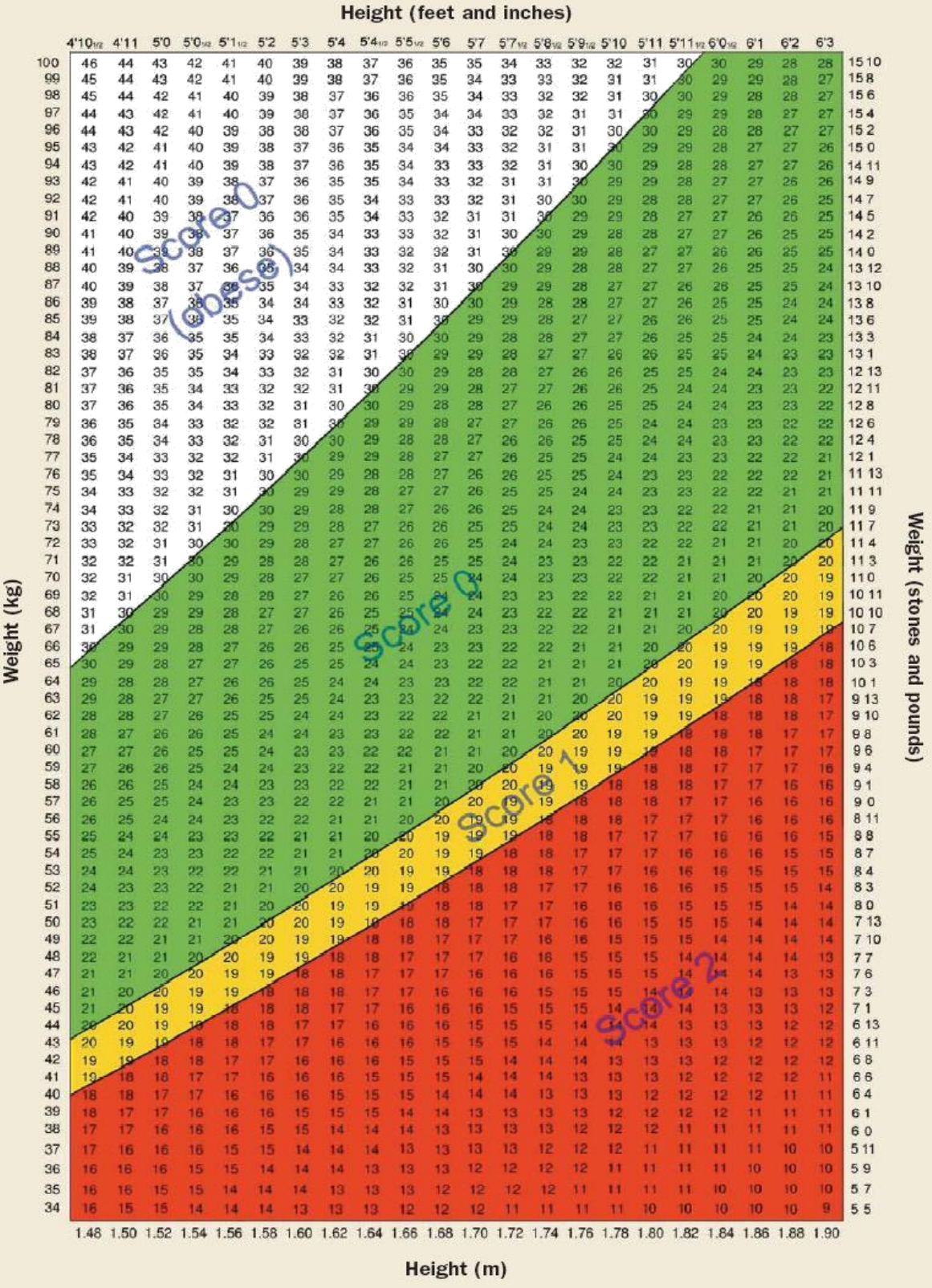
Step 1 – BMI score (& BMI)



Step 2 Calculating percentage weight loss

Unplanned weight loss over 3- 6 months is a more significant risk factor for malnutrition than BMI.

Percentage Weight loss (kg) =

$$\frac{\text{Weight before weight loss(kg)} - \text{Current weight(kg)}}{\text{Weight before weight loss}} \times 100$$

Use **weight loss tables** to establish weight loss score

e.g A resident who was 84 kg in December and is now 79 kg in March
Weight loss = 84 –79
= 5kg in 4 months (=5-10% usual body weight)
= score 1

	Score
<5% body weight	0
5-10% (3-6kg in 12 months)	1
>10% (>6kg in 12 months or >3kg in 3 months)	2

If the above is not possible, use the following subjective criteria:

- Are clothing, jewellery, dentures loose fitting?
- History of decreased food intake over 3-6 months?
- Ask about weight history and unintentional weight loss:

Estimate a malnutrition risk score based on your evaluation

Record score on relevant paperwork.

Step 3 Acute Disease effect (nutritional intake)

If there has been no nutritional intake, or likely to be none for > 5 days then score 2. Otherwise score 0. Even for those residents eating small amounts, the score here is 0.

Record score on relevant paperwork.

'Malnutrition Universal Screening Tool' ('MUST')

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Step 2 – Weight loss score

Weight before weight loss (kg)

	SCORE 0 Wt Loss < 5%	SCORE 1 Wt Loss 5-10%	SCORE 2 Wt Loss > 10%
34 kg	<1.70	1.70 – 3.40	>3.40
36 kg	<1.80	1.80 – 3.60	>3.60
38 kg	<1.90	1.90 – 3.80	>3.80
40 kg	<2.00	2.00 – 4.00	>4.00
42 kg	<2.10	2.10 – 4.20	>4.20
44 kg	<2.20	2.20 – 4.40	>4.40
46 kg	<2.30	2.30 – 4.60	>4.60
48 kg	<2.40	2.40 – 4.80	>4.80
50 kg	<2.50	2.50 – 5.00	>5.00
52 kg	<2.60	2.60 – 5.20	>5.20
54 kg	<2.70	2.70 – 5.40	>5.40
56 kg	<2.80	2.80 – 5.60	>5.60
58 kg	<2.90	2.90 – 5.80	>5.80
60 kg	<3.00	3.00 – 6.00	>6.00
62 kg	<3.10	3.10 – 6.20	>6.20
64 kg	<3.20	3.20 – 6.40	>6.40
66 kg	<3.30	3.30 – 6.60	>6.60
68 kg	<3.40	3.40 – 6.80	>6.80
70 kg	<3.50	3.50 – 7.00	>7.00
72 kg	<3.60	3.60 – 7.20	>7.20
74 kg	<3.70	3.70 – 7.40	>7.40
76 kg	<3.80	3.80 – 7.60	>7.60
78 kg	<3.90	3.90 – 7.80	>7.80
80 kg	<4.00	4.00 – 8.00	>8.00
82 kg	<4.10	4.10 – 8.20	>8.20
84 kg	<4.20	4.20 – 8.40	>8.40
86 kg	<4.30	4.30 – 8.60	>8.60
88 kg	<4.40	4.40 – 8.80	>8.80
90 kg	<4.50	4.50 – 9.00	>9.00
92 kg	<4.60	4.60 – 9.20	>9.20
94 kg	<4.70	4.70 – 9.40	>9.40
96 kg	<4.80	4.80 – 9.60	>9.60
98 kg	<4.90	4.90 – 9.80	>9.80
100 kg	<5.00	5.00 – 10.00	>10.00
102 kg	<5.10	5.10 – 10.20	>10.20
104 kg	<5.20	5.20 – 10.40	>10.40
106 kg	<5.30	5.30 – 10.60	>10.60
108 kg	<5.40	5.40 – 10.80	>10.80
110 kg	<5.50	5.50 – 11.00	>11.00
112 kg	<5.60	5.60 – 11.20	>11.20
114 kg	<5.70	5.70 – 11.40	>11.40
116 kg	<5.80	5.80 – 11.60	>11.60
118 kg	<5.90	5.90 – 11.80	>11.80
120 kg	<6.00	6.00 – 12.00	>12.00
122 kg	<6.10	6.10 – 12.20	>12.20
124 kg	<6.20	6.20 – 12.40	>12.40
126 kg	<6.30	6.30 – 12.60	>12.60

Weight before weight loss (st lb)

	SCORE 0 Wt Loss < 5%	SCORE 1 Wt Loss 5-10%	SCORE 2 Wt Loss > 10%
5st 4lb	<4lb	4lb – 7lb	>7lb
5st 7lb	<4lb	4lb – 8lb	>8lb
5st 11lb	<4lb	4lb – 8lb	>8lb
6st	<4lb	4lb – 8lb	>8lb
6st 4lb	<4lb	4lb – 9lb	>9lb
6st 7lb	<5lb	5lb – 9lb	>9lb
6st 11lb	<5lb	5lb – 10lb	>10lb
7st	<5lb	5lb – 10lb	>10lb
7st 4lb	<5lb	5lb – 10lb	>10lb
7st 7lb	<5lb	5lb – 11lb	>11lb
7st 11lb	<5lb	5lb – 11lb	>11lb
8st	<6lb	6lb – 11lb	>11lb
8st 4lb	<6lb	6lb – 12lb	>12lb
8st 7lb	<6lb	6lb – 12lb	>12lb
8st 11lb	<6lb	6lb – 12lb	>12lb
9st	<6lb	6lb – 13lb	>13lb
9st 4lb	<7lb	7lb – 13lb	>13lb
9st 7lb	<7lb	7lb – 13lb	>13lb
9st 11lb	<7lb	7lb – 1st 0lb	>1st 0lb
10st	<7lb	7lb – 1st 0lb	>1st 0lb
10st 4lb	<7lb	7lb – 1st 0lb	>1st 0lb
10st 7lb	<7lb	7lb – 1st 1lb	>1st 1lb
10st 11lb	<8lb	8lb – 1st 1lb	>1st 1lb
11st	<8lb	8lb – 1st 1lb	>1st 1lb
11st 4lb	<8lb	8lb – 1st 2lb	>1st 2lb
11st 7lb	<8lb	8lb – 1st 2lb	>1st 2lb
11st 11lb	<8lb	8lb – 1st 3lb	>1st 3lb
12st	<8lb	8lb – 1st 3lb	>1st 3lb
12st 4lb	<9lb	9lb – 1st 3lb	>1st 3lb
12st 7lb	<9lb	9lb – 1st 4lb	>1st 4lb
12st 11lb	<9lb	9lb – 1st 4lb	>1st 4lb
13st	<9lb	9lb – 1st 4lb	>1st 4lb
13st 4lb	<9lb	9lb – 1st 5lb	>1st 5lb
13st 7lb	<9lb	9lb – 1st 5lb	>1st 5lb
13st 11lb	<10lb	10lb – 1st 5lb	>1st 5lb
14st	<10lb	10lb – 1st 6lb	>1st 6lb
14st 4lb	<10lb	10lb – 1st 6lb	>1st 6lb
14st 7lb	<10lb	10lb – 1st 6lb	>1st 6lb
14st 11lb	<10lb	10lb – 1st 7lb	>1st 7lb
15st	<11lb	11lb – 1st 7lb	>1st 7lb
15st 4lb	<11lb	11lb – 1st 7lb	>1st 7lb
15st 7lb	<11lb	11lb – 1st 8lb	>1st 8lb
15st 11lb	<11lb	11lb – 1st 8lb	>1st 8lb
16st	<11lb	11lb – 1st 8lb	>1st 8lb
16st 4lb	<11lb	11lb – 1st 9lb	>1st 9lb
16st 7lb	<12lb	12lb – 1st 9lb	>1st 9lb

Step 4; Calculate overall risk

Add score together to calculate overall risk. Document in relevant paperwork

Step 5; Develop care plan

The most important part of the whole screening process is the action taken as a result of screening. NHS Grampian have developed specific guidance for actions to be taken depending on the MUST score.

It is the responsibility of the individual who caries out the screening process to develop and implement the appropriate care plan for each resident or to discuss this with an appropriate member of staff within the care home. The care plan must reflect the guidance outlined in the MUST screening tool for overall MUST scores. The care plan must be updated where there are changes in the resident's nutritional intake or MUST score.

Action to be taken as a result of screening

Score 0- Low risk — Routine clinical care

- Weigh and repeat screen monthly
- Document on in appropriate care plans

Score 1 Medium Risk — Observe

- Document dietary intake for 3 days using 3 day food and drink chart (Appendix 2)

- Provide a **Fortified diet *** : encourage high energy snacks and drinks
  - Offer extra snacks between meals, eg. Toast, sandwiches, cheese,
  - biscuits, cake, thick and creamy yoghurt, cereal.
  - Use fortified milk for drinks, cereals, and home made milk shakes
  - Offer milky drinks with and between meals, eg. Milk, milky coffee, hot chocolate, Ovaltine, Horlicks.
  - Fortify food– add extra butter to potatoes and vegetables; cream to cereal, porridge, soup and puddings; sugar to drinks and cereal; dried milk powder to full fat milk and puddings; use generous amounts of jam, marmalade, butter, margarine on toast, bread, pancakes

- Offer milky puddings, thick and creamy yoghurts, ice-cream, once or twice a day
- If necessary Build-Up, Complan or any other brand can be given or the powder can be used to fortify foods

- Aim for an **extra 400-600kcals** per day - Refer to Food Fortification : A Guide to Adding Extra Nourishment (available from your local community dietitian or https://www.hi-netgrampian.scot.nhs.uk/people-networks/community-dietitians-nhs-grampian/

- Weigh weekly & repeat screen every 2 weeks

- Document on in appropriate care plans

- If no improvement after **8 weeks** refer to dietitian* (Appendix 4 - referral form)

**unless not appropriate or no benefit is expected from nutritional support*

Score 2- High Risk **Treat** (unless not appropriate or no benefit is expected from nutritional support)

- Document dietary intake for 3 days- (Appendix 2)

- Provide a **Fortified diet** : as for MUST score of 1

- Aim for an **extra 400-600kcals** per day - Refer to Food Fortification : A Guide to Adding Extra Nourishment(available from your local community dietitian or https://www.hi-netgrampian.scot.nhs.uk/people-networks/community-dietitians-nhs-grampian/

- Weigh & repeat screen weekly

- Document on in appropriate care plans

- If no improvement after **4 weeks** refer to dietitian (Appendix 4 - referral form)- *unless not appropriate or no benefit is expected from nutritional support

When completing the care plan it is important to outline the specific actions to be taken for each resident e.g. offer 1 extra pudding / day, offer biscuits between meals, offer 1 home-made fortified milk shake in the afternoon.

Other considerations for poor food intake

- Are underlying causes being treated effectively? (eg. Pain, nausea,
- depression)
- If necessary, give help and advice on food choices
- Present food attractively
- Provide encouragement and assistance with eating and drinking –
- provide aids as required
- Avoid distractions/disruption at meal times
- Offer small frequent meals and snacks – large platefuls can be off putting
- Enlist the help of relatives /carers if appropriate

SECTION 2
NUTRITIONAL SUPPORT

There are a number of reasons a resident will need to have their meals adapted to prevent them from losing weight and becoming malnourished.

Poor dietary intake and weight loss can be caused by illness (chronic & acute), side effects of medication, anxiety, depression, pain, nausea, chronic arthritis, old age, dementia, bereavement or even unfamiliar meals and surroundings. All of which can result in poor appetite.

Poor appetite can lead to malnutrition, which in turn leads to delayed wound healing, increased risk of pressure sores and respiratory infections, weakness, reduced mobility and depression. This can result in longer recovery times (and therefore hospital stay) and also increased mortality risk [5,6].

Fortifying the diet and offering high energy snacks and drinks between meals can significantly improve a resident's energy and protein intake (Appendix 3) and prevent further weight loss

Dietary Recommendations for Improving Nutritional Status

- Encourage to eat little and often as large platefuls can be off-putting
- Offer energy dense snacks*
- Use full fat milk or fortified milk*
- Serve bread, potatoes, rice or pasta with each meal
- Include fruit and vegetables as part of meals or snacks
- Serve meat, fish, cheese, nuts, beans or lentils at least twice a day

Fortify food by adding: -

- Making fortified milk and using this in custards, sauces, on cereals, in cups of tea/ coffee.
- Extra fat e.g. cream in soups and sauces, butter or cheese on vegetables or potatoes
- Extra sugar, including jams, honey and syrup
- Grated cheese, milk powder or evaporated milk to soups, sauces or mashed potatoes

Increase energy intake by :-

- Offering high calorie snacks such as cakes, pastries, biscuits, sweet desserts, crisps and savoury snacks with or between meals
- Trying puddings in the form of yoghurts, mousses, milk puddings, ice cream, pie or sponge and custard once or twice a day
- Offering high energy smoothies/ milkshakes made from fortified milk between meals*

- Use fortified milk to make hot drinks such as hot chocolate, malted milk drinks, milky coffee

* Recipes and ideas can be found in Food Fortification : A Guide to Adding Extra Nourishment(available from your local community dietitian or https://www.hi-netgrampian.scot.nhs.uk/people-networks/community-dietitians-nhs-grampian/

A small amount of alcohol before a meal may stimulate appetite, but first check with pharmacist or GP that this is appropriate

Other problems which may occurs which require action before referring to the dietitian

Reduced ability to chew and swallow food or fluids Choking	Assess cause of problem. Consult with speech & language therapist Alter consistency of diet or fluids if indicated by Speech and language Therapist (SLT) Consult withdietitianif consistency modification necessary
Poor dentition e.g. painful gums, sore mouth, badly fitting dentures	Refer to dentist/community dentist
Reduced ability to feed, difficulty holding utensils, cutting foods. e.g. arthritis, dementia	Refer to Occupational Therapy (OT) for special cutlery and crockery Consider finger foods for dementia
Poor posture	Discuss with OT/ physiotherapist Ensure sitting upright and that food and cutlery are within easy reach
Poor mobility (can lead to constipation / loss of appetite)	Discuss with OT/ physiotherapist
Prolonged nausea, vomiting or diarrhoea caused by: • Side effect of treatment • Infection • Disease state	Review medication. Discuss with pharmacist / GP Treat infection Consult with GP. Review condition Consult with community dietitian
Infection e.g. chest infection, UTI	Treat infection Ensure good fluid intake
Inflammatory bowel disease	Ensure optimum treatment for bowel disease Consult with dietitian
Pressure sores, leg ulcers	Ensure balanced diet with good fruit and vegetable intake Plenty fluids- 8 –10 cups /day Refer to tissue viability
Constipation	High fibre diet **(do not add bran to food)** Plenty fluids- 8 –10 cups /day (minimum 1500ml per day)
Fractures / frequent falls	Check recent weight loss resulting in muscle fatigue

	Check for dehydration Consider Vitamin D / calcium supplement Refer to OT / Physiotherapy if appropriate
Depression / Mental health problem e.g. confusion, dementia	Consult with GP / CPN Check for dehydration

Oral Nutritional Supplements (ONS) on Prescription

Oral Nutritional Supplements have their place in the management of weight loss and malnutrition, however they should only be given to patients who have been assessed by the dietitian initially.

Once ONS have been commenced they should be used safely and managed appropriately.

Directions For Use

- ONS should be used on a named resident's basis
- Store in a cool, dry place (5-25^{o}C) e.g. kitchen cupboard
    - ONS are normally more palatable if served chilled
- Once opened store in the fridge if possible
- Discard after 24 hours
- If opened and left out of fridge e.g. at residents bedside, discard after 4 hours
- Check the "best before date" on package or carton regularly
- Discard any cartons which are burst or open
- Rotate stock regularly to ensure it doesn't go out of date

SECTION 3

DEMENTIA MANAGEMENT

On the whole residents with dementia should be encouraged to follow a healthy well balanced diet (**See section on *Healthy Eating)*** however as dementia progresses people may experience various nutritional problems.

A separate document is available with further detailed information Dementia Care: Support with eating and drinking: A practical guide for carers (available from your local community dietitian or https://https://www.hi-netgrampian.scot.nhs.uk/people-networks/community-dietitians-nhs-grampian/

Common Difficulties with Eating and Drinking

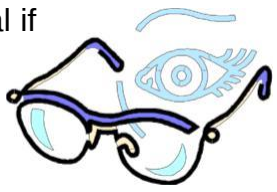
Dementia influences people's behaviours in different ways and the same can apply to their eating and drinking. When eating habits change or it becomes difficult to eat, it can be distressing for the person and for those who care for them. Challenges can occur due to:

- Reduced or limited recognition of hunger and/or thirst. The person may feel they have already had a meal or something to drink.
- Food preferences can change e.g. having a preference for sweet or spicy foods, which could be different to their previous likes and dislikes.
- Problems with recognising foods, chewing or swallowing can mean the texture of foods managed may be different.
- The person may forget how to use cutlery or find it difficult to use, due to reduced co-ordination.

Preparing for a meal

Mealtimes can be made more enjoyable and less stressful through making small changes to the person's mealtime experience. This can also help to improve their nutritional intake 9,10.

- Ensure hearing aids, glasses or dentures are worn if they are required and encourage the person to go to the toilet before a meal if needed.
- If a person struggles with standard cutlery/ cups then consider using wide or chunky handled versions
- Avoid patterned tablecloths or distracting items such as vases or



lots of condiments as this can reduce focus on food.

- Allow for additional time with meals if this is needed or consider using plate warmers to keep food warm.
- Plates in primary colours (red, blue and yellow) tend to be recognised for longer by people as their dementia progresses. Contrasting coloured plates make it easier for food to be seen on the plate.
- Good oral hygiene is essential after a meal to avoid infections and maximise taste from foods.

Finger Foods and Nourishing Drinks

If a person is always on the move or can no longer use cutlery then finger foods and nourishing drinks can be a good alternative to a plated meal.

- Use milk based drinks such as hot chocolate, malted drinks, milkshakes or milk based coffee.
- Sandwiches cut into small squares, triangles or rolled into a sausage shape. Try to use high calorie fillings such as egg mayonnaise, cheese, peanut butter, cold meat or corned beef.
- Small crackers, mini oatcakes with butter, spreading cheese or pate
- Teacakes, scones or crumpets with butter or jam, muffins, malted loaf with butter, cake slices or gingerbread.
- Toast or bread cut into fingers with peanut butter, jam, cheese etc
- Slices of quiche or pizza, cooked chicken pieces, cocktail sausages or sausage rolls.
- Fish fingers or fish cakes cut into pieces

Wandering or becoming easily distracted at meals

It can be difficult to get someone to sit long enough to finish a meal if they are prone to wandering or are easily distracted. It is important to still provide a good dietary intake to replace the energy a person uses while pacing or if they are agitated otherwise this could lead to weight loss.

- Prompt the person with snacks and finger foods as they are walking around by placing foods in their hands.
- Encourage high energy foods where possible (see section 2)
- Turn off radios/televisions to limit distractions
- If there are times in the day a person is more settled then make the most of this by providing extra snacks or changing mealtimes to allow for this.

If the resident has swallowing difficulties a texture modified diet may be required.
See section 4 on *Texture Modified Diets*

If constipation is a problem a high fibre diet may be required. **See section on *High Fibre***

If weight loss or loss of appetite occurs the person will require a high energy diet.
See section 2 on *Nutritional Support*

SECTION 4

Dysphagia Management

Modified Texture Diets

Why are they necessary & who needs them?

- Stroke patients with poor swallowing reflex or chewing difficulties.
- Neurological disorders which affect swallowing e.g. Motor Neurone Disease,
- Huntington's Chorea, Multiple Sclerosis, Parkinson's.
- Poor swallowing as a consequence of ageing or poor dentition.
- Oesophageal strictures.
- Head injury, head & neck surgery or radiotherapy.

The main problems associated with modified diets are: -

- Unappetising appearance.
- Limited choice of foods resulting in boredom and loss of appetite.
- Dilution of nutrient content because liquid is added when blending.

Some people (e.g. following a stroke) may also have problems controlling liquids therefore drinks and runny foods may need to be thickened.

If you have concerns about a resident's ability to swallow, ask the GP to refer them to the Speech and Language Therapy (SLT) department for a swallowing assessment.

Stage C diets (Pureed diet- **SLT prescription only**) needs to be blended or liquidised, and sieved to remove particles to give a thick, smooth uniform texture. Thickeners may be required for correct consistency. The food should hold its own shape on a plate and should be moulded, layered or piped. Foods should be fortified e.g. by adding skimmed milk powder or cream to soups and puddings, and offering nourishing drinks and snacks between meals.

Stage D Diets (Finely Mashed Diet – **SLT prescription only**) requires very little chewing and foods should be easily mashed with a fork. Meats (beef, pork, chicken etc) should be pureed as per Stage C. Avoid choking hazards such as dry and crispy foods, sticky or stringy foods and, fruit and vegetable skins. Further guidance on stage D meals is provided on the following pages.

Stage E Diets (Soft and Easily Chewed Diet) foods require some chewing and can be broken into pieces with a fork. Foods should be in soft, bite sized pieces (1.5cm diced). Wholemeal sandwiches with soft fillings are appropriate but crusts should be removed. Avoid choking hazards as mentioned above. Further guidance on stage E diets is provided on the following pages.

For further guidance on the texture classifications of SOLIDS and LIQUIDS please refer to the enclosed guidelines or contact Speech and Language Therapy with any queries (Appendix 5 for contact details)

Stage C Puree Diet

- A blender, liquidiser or food processor is used to give a smooth texture. Skin, bones, fat or gristle should be removed before processing. Sieving after pureeing is sometimes needed to remove any lumps or stringy residue.

- Stock, gravy, sauces or milk should be added if extra liquid is required. Never use water.

- Return food to pan and reheat if it is to be served hot – check seasoning.

- Liquidise and serve meat separately from vegetables; arrange attractively on plate to make meal look more appetizing.

- Use of thickeners can make swallowing easier and improves the appearance of food on the plate.

- This type of diet should only be given if a resident can not safely manage any other textures (**as per Speech and Language Therapist's recommendations**) as most people would not choose to eat pureed food as it can be bland, unappetising and have little nutrient content .

Natural thickeners – cream, natural yoghurt, mashed potato, milk powder, cornflour, mashed banana, stewed apple.

Prescribable thickeners –These should only be prescribed on the recommendations of a Speech and Language Therapist. For information on the product of choice please contact the dietitian or Speech and Language Therapist.

DO NOT LIQUIDISE – raw vegetables, fruit with pith & skin, nuts, raisins, sultanas, crisps, crusty bread, tough meats, gristle, hard boiled eggs, crunchy salad vegetables – these can pose a choking hazard in addition to being unpalatable. Cooked vegetables such as sweetcorn, kidney beans and peas should be sieved after pureeing to remove the husks.

Stage D Diet (Finely Mashed)

Some of the foods suitable for Stage E Diet are suitable for Stage D Diet. However, meats (beef, pork, lamb, chicken, turkey etc) require to be pureed as per Stage C Diet.

- Fish does not need to be pureed but should be flaked and served with a sauce or mixed with mayonnaise to moisten.

- All types of breads/ rolls are suitable but only with the crusts removed and if they are dunked in soup to soften.

- Potatoes need to be boiled and mashed with skins removed or sliced and cooked in milk/ stock. Pasta needs to be chopped or mashed into small pieces

- Vegetables should be well cooked until soft and mashed with a fork. Peas and sweetcorn are unsuitable due to their skins. Mushy peas with no skins can be given but may need to be sieved.

- Soft, ripe fruits (pear, banana, melon, soft berries) should be well mashed or blended.

- Peel tough skins on fruits such as peaches and nectarines then mash well or blend.

- Milky puddings such as rice pudding, semolina, tapioca and custard are all suitable. Remove skins from the top. Plain sponge puddings/ cakes (no fruit or nuts) should be softened with custard, cream, ice cream or evaporated milk.

Many everyday foods are suitable to be included in a Stage E diet e.g shepherds pie, tender meat casserole, fish with sauce, macaroni cheese. Other foods can be mashed, minced or finely chopped and sauce or gravy can be added to make foods moist and easier to swallow. Custard, cream, evaporated milk can be added to puddings

It is important to encourage a variety of different foods in a stage E diet and not rely on just soup and pudding. Include a mixture of cereals, meat, fish, cheese, eggs, potatoes, vegetables, rice, pasta, fruit and vegetables

Suggestions for Stage E meals

Breakfasts

Porridge – serve with milk or cream
Instant hot cereals e.g. Ready Brek
Cereals e.g. Weetabix, Cornflakes, and Branflakes softened in milk
Bread or toast if managed – remove crusts

Snacks and Main Meals

Soups – e.g. thick lentil, vegetable, leek & potato. Milk, cream or cheese can be added for extra nourishment.

Meat – minced beef; tender stewed or casseroled lamb, ham, pork or chicken may be suitable; shepherds pie, bolognaise, lasagne, ravioli

Fish – steam, bake or poach then flake and serve with sauce (cheese, parsley, white sauce) – make sure bones are removed. Tinned fish such as tuna, salmon, sardines and pilchards (e.g. tuna & pasta bake), fisherman's pie.

Eggs – scrambled or in omelettes.

Cheese – macaroni cheese, cauliflower cheese, cheese sauce, grated cheese added to soups or potatoes, cottage cheese.

Pulses – peas, beans and lentils can be added to soups, stews and casseroles, e .g. baked beans, lentil or pea soups, bean & vegetable casserole or hot-pot.

Potatoes – mashed or creamed, baked (no skin) with soft filling e.g. cheese, baked beans, tuna, corned beef.

Vegetables – fresh, frozen or tinned – they must be cooked until soft. Carrots & turnip can be mashed. Avoid raw vegetables.

Puddings and Desserts

Hot puddings – rice, custard, semolina, tapioca. Sponges or fruit crumble softened with custard, cream, ice cream, evaporated milk or milk.

Cold desserts – trifle, blancmange, instant whip, mousse, yoghurt, jelly & ice cream.

Fruit – stewed or mashed. Soft tinned fruit, mashed if necessary. Fresh fruit should be peeled with pith and seeds removed.

Grampian Dysphagia Management

Texture classification of SOLIDS

Stage	Stage name	Description of texture	Consistency to aim for
C	**Pureed Diet**	• No chewing required. • A thick, smooth, uniform consistency, pureed/sieved to remove particles. • Cannot be eaten with a fork. • A thickener (natural, such as potato, or a commercial thickener) may be added to maintain stability. • Must not separate into liquid and solid components during swallow. • It should be moist, not sticky. • It will hold its own shape on a plate and can be moulded, layered or piped.	• Mousse • Thick smooth yoghurt

D*	**Finely Mashed Diet**, *SLT prescription only	• Very little chewing required.
		• A suitable food could be easily mashed with a fork.
		• Meats (beef, pork, lamb, chicken, turkey, etc.) pureed as per Stage C.
		• Sandwiches are not allowed.
		• **Avoid foods which pose a choking hazard**:
		  • Dry and crispy foods: muesli, crisps, battered or breaded foods, hard confectionery.
		  • Sticky foods: white bread/rolls, peanut butter.
		  • Stringy foods: gristle, celery, lettuce.
		  • Fruit and vegetable skins: peas, sweetcorn, grapes.
			• Moist pasta in sauce e.g. macaroni
			• Flaked fish in sauce
			• Mashed banana

E	**Soft and Easily Chewed Diet**	• Some chewing required.
		• Foods can be broken into pieces with a fork.
		• Dishes consisting of soft, moist bite sized pieces (1.5cm diced)
		• Wholemeal sandwiches with soft fillings and crusts removed.
		• **Avoid foods which pose a choking hazard:**
		  • Dry and crispy foods: muesli, crisps, battered or breaded foods, hard confectionery.
		  • Sticky foods: white bread/rolls, peanut butter.
		  • Stringy foods: gristle, celery, lettuce.
		  • Fruit and vegetable skins: peas, sweetcorn, grapes.
			• Tender meat casseroles
			• Quorn pieces
			• Mince
			• Shepherd's pie

Note: Stages A - B have been omitted from this document as they refer to highly specialist types of liquidised diet.

Stages A - E correspond with the "National Descriptors for Texture Modification in Adults" produced by the BDA & RCSLT May 2002. Please refer to additional recommendations for swallowing for individual clients made by the Speech and Language Therapist (SLT). Medication should be discussed with a Pharmacist

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NHS Grampian

Texture classification of LIQUIDS

Stage	Name	Picture of texture	Consistency to aim for
1	Thickened Fluids • **Single Cream Consistency**		• Fluid runs freely from the spoon but leaves a thin coating on the spoon. • Can be drunk through a straw or from a cup.
2	Thickened Fluids • **Syrup Consistency**		• Fluid slowly drips in dollops from the spoon and leaves a thick coating on the spoon. • Cannot be drunk through a straw. • Can be drunk from a cup.
3	Thickened Fluids • **Yoghurt Consistency**		• Fluid sits on the spoon and does not flow from it. • Cannot be drunk from a cup or through a straw. • Should be taken using a spoon.

Note: Numbered stages 1 - 3 correspond with the “National Descriptors for Texture Modification in Adults” produced by the BDA & RCSLT May 2002. Please refer to additional recommendations for swallowing for individual clients made by the Speech and Language Therapist (SLT). Medication should be discussed with a Pharmacist.

April 2010

Guideline for the use of thickeners

1. What needs to be thickened?

The Speech and Language Therapist (SLT) has recommended that you have thickened fluids. It is important to thicken fluids to the consistency recommended by your SLT to reduce the risk of difficulties with swallowing. These risks include choking and developing chest infections.

Your recommended liquid classification:	
Stage 1 (single cream consistency)	
Stage 2 (syrup consistency)	
Stage 3 (yoghurt consistency)	

Please see the Grampian Dysphagia Management Guidelines for detailed descriptions and pictures of each consistency.

All fluids should be thickened:

- Hot and cold drinks
- Soups
- Sauces (sweet or savoury)
- Milk (including milk added to cereal)
- Fizzy juice
- Nutritional supplement drinks
- Liquid medication should be thickened following advice from your pharmacist or GP.

Some soups when blended are already thick especially if they contain cream or potato. Check the recommendation and decide if you need to thicken the soup further to achieve the right consistency.

You may find some drinks more palatable than others when thickened.

2. How do I mix the thickener?

Using a fork or whisk

Add the thickener to a small amount of the liquid while mixing with a fork or whisk. Then slowly add the rest of the liquid to ensure a smooth consistency.

Continue mixing for about 30 seconds and leave the liquid to stand for at least 1 minute to finish the thickening process.

Pour the liquid into another glass or cup to check the consistency is correct and to remove any residue or lumps. If it is not the right consistency, add more thickener to thicken or more fluid to thin it and mix as above.

Using a shaker

(This method works best for milk based drinks)

Add the liquid and thickener to the shaker and shake vigourously for 30 seconds.

Leave the liquid to stand for at least 1 minute to finish the thickening process.

Pour into a glass through the built in strainer to check the consistency and ensure it is free from lumps before drinking.

3. Useful tips

Make sure that the fork or whisk is dry before use.

Always use a container large enough to allow mixing without spillage and for fizzy drinks which may “fizz over” on thickening.

Give the drink a stir before serving to ensure it is still the right consistency and consume within a period of 2 hours.

Chill drinks and only thicken them before serving, rather than pre-thickening and then storing in a fridge.

Allow hot drinks to cool slightly before thickening.

If you have any questions about thickening fluids or about the swallowing recommendations made by the Speech and Language Therapist please contact your SLT.

This leaflet is also available in large print. Other formats and languages can be supplied on request. Please call Quality Development on (01224) 554149 for a copy. Ask for leaflet 1392.

Grampian Dysphagia Management Group NHS Grampian
April 2012
Leaflet supplied by: Quality Development, Foresterhill

Tips that will assist when feeding someone

- Do not rush or hover over the person.
- Sit in front of the person so they can see you.
- Check that you can be heard.
- If they wear glasses, a hearing aid, or have false teeth, check that all are in place before food appears.
- If the person has dentures, make sure they fit properly.
- Let the person see and smell the food before you start feeding. This will encourage saliva to flow and to improve the appetite before you start feeding.
- Ensure the person is sitting up as straight as possible with shoulders level.
- The person should be comfortable with their head leaning slightly forward when eating.
- Encourage the person to feed themselves wherever possible even if this means offering assistance to the person to get the cup into their hand or refill a spoon between mouthfuls.
- Avoid contact with teeth to avoid biting the spoon.
- Put a small amount of food on the spoon.
- Experiment with different amounts of food, some people do better with teaspoon amounts, others with larger quantities.
- If the person doesn't take the food from the spoon when presented, place food in the middle of the mouth in the front third of the tongue and gently push the tongue down to prevent the tongue getting in the way of swallowing. Encourage
- the person to close their lips when swallowing.
- Ensure the mouth is empty before offering next portion.
- Give plenty of time for chewing and swallowing
- Make sure there is plenty of time to eat so the person is not rushed.
- If fatigue is a problem, six smaller meals a day and/or eating the main meal earlier in the day may be effective.
- Provide a peaceful and quiet surrounding that enables the person to relax. If
- the person appears tired allow for short rests, they may be able to start again.
- Ensure the person is upright for at least 20 minutes after they have finished their meal.
- To prevent reflux, eat the main meal approximately two to three hours before the person goes to bed.

SECTION 5
OTHER DIETARY CONDITIONS

Healthy Eating

Eating a varied diet is an important part of keeping healthy and it protects against help nutritional deficiencies. A healthy diet can reduce the risk of certain diseases e.g. heart disease, stroke and some cancers.

Food Groups	Daily Amounts	Examples
Bread, other cereals & potatoes	At least **one** serving with every meal	Bowl breakfast cereal, 2 slices bread, 1 jacket potato, serving of pasta or rice
Meat, fish & alternatives	**2 – 3** servings	2 eggs, 5 tbsp baked beans, 50g – 75g meat, chicken or oily fish, small tin tuna or fillet of white fish, 2 tbsp peanuts or peanut butter
Fruit & vegetables	At least **5** portions	Green leafy vegetables, carrots, broccoli, peas, turnip, salads. Fresh fruit e.g. apple, orange, pear, banana, peach, plums, grapes. Dried or tinned fruit. Glass of fruit juice.
Milk & dairy products	**2 – 3** servings	1 glass milk, 1 carton yoghurt, 25g cheese, 100g cottage cheese, 1 portion milk pudding
Fats & sugars	Use sparingly	Butter / margarine / oils; crisps / chips; pastry; sugar / confectionary; biscuits/cakes
Fluids	At least **8 – 10** cups	Water, milk, juice, tea, coffee, squash, fizzy drinks (choose sugar free for diabetes or if weight loss is needed)

Healthy Eating and older people: –

Reduce sugar intake – **only** if over-weight or diabetic. (For poor eaters, check that eating sweets between meals is not affecting appetite).

Reduce fat intake – only if over-weight – fat is a good source of energy for those with a poor intake and many fats are good sources of vitamin A and vitamin D

Reduce salt – **only** if medically indicated (e.g. high blood pressure) – there is reduced sense of taste with age; salt helps improve flavour of foods

Increase fibre – yes, with care; best done gradually. Should reduce need for enemas and laxatives. Plenty fluids needed, and no unprocessed bran

Increase fluids – needed to prevent constipation, also to prevent **dehydration** which can cause confusion, electrolyte imbalance, increase risk of pressure sores and UTI's.

Fluid

The risk of becoming dehydrated is more common in older people for a number of reasons: -

- As the skin becomes thinner with age, more water is lost through it.
- More water excreted as the kidneys become less efficient.
- May feel less thirsty.
- May decide to drink less for fear of being incontinent / bed-wetting.

The consequences of dehydration include: -

- Increased risk of pressure sores developing.
- Unpleasant taste in the mouth (affects appetite).
- Confusion / drowsiness (affects appetite)
- Constipation.
- Urinary tract infections.
- Electrolyte imbalance.
- Altered cardiac function.

A daily intake of 1500ml – 2000ml is advisable for most people.

Suggested plan for 1500ml intake		
Early morning	cup of tea	200ml
Breakfast	fruit juice cup of tea	100ml 200ml
a.m.	tea/coffee/milky drink	200ml
Lunch	soup or glass water tea/coffee after	200ml
p.m.	cup of tea or coffee	200ml
Tea time	cup of tea	200ml
Bed time	milky drink	200ml
Total Fluid		1,500ml

Additional fluid will be provided by moist foods such as gravy, custard, ice cream and soups

High Fibre

Fibre, also known as roughage or non-starch polysaccharides (NSP), is the indigestible part of plant cells. It is found mainly in fruit, vegetables and wholegrain breads and cereals.

Fibre absorbs water as it passes through the bowel, increasing bulk and helping prevent constipation. This helps to keep the bowel healthy. Certain types of fibre (the soluble fibre found in oats and pulses) aids regulation of blood glucose and cholesterol levels.

As fibre absorbs water, it is important to **drink plenty of fluids** – at least **8–10 cups** a day. This can include water, tea, coffee, fruit juice, fizzy drinks and squash (sugar free varieties if on weight reducing or diabetic diets), milk, Oxo or Bovril.

Unprocessed bran **should not** be used, as it reduces the amount of zinc, calcium, iron and magnesium absorbed – eating a variety of high fibre foods is better.

Wholegrain starchy foods

- Wholemeal, granary or soft-grain breads instead of white bread and rolls.
- Wholegrain breakfast cereals e.g. porridge, Weetabix, Shredded Wheat, Branflakes, Fruit 'n' Fibre, muesli.
- Brown rice
- Wholemeal pasta
- Replace some white flour with wholemeal in recipes.
- Crispbreads, wholegrain crackers, oatcakes, wholemeal or fruit scones.

Pulses

- Use in soups e.g. broth, lentil, split pea
- Replace some of the meat in stews, casseroles and salads with peas,beans or lentils.

Fruit, vegetables and salad

- Eat more fruit and vegetables
- Aim for at least 5 portions daily
- Eat skins of jacket potatoes

Weight Reduction

The aim is to encourage healthy eating while restricting the energy content of the diet by reducing intakes of fats and sugars. Encourage more fruit, vegetables and starchy foods.

Reducing Sugar Intake

- Cut out sugar in tea / coffee or replace with sweetener.
- Replace sugary squashes and fizzy drinks with 'diet' or 'low calorie' versions.
- Limit the amount of fancy cake and biscuits eaten – encourage fruit, plain biscuits, scones or pancakes
- Limit the amount of sweets & chocolates eaten.
- Use reduced sugar, diet/lite yoghurts or fruit in place of puddings. Use fresh fruit or fruit tinned in juice instead of fruit tinned in syrup.
  Wholemeal bread and cereals are more filling than white varieties.

Reducing Fat Intake

- Use semi-skimmed or skimmed milk in place of full cream milk.
- Use reduced sugar, low fat yoghurts or fromage fraise in place of cream. Reduce the amount of cheese; replace cheddar with lower fat varieties such as Edam, Gouda or Cottage cheese.
- Spread butter or margarine more thinly or replace with a low fat spread.
  Instead of frying – grill, bake, roast or microwave.
- Have lean meat, fish (not fried) or poultry instead of high fat products e.g. sausages, burgers, pies
- Replace chips and roast potatoes with boiled / jacket potatoes, pasta or rice. Replace cakes, chocolate biscuits, crisps and nuts with scones, pancakes, toast, fruit or yoghurt

Meals and portion sizes should be based on the plate model shown in the healthy eating section

Diabetes

Diabetes is a condition where there is too much sugar in the blood.

There are two kinds of diabetes

- Type- I treated by diet and insulin injections.
- Type II - treated by diet alone or diet and tablets, although insulin may also be needed to control blood sugars in some people with Type II diabetes.

Regardless of the type of diabetes, the aim of treatment is the same – to optimize blood sugar levels, achieve and maintain desirable weight, reduce risk of hypoglyceamia (low blood sugar levels) for those on insulin and certain tablets and to minimise the long-term complications associated with diabetes.

Diet for diabetes is the same healthy diet as recommended for everyone – low in fat, sugar and salt, basing meals on starchy foods with plenty fruit and vegetables. A wide variety of foods are encouraged.

1. Regular meals based on starchy foods such as bread, potatoes, pasta, rice and cereals.
2. Cut down on fat, especially saturated animal fats.
3. More fruit & vegetables – at least 5 portions daily.
4. Reduce sugar and sugary foods. (This does not mean a completely sugar free diet ; small amounts of sugar can be included as an ingredient or taken as part of a meal).
5. Use less salt.
6. Alcohol in moderation only (2 units daily for women and 3 units for men). Avoid drinking on an empty stomach, as there is increased risk of hypo.

See Weight Reduction section for tips on reducing sugar and fat intake.

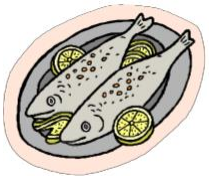
Cholesterol / Lipid Lowering

The levels of cholesterol in the blood are affected more by the amount of saturated fats, than the amount of cholesterol, eaten in foods.

Saturated fats (mainly found in animal products) should be replaced with mono or polyunsaturated fats (mainly vegetable origin), and overall fat intake should be reduced for those who are overweight.

Healthier Fats –

- Polyunsaturated e.g. Sunflower, Corn, Soya oils and spreads or Monounsaturated e.g. Olive or Rapeseed oil and spreads
- Oily fish – mackerel, herring, sardines, salmon, trout



Soluble fibre –
Increase intake of;

- Pulses – peas, beans and lentils
- Oats – porridge, muesli, oatcakes

Reduce fat intake by –

- Using semi-skimmed or skimmed milk in place of full cream milk.
- Using low fat yoghurt or fromage frais in place of cream.
- Reducing the amount of cheese; replace cheddar with lower fat varieties such as Edam, Gouda or Cottage cheese.
- Spreading butter or margarine more thinly or replacing with a low fat spread.
- Having lean meat, fish (not fried) or poultry instead of high fat products e.g. sausages,luncheon meat, pate.
- Avoiding pastry dishes such as pies, pasties, sausage rolls or quiches.
- Grilling, baking, steaming, poaching or dry roasting instead of frying foods.
- Replacing cakes, chocolate biscuits, crisps and nuts with scones, pancakes, toast, fruit or yoghurt.

Offer at least 5-9 portions of fruit/vegetables daily

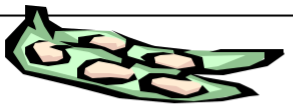
Vegetarian

Vegetarian diet means different things to different people, so it is important to find out what type of diet is followed.

Diet	***Allows***	***Excludes***
Demi- or Semi-vegetarian	Poultry (sometimes), fish, eggs, milk, dairy	Poultry (sometimes) and red meat
Lacto-ovo-vegetarian	Eggs, milk, dairy products	All meat, poultry and fish
Lacto-vegetarian	Milk and dairy products	Eggs and animal by-products e.g. gelatine,
Vegan	Plant derived foods only	All animal derived foods including honey

It is important to not simply leave meat off the plate; it should be replaced with an alternative source of protein so that the diet remains balanced.

Meat alternatives –



- Canned or dried beans, peas or lentils
- Nuts – e.g. almond, brazil, cashew, hazelnut, peanuts or peanut butter
- Seeds – sesame, sunflower, pumpkin or tahinni
- Soya products e.g. tofu or TVP
- Quorn products (not suitable if eggs are excluded)
- Eggs and dairy products (if allowed)
- Fish or chicken (if allowed)

Dairy products –

- Milk (if allowed)
- Soya milk
- Yoghurt (dairy or soya)
- Cheese (dairy or soya)

Vegans need a source of vitamin B12, e.g. Yeast extract, fortified soya milk or vitamin B12 supplement.

Low Residue

A low residue (or low fibre and bowel rest) diet is sometimes used to allow gut rest in Inflammatory bowel conditions or irritable bowel; or when there are strictures in order to prevent obstruction.

Fibrous and indigestible foods are excluded from the diet. This does include tough meats, spicy and highly flavoured foods, stringy cheese as well as the fibre containing foods.

As the intake of fruit and vegetables is reduced it is important to include alternative sources of Vitamin C e.g. a glass of strained orange or tomato juice, or enriched diluting drink e.g. blackcurrant.

Allowed		Avoid
White	**Bread / flour**	Wholemeal, granary
Plain e.g. cream crackers, Rich Tea, Marie	**Biscuits**	Wholemeal, digestive, bran, rye crispbread, fruit, coconut
Plain sponge, Madeira	**Cake**	Fruit cake, gingerbread
Rice Krispies, cornflakes, sieved porridge	**Cereals**	Wholegrain e.g. Weetabix, bran cereals, muesli, oats
Peeled potatoes, root vegetables e.g. carrot, turnip - sieved, cauliflower or broccoli florets, tomato –no skin or pips, mushroom –skinned, green vegetables -pureed	**Vegetables**	Roast, fried vegetables onions, green or salad vegetables, green or red peppers, celery, peas, beans, lentils, sweetcorn, any vegetables with skin, stalks or pips
Sieved cooked fruit, mashed ripe banana, tinned peaches or pears	**Fruit**	Skins or pips of any fruit, raw or dried fruit, nuts
Jelly jam, marmalade, honey, syrup	**Preserves**	Jam or marmalade with pips, shred, seeds
Strained, clear or cream soups, white sauce	**Soup / sauces**	Vegetable soup, broth, bottled sauce, cheese, parsley or mushroom sauce

Milk puddings, jelly, ice cream, blancmange, whips, light sponge	**Puddings**	Pastries, steamed, rich fruit puddings
Plain boiled sweets, ice lollies, toffee or chocolate as tolerated	**Miscellaneous**	Fruit or nut toffee/ chocolate, pickles, spices, fried foods
As tolerated – milk, spreads, mild, cottage or cream cheese, yoghurt (no 'bits'), eggs	**Dairy**	Mature, toasted or overcooked cheese, fried eggs
All white or lightly smoked fish, salmon, tuna – steam, bake or grill	**Fish**	Fried, highly seasoned e.g. kipper, fish with small bones e.g. herring, sardines
Lean tender meat, no skin or gristle	**Meat**	Tough or twice cooked, meat pies, sausages, black pudding, haggis, highly seasoned e.g. chilli, curry
Weak tea or coffee, cocoa, malted drinks, Oxo, Bovril, fizzy drinks or squashes	**Beverages**	Strong tea or coffee, stout, beer

Note: - This type of diet is usually only used for a **limited period of time**, after which fibre foods are gradually reintroduced.

Gluten Free

Gluten free diets are used in the treatment of Coeliac Disease (where gluten damages the lining of the gut) and Dermatitis Herpetiformis (a very itchy skin rash caused by sensitivity to gluten).

Gluten is a protein found in wheat, barley,rye and oats.

It is important that all sources of gluten are excluded from the diet. Checking the labels of foods is very important as many additives and fillers contain gluten. The following terms indicate that gluten is present:

- Barley
- Bran
- Cereal filler
- Malt
- Modified starch
- Oats
- Rusk
- Rye
- Semolina
- Starch
- Wheat Flour

Warning – when preparing gluten free meals and snacks be aware of possible cross-contamination of foods from e.g. flour from cooking utensils, breadcrumbs in butter or jam, crumbs from toaster, serving spoons etc.

* Gluten Free breads pasta, flour and baking mixes are available on prescription for people with a confirmed diagnosis of CD or HD. Not all products are available on prescription, however many can be found in the supermarket. Contact your local dietitian if you are unsure about this.

Gluten containing foods

Wheat flour – plain, self-raising and wholemeal flours
All breads, cakes, biscuits, scones and pancakes
Pasta
Pastry e.g. pies, quiche
Wheat based breakfast cereals e.g.Weetabix, Branflakes
Oat based products (are allowed for some people) e.g. muesli, oatcakes, porridge
Meat pies, haggis
Breaded, battered or crumbed food e.g. fish or rissoles
Sauces and gravies thickened with wheat flour
Puddings such as sponge, crumble or tarts, semolina or Farola

Gluten free foods- these are all allowed except for foods marked **

	Comments
Dairy products and eggs	check yoghurts, ** 'crunch corner' & muesli style to be avoided, also coated cheeses such as 'Caboc'
Fats and oils	**Check ingredients list of suet and low fat spreads.
Meat, fish and poultry	thicken sauces and gravies with cornflour. Fish can be coated with crushed cornflakes instead of rusks. **Processed foods such as sausages, burgers, rissoles, stuffing, battered or crumbed fish **are not allowed.**
Rice and potatoes	Fresh are allowed. Any manufactured products such as savoury rice or waffles must be checked
Fruit, vegetables, nuts and pulses	fresh, tinned, dried or frozen are all allowed. **Check ingredients list of baked beans, crisps, tinned fruit for pie fillings or tinned vegetables in sauce e.g. creamed mushrooms.
Cereals	Some brands of rice krispies and

	cornflakes, however many brands of contain malt extract, which is produced from barley. These are not allowed
Puddings and desserts	Jelly, milk puddings made from allowed cereals (rice, tapioca, sago, cornflour) and stewed fruits. ******Check ingredients list of ice cream, sorbets, custard powder, instant desserts and mousses.
Soups, sauces and gravies	are allowed if thickened with gluten free flour or cornflour. Soups made with **barley** are **not allowed.** ******Check ingredients list of tinned and packet soups, gravy browning and stock concentrates.
Seasonings	Salt, pepper, herbs, pure spices and vinegar. ******Check ingredients of mixed spices and curry powder, mustard, ketchup, salad cream, mayonnaise and packet sauce mixes.
Preserves and sweets	******chocolate bars containing biscuit; sweets rolled in flour e.g. liquorice or unwrapped sweets **are not allowed.**
Alcohol	******real ales, beers, lagers and stouts **are not allowed**
Miscellaneous	Cornflour**.** ******Check ingredients list of baking powder

Gallstones

There is no evidence that any particular diet influences gallstones or gall bladder disease.

Low fat diets are often recommended, however it is better to adjust fat intake to individual tolerance levels.

If the person is overweight then weight loss should be

encouraged: See sections on “Healthy Eating” and “Weight Reduction”.

If the person is underweight or has reduced dietary intake:

See sections on “Poor Appetite” and “Nutritional Support”.

If necessary, where a high fat intake is not tolerated, drinks can be made with semi-skimmed or skimmed milk instead of full cream milk.

Low Salt / Sodium

Patients may be on a low salt or no added salt diet if they have high blood pressure, or if they are retaining fluid e.g. cardiac failure or liver disease.

Salt (sodium) in the diet comes from **two** main sources: -

a) Processed and convenience foods.
b) Salt added during cooking and at the table.

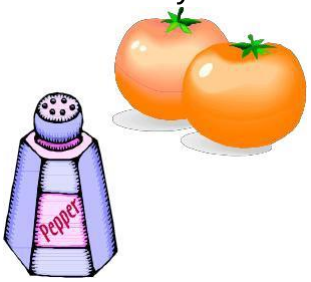
Reducing Salt Intake

A small pinch of salt can be added either during cooking or at the table, but not both.

Avoiding foods high in salt: -

- Sea salt, garlic, salt, table salt, stock cubes.
- Cheese – all types.
- Tinned, processed or smoked meat – bacon, ham, gammon, corned beef,
- sausages, haggis, burgers.
- Smoked fish, tinned fish, pate, prawns.
- Instant potato, croquettes, tinned vegetables in brine, baked beans,
- dehydrated vegetables.
- Tinned, packet or instant soups. Home made soup with ham stock.
- Stock cubes, yeast extract, bottled sauces, ketchup, soya sauce, salad cream.
- Tinned pasta – spaghetti, ravioli, macaroni.
- Savoury biscuits e.g. Tuc, Ritz
- Bovril, Oxo, Marmite, tomato juice, Cocoa, Lucozade.
- Salted nuts, crisps and potato savouries, pot noodles.

Salt substitutes are not recommended if patient also has heart or kidney disease.
Use herbs, spices, pepper, vinegar, tomato puree or lemon juice to flavour foods instead.



Low Potassium

When the kidneys are not working properly, the amount of potassium in blood can rise too high. This can affect the muscles of the heart.

Potassium is found in a wide variety of foods.

Foods particularly high in potassium are certain fruits and vegetables, bran, milk and milk products and nuts.

Salt substitutes e.g Lo Salt, Ruthmol are not allowed on a low potassium diet

Foods to avoid –

Fruit- Apricot, Avocado, Banana, Blackcurrant, Cherry, Damson, Mango, Pineapple, Rhubarb
All dried Fruit e.g. Raisins, Sultanas, Prunes, Coconut
Nuts- all kinds

Vegetables –Aubergine, Brussels sprouts, Mushroom, Parsnip, Spinach
Pulses e.g. lentils, split peas, baked beans are **allowed only** when used instead of meat at a meal.
Frozen potato products e.g. chips, croquettes, instant mashed potatoes

Cereals & Snacks –
Bran cereals e.g. All Bran, muesli, unprocessed bran, Fruit cake or biscuits with a lot of dried fruit or nuts, cereal bars, fully coated chocolate biscuits Bovril, Marmite, Oxo, peanut butter, black treacle, chocolate spread
Potato snacks e.g. crisps, twiglets, Hula Hoops; all kinds of nuts
Chocolate, toffee, caramels, fudge, liquorice, marzipan, fruit gums

Drinks – Coffee, drinking chocolate and malted milk drinks e.g. Horlicks, Ovaltine
High juice squashes, tomato juice, coffee whiteners (except Coffee Compliment) Beer, lager, stout, cider and sherry

Foods restricted on a Low Potassium diet –

- **Milk** – limited to ½ pint daily – milk puddings, yoghurt and ice cream are counted as part of the milk allowance
- **Soups** – no more than 1 serving daily – counts as 1 portion from the Fruits & Vegetables group
- ***Potatoes*** – have at only ***one meal a day*** – have bread, rice or pasta at other meals
- ***Chips and roast potatoes*** – par-boil in a large amount of water for ***10 minutes*** before frying or roasting. Small portion only.

Have only ***four servings*** from the Fruits & Vegetables group daily - choose from the following lists

Fruit –
1 Apple; ½ Orange; 1 Peach/ Nectarine (small); 2 Plums (small); 1 Pear; 1 Tangerine/Satsuma; 1
Kiwi Fruit (small); 10 Grapes or Strawberries; Melon (small slice); Fruit pie filling; Tinned fruit (drained)
1small glass fruit juice or vegetable juice

Vegetables – small servings (boiled unless stated otherwise)

Bean sprouts, Broccoli, Cabbage, Carrot, Cauliflower, Celery, Courgette, Leeks, Mixed vegetables, Onion, Peas, Peppers (raw or cooked), Runner beans, Sweetcorn, Tomato (raw or cooked), Turnip

Salad – small serving (each salad counts as 1 Fruit & Vegetable portion)
Mixed Salad – 2 lettuce leaves, ½ tomato, 3 slices cucumber and 1 slice onion ring or 2 slices
peach or 1 slice beetroot
Coleslaw – 1 small portion
Carrot and mandarin - 2 tablespoon tinned mandarin (drained), 1 heaped tablespoon grated carrot, French dressing*
Red Salad – 3 slices beetroot, 1 tablespoon peas or Sweetcorn, 2 tablespoon grated carrot
Green Salad – 2 lettuce leaves, 3 rings green pepper, 1 sprig cress, 1 spring onion,

Foods allowed on a Low Potassium diet –

Breads and cereals

Porridge and all breakfast cereals (except those in the 'Avoid' list). Breads and rolls – all kinds.
Rice, pasta and noodles.
Flour, cornflour, custard powder, sago, and semolina. Scones, pancakes, sponge cakes, meringues and pastries.
Biscuits – plain, half coated chocolate, cream and wafer biscuits. Shortbread.

Savoury & snacks

Snacks made from wheat, corn or rice e.g. – Wotsits, Skips, Popcorn, Nik-Naks, Pretzels and Doritos – but as they are high in salt, limit to 1 packet daily. Gravy powders, Bisto, gravy thickened with flour or cornflour. Tomato puree (1 teaspoon per portion).
Mayonnaise, salad cream and salad dressing.
Chutneys, mustard, pickles and sauces – use sparingly.

Drinks

Tea (including fruit teas), barley cup, Camp coffee, fizzy drinks and fruit squashes (except Hi-juice squashes).
Pure fruit and vegetable juices – limit to 1 small glass daily as part of allowance. Wines, liqueurs and spirits (if no contradictions to alcohol).

Other foods –

Butter, margarine, low fat spreads, cooking oils, double cream, ice lollies, jelly

Sweets –Boiled, jelly, chewy and mint sweets.

Marshmallows, Turkish delight. Chewing gum.
Jam, honey, marmalade, syrup and lemon curd.

Ethnic Diets

Dietary needs may be dependant on Religious or cultural beliefs

Religion	***Dietary Requirements***
Bahai's	Some choose to be vegetarian. Fasting from 2 – 21 March – no food or drink to be consumed between sunrise and sunset.
Buddhist's	Some may choose to be vegetarian. Fasting – new moon and full moon and festivals
Chinese	Definite customs regarding preparation, service and manner in which food is eaten.
Hindus	Most will not eat beef Some will not eat eggs Some are strict vegetarians and will not eat vegetarian food items cooked and served in dishes previously used for non- vegetarian food Fasting – periods of fasting through the year.
Jews	Meat must be killed by religious trained personnel in a humanitarian way – KOSHER. Pork and pork products are totally forbidden Observant Jews will not take milk and meat at the same meal Milk and meat utensils, cutlery and crockery will be kept rigidly separate. Some will not eat cheese made with animal rennet from a non-kosher animal; same applies to jellies and other foods containing gelatine. Fasting – some periods of fasting in particular Yom Kippar, the day of Atonement, this falls in September/October and is a 25 hour fast.

Muslims	• Pork meat and all pork products are forbidden • All other meats should be killed by a Muslim with a religious prayer – HALAL. • In general all shop bought products containing animal fat is avoided fearing it may be pork fat or fat from non-halal meat. • Fasting during Ramadan
Sikh	• Do not eat beef, most will eat other meats although some women do not eat any kind of meat. • Fasting – some will fast when there is a full moon.
Vietnamese	• Some do not use lamb and do not use milk or dairy products

Multiple Sclerosis (MS)

There is no evidence to suggest any particular diet is beneficial for people with MS. A varied healthy nutritional balanced diet should be encouraged. **See section on *Healthy Eating***

Specific Dietary Problems which may occur –

Overweight – an increase in weight may occur as a result of reduced mobility, increased appetite (may be due to medication) or comfort eating.

See sections on *Healthy Eating* and *Weight Reduction*

Underweight/Poor appetite – Some people may have difficulty eating, be easily fatigue or suffer from loss of appetite.

See sections on *Poor appetite* and *Recommendations for improving Nutritional Status*

Feeding and Swallowing difficulties – some people may have swallowing difficulties and could need the texture of their diets modified

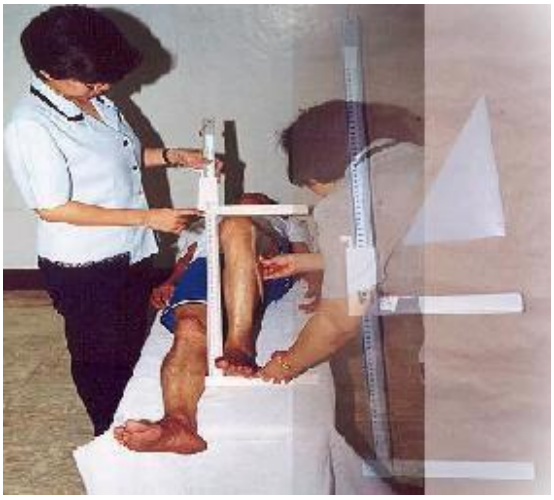
See sections on *Texture Modified Diets*

Constipation – this may occur due to reduced mobility, reduced fluid intake or low fibre intake.

See Section on *High Fibre* and *Fluids*

Appendix 1 Alternative methods for estimating height

Calculating Knee Height



Special knee height callipers are used to calculate knee height. The equation for the calculation is provided with the equipment

Estimating height from knee height

HEIGHT (m)	Men (18-59 years)	1.94	1.93	1.92	1.91	1.90	1.89	1.88	1.87	1.865	1.86	1.85	1.84	1.83	1.82	1.81
	Men (60-90 years)	1.94	1.93	1.92	1.91	1.90	1.89	1.88	1.87	1.86	1.85	1.84	1.83	1.82	1.81	1.80
	Knee height (cm)	65	64.5	64	63.5	63	62.5	62	61.5	61	60.5	60	59.5	59	58.5	58
HEIGHT (m)	Women (18-59 years)	1.89	1.88	1.875	1.87	1.86	1.85	1.84	1.83	1.82	1.81	1.80	1.79	1.78	1.77	1.76
	Women (60-90 years)	1.86	1.85	1.84	1.835	1.83	1.82	1.81	1.80	1.79	1.78	1.77	1.76	1.75	1.74	1.73
HEIGHT (m)	Men (18-59 years)	1.80	1.79	1.78	1.77	1.76	1.75	1.74	1.73	1.72	1.71	1.705	1.70	1.69	1.68	1.67
	Men (60-90 years)	1.79	1.78	1.77	1.76	1.74	1.73	1.72	1.71	1.70	1.69	1.68	1.67	1.66	1.65	1.64
	Knee height (cm)	57.5	57	56.5	56	55.5	55	54.5	54	53.5	53	52.5	52	51.5	51	50.5
HEIGHT (m)	Women (18-59 years)	1.75	1.74	1.735	1.73	1.72	1.71	1.70	1.69	1.68	1.67	1.66	1.65	1.64	1.63	1.62
	Women (60-90 years)	1.72	1.71	1.70	1.69	1.68	1.67	1.66	1.65	1.64	1.63	1.625	1.62	1.61	1.60	1.59
HEIGHT (m)	Men (18-59 years)	1.66	1.65	1.64	1.63	1.62	1.61	1.60	1.59	1.58	1.57	1.56	1.555	1.55	1.54	1.53
	Men (60-90 years)	1.63	1.62	1.61	1.60	1.59	1.58	1.57	1.56	1.55	1.54	1.53	1.52	1.51	1.49	1.48
	Knee height (cm)	50	49.5	49	48.5	48	47.5	47	46.5	46	45.5	45	44.5	44	43.5	43
HEIGHT (m)	Women (18-59 years)	1.61	1.60	1.59	1.585	1.58	1.57	1.56	1.55	1.54	1.53	1.52	1.51	1.50	1.49	1.48
	Women (60-90 years)	1.58	1.57	1.56	1.55	1.54	1.53	1.52	1.51	1.50	1.49	1.48	1.47	1.46	1.45	1.44

Measuring Demispan

This is a measure of arm length and can be done using a flexible steel tape measure.

Technique for demispan

1) Locate and mark the edge of the right collar bone (in the sternal notch) with a felt tip pen

2) Ask the patient to outstretch the left arm in horizontal position in line with shoulders

3) Place the tape measure at the finger root between the middle and ring finger of the patient's left hand and extend to the mark on the neck (check arm is flat and wrist is straight)

Calculation of height from demispan 6

Females

Height (cm) = (1.35 x demispan (cm)) + 60.1

Males

Height (cm) = (1.4 x demispan (cm)) + 57.8

Estimating height using demispan

HEIGHT (m)	Men (16-54 years)	1.97	1.95	1.94	1.93	1.92	1.90	1.89	1.88	1.86	1.85	1.84	1.82	1.81	1.80	1.78	1.77	1.76
	Men (>55 years)	1.90	1.89	1.87	1.86	1.85	1.84	1.83	1.81	1.80	1.79	1.78	1.77	1.75	1.74	1.73	1.72	1.71
	Demispan (cm)	99	98	97	96	95	94	93	92	91	90	89	88	87	86	85	84	83
HEIGHT (m)	Women (16-54 years)	1.91	1.89	1.88	1.87	1.85	1.84	1.83	1.82	1.80	1.79	1.78	1.76	1.75	1.74	1.72	1.71	1.70
	Women (>55 years)	1.86	1.85	1.83	1.82	1.81	1.80	1.79	1.77	1.76	1.75	1.74	1.73	1.71	1.70	1.69	1.68	1.67
HEIGHT (m)	Men (16-54 years)	1.75	1.73	1.72	1.71	1.69	1.68	1.67	1.65	1.64	1.63	1.62	1.60	1.59	1.58	1.56	1.55	1.54
	Men (>55 years)	1.69	1.68	1.67	1.66	1.65	1.64	1.62	1.61	1.60	1.59	1.57	1.56	1.55	1.54	1.53	1.51	1.50
	Demispan (cm)	82	81	80	79	78	77	76	75	74	73	72	71	70	69	68	67	66
HEIGHT (m)	Women (16-54 years)	1.69	1.67	1.66	1.65	1.63	1.62	1.61	1.59	1.58	1.57	1.56	1.54	1.53	1.52	1.50	1.49	1.48
	Women (>55 years)	1.65	1.64	1.63	1.62	1.61	1.59	1.58	1.57	1.56	1.55	1.54	1.52	1.51	1.50	1.49	1.47	1.46

Estimating height from ulna length

HEIGHT (m)	Men(<65years)	1.94	1.93	1.91	1.89	1.87	1.85	1.84	1.82	1.80	1.78	1.76	1.75	1.73	1.71
	Men(>65years)	1.87	1.86	1.84	1.82	1.81	1.79	1.78	1.76	1.75	1.73	1.71	1.70	1.68	1.67
	Ulna length(cm)	32.0	31.5	31.0	30.5	30.0	29.5	29.0	28.5	28.0	27.5	27.0	26.5	26.0	25.5
HEIGHT (m)	Women(<65years)	1.84	1.83	1.81	1.80	1.79	1.77	1.76	1.75	1.73	1.72	1.70	1.69	1.68	1.66
	Women(>65years)	1.84	1.83	1.81	1.79	1.78	1.76	1.75	1.73	1.71	1.70	1.68	1.66	1.65	1.63
HEIGHT (m)	Men(<65years)	1.69	1.67	1.66	1.64	1.62	1.60	1.58	1.57	1.55	1.53	1.51	1.49	1.48	1.46
	Men(>65years)	1.65	1.63	1.62	1.60	1.59	1.57	1.56	1.54	1.52	1.51	1.49	1.48	1.46	1.45
	Ulna length(cm)	25.0	24.5	24.0	23.5	23.0	22.5	22.0	21.5	21.0	20.5	20.0	19.5	19.0	18.5
HEIGHT (m)	Women(<65years)	1.65	1.63	1.62	1.61	1.59	1.58	1.56	1.55	1.54	1.52	1.51	1.50	1.48	1.47
	Women(>65years)	1.61	1.60	1.58	1.56	1.55	1.53	1.52	1.50	1.48	1.47	1.45	1.44	1.42	1.40

Appendix 2

3 Day Dietary Intake Chart

Name: ……..…	Hospital: ……
Date of Birth: ……..	Ward/Room: ……

Please record all food and drink intake in the chart below by circling the appropriate figure as follows:
N - not offered, **O** - offered but not eaten, ¼, ½, ¾, or **A** - (all) eaten

	Date:		Date:		Date:	
BREAKFAST						
Fruit juice	NO¼½¾A		NO¼½¾A		NO¼½¾A	
Cereal/porridge	NO¼½¾A		NO¼½¾A		NO¼½¾A	
Bread/toast/roll	NO¼½¾A		NO¼½¾A		NO¼½¾A	
Drink	NO¼½¾A		NO¼½¾A		NO¼½¾A	
Supplement	NO¼½¾A		NO¼½¾A		NO¼½¾A	
MID-AM						
Drink Biscuit	NO¼½¾A		NO¼½¾A		NO¼½¾A	
Supplement	NO¼½¾A		NO¼½¾A		NO¼½¾A	
Other ……	NO¼½¾A		NO¼½¾A		NO¼½¾A	
	NO¼½¾A		NO¼½¾A		NO¼½¾A	
LUNCH						
Soup	NO¼½¾A		NO¼½¾A		NO¼½¾A	
Fruit juice Main	NO¼½¾A		NO¼½¾A		NO¼½¾A	
course	NO¼½¾A		NO¼½¾A		NO¼½¾A	
Potato/pasta/rice	NO¼½¾A		NO¼½¾A		NO¼½¾A	
Vegetable	NO¼½¾A		NO¼½¾A		NO¼½¾A	
Pudding	NO¼½¾A		NO¼½¾A		NO¼½¾A	
Drink	NO¼½¾A		NO¼½¾A		NO¼½¾A	
Supplement	NO¼½¾A		NO¼½¾A		NO¼½¾A	
MID-PM						
Drink	NO¼½¾A		NO¼½¾A		NO¼½¾A	
Biscuit	NO¼½¾A		NO¼½¾A		NO¼½¾A	
Supplement	NO¼½¾A		NO¼½¾A		NO¼½¾A	
Other ……	NO¼½¾A		NO¼½¾A		NO¼½¾A	
SUPPER						
Main course	NO¼½¾A		NO¼½¾A		NO¼½¾A	
Potato/pasta/rice	NO¼½¾A		NO¼½¾A		NO¼½¾A	
Vegetable	NO¼½¾A		NO¼½¾A		NO¼½¾A	
Sandwich	NO¼½¾A		NO¼½¾A		NO¼½¾A	
Pudding	NO¼½¾A		NO¼½¾A		NO¼½¾A	
Bread Drink	NO¼½¾A		NO¼½¾A		NO¼½¾A	
Supplement	NO¼½¾A		NO¼½¾A		NO¼½¾A	
	NO¼½¾A		NO¼½¾A		NO¼½¾A	
BEDTIME						
Drink	NO¼½¾A		NO¼½¾A		NO¼½¾A	
Biscuit	NO¼½¾A		NO¼½¾A		NO¼½¾A	
Sandwich	NO¼½¾A		NO¼½¾A		NO¼½¾A	
Supplement	NO¼½¾A		NO¼½¾A		NO¼½¾A	
Other ……	NO¼½¾A		NO¼½¾A		NO¼½¾A	

Appendix 3 **Example of food fortification**

Poor food intake			**compared to**	**Fortified intake**	
B'FAST	Porridge	50	B'FAST	Porridge with enriched milk and cream	155
	Coffee	15		Coffee made with enriched milk	175
am	Tea	15	am	Coffee made with enriched milk	175
LUNCH	Vegetable soup	75	LUNCH	Vegetable soup with grated cheese and cream	185
	Mince	145		Mince	145
	Carrots	10		Carrots (with marg)	60
	Boiled potato	50		Potato (mashed with marg and milk)	100
	Jelly	70		Jelly made with evaporated milk	230
pm	Tea	15	pm	Glass of milk	120
EVENING MEAL	Scrambled egg	295	EVENING MEAL	Scrambled egg with cheese and cream	400
	Custard	140		Custard with jam	180
Bedtime snack	Tea	15	Bedtime snack	Milky drink (enriched milk)	175
TOTAL	**895 kcals**		**TOTAL**	**2100 kcals**	

APPENDIX 4

NHS Grampian

CARE HOME REFERRAL FORM – DIETITIAN

ALL OF THE INFORMATION BELOW MUST BE COMPLETED FOR REFERRAL TO BE ACCEPTED

RESIDENT'S NAME:	GP:
ADDRESS: **CARE HOME TELEPHONE NUMBER:**	GP'S ADDRESS:
DOB & CHI:	GP'S TEL. NO:
REFERRED BY: (please print) JOB TITLE:	**NAMED NURSE/CARER:**
REASON FOR REFFERAL:	

WEIGHT:	HEIGHT:	MUST SCORE:	BMI:	PREVIOUS WEIGHT:

ACTION TAKEN PRIOR TO REFERRAL:

IS RESIDENT CURRENTLY ON A THERAPEUTIC DIET: YES If so, which, please tick below NO

FORTIFIED DIET: **Date started;**	SOFT	PUREED	OTHER : (please specify)

IS THE RESIDENT CURRENTLY TAKING ANY PRESCRIBED NUTRITIONAL SUPPLEMENTS : YES NO

TYPE:	QUANTITY:	PRESCRIBED BY:

CURRENT DIETARY INTAKE: (**enclose copy of 3 day food and fluid intake chart**, likes, dislikes, allergies etc)

RELEVANT MEDICAL HISTORY:

CURRENT MEDICATION / BLOOD RESULTS:

ADDITION INFORMATION: (e.g input from Speech and Language, communication difficulties, behavioural issues)

SIGNATURE OF REFERER :	**DATE:**

Return to;	Community Dietetic Department Denburn Health Centre, Rosemount Viaduct, Aberdeen, AB25 1QB Tel: 01224 555258 **For Aberdeenshire**	Community Dietitians Community Therapy Services, City Hospital Park Road, Aberdeen, AB24 5AU 01224 558399 **For Aberdeen City**

NB: For Moray, return to Community dietitians in Elgin

Appendix 5 **How to contact us**

Community Dietitians

People can be referred to their local community dietitian for assessment, advice and support. They can also provide written information for help with particular problems.

Aberdeen City	01224 558399 or e mail nhsg.communitydietetics@nhs.net
Aberdeenshire	01224 655577 or e mail nhsg.communitydietetics@nhs.net
Moray	01343 567350 or e mail nhsg.moraydietitians@nhs.net

Speech and Language Therapists

Aberdeen City	01224 555565
Aberdeenshire Central	01467 672731
Aberdeenshire South	01569 792027
Aberdeenshire North	01346 585107
Moray	01343 553100

For clients with Learning Disability

Aberdeen City	01224 558319
South Aberdeenshire	01224 785070
Central Aberdeenshire	01467 672780
North Aberdeenshire	01261 813555
Moray	01343 562111

References

1. National Service Framework for Older People (2001) Department of Health. HMSO

2. National Minimum Standards – Care Homes for Older People (2001) Department of Health. London: HMSO

3. Improving Nutrition…Improving Care: Care Home Services (2011) Healthcare Improvement Scotland.

4. National Care Standards: Care Homes for Older People. (revised 2007) Scottish Executive.

5. Eddington,J., et al., (1996) Prevalence of malnutrition in patients in general practice Clin Nutr 15: 60 –63.

6. McWhirter, J.P., Pennington, C.R (1994) Incidence and recognition of malnutrition in hospital. BMJ 306: 945 –948.

7. British Association of Parenteral and Enteral Nutrition [online]. (2011) [Accessed 28 February 2012]. Available from: (http://www.bapen.org.uk/pdfs/must/must_explan.pdf).

8. Dementia Care – Support with eating and drinking: a practical guide for carers (2011) NHS Lanarkshire. Scotland.

9. Alzheimers Society [online]. (2012) [Accessed 28 February 2012]. Available from: (http://www.alzheimers.org.uk/site/scripts/documentsinfo.php? documentID=1614).

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