



# Coloured Tray Alert Procedure

## 1. Guiding Principles

There are many factors that affect a patient’s ability to maintain an adequate intake when admitted to hospital; these are not just limited to their health condition but their actual ability to feed themselves.

Factors that can affect the hospitalised patient food intake can be categorised into patient factors and organisational factors. These may include but not limited to: <sup>2, 3</sup>

| Patient Factors   | Organisational Factors   |
|---|--|
| <ul style="list-style-type: none"> <li>• Age.</li> <li>• Loss of appetite.</li> <li>• Clinical state.</li> <li>• Inability to feed self.</li> <li>• Limited mobility.</li> <li>• Sensory loss.</li> <li>• Treatment regime.</li> <li>• Drug Therapy.</li> </ul> | <ul style="list-style-type: none"> <li>• Lack of screening or assessment.</li> <li>• Lack of nutrition training for staff.</li> <li>• Poor quality/quantity of food.</li> <li>• Lack of staff to assist feeding.</li> <li>• Low priority for staff.</li> <li>• Failure to record intake.</li> <li>• Inappropriate timing of meals.</li> <li>• Inadequate time available to eat.</li> </ul> |

One of the biggest risks with poor food intake prior to and during an extended hospitalisation is the increased risk of developing malnutrition. Malnutrition is defined as ‘a state of nutrition in which a deficiency or excess (or imbalance) of energy, protein and other nutrients causes measurable adverse effects on tissue/body form (body shape, size and composition) and function and clinical outcome.’ <sup>1</sup>

With the potential to adversely affect an individual’s quality of life, it is recognised malnutrition can impact on recovery and/or ongoing health related complications. Well-nourished patients tend to experience quicker recovery, fewer infections, improved wound healing and rehabilitation than those patients who are not. <sup>2</sup>

Identifying patients who require feeding assistance was seen as an integral strategy to support patients during their inpatient admissions at WA Country Health Service (WACHS) Midwest Health Services.

This procedure outlines the use of coloured trays to identify those patients that require feeding and/or setup assistance at meal times.

## 2. Procedure

A **red** tray is used in WACHS Midwest health services to identify patients that require support at meal time by nursing staff to provide supervision and/or full feeding assistance.

A **blue** tray is used in WACHS Midwest health services to identify patients that require support at meal time by Patient Support Services or Nursing staff to provide set up assistance.

### 2.1 Identification of patients requiring a coloured tray

On admission, all patients have their risks identified on the [MR 111 WACHS Nursing Admission Screening and Assessment Tool](#). Nutrition risk is identified through completion of the Malnutrition Screening Tool (MST) that is embedded into this form.

Patients who may need a **red** tray can include:

- those who need to be physically fed
- those who are partially sighted or blind
- those who have swallowing difficulties who require supervision.

Patients who may need a **blue** tray can include:

- those who need assistance with setting up food (i.e. opening packages, pouring drinks or cereal, buttering toast).

### 2.2 Provision of coloured tray at meal times

If nursing staff identify a patient has risk and will require assistance with feeding, the Electronic Bed Manager (EBM) is updated to include red tray or blue tray in the diet comments.

This is communicated to the catering department via the EBM to ensure the patients' meals are delivered to the patient on the correct tray.

Prior to meals leaving the kitchen, the menu coordinator will check the patient/s requiring a red or blue tray on the Electronic Bed Manager (EBM) is provided with one.

Older Patient Initiative (OPI) clinicians may identify risks during the completion of assessment and review and will recommend the patient is placed on a red or blue tray. The OPI clinician will communicate this to the Nurse Coordinator to update the EBM appropriately or they will update themselves.

### 2.3 Patients who have a **red** tray will:

- be informed of the requirement as soon as practicable and include family / visitors where appropriate
- be given encouragement by nursing staff to eat at meal times
- be given help with eating if they need it
- eat in an environment conducive to mealtimes, including correct positioning, clear surfaces and water available
- be offered snacks throughout the day
- be offered special cutlery and plates based on Occupational Therapy assessment as required.

#### **2.4 Patients who have a blue tray will:**

- be informed of the requirement as soon as practicable and include family/visitors where appropriate
- have support at meals to open up small packets and ensure the meal is set up appropriately for them
- eat in an environment conducive to mealtimes, including correct positioning, clear surfaces and water available
- be offered snacks throughout the day
- be offered special cutlery and plates based on occupational therapy assessment as required.

### **3. Roles and Responsibilities**

#### **Catering staff**

- Plate meals on red or blue trays when indicated on diet list.

#### **Patient Support Staff**

- Consider what assistance is required as the meal is delivered (i.e. opening packages, pouring drinks or cereal, buttering toast).
- If the red tray is removed and the meal is uneaten or partially eaten meals – Patient Support Staff (PSA) must report to nursing staff.

#### **Nursing Staff**

- Assess need for red or blue tray through completion of MR 111 Nursing Admission Screening and Assessment tool – adults.
- Identify if the patient requires their food cut up for reasons other than a Texture A diet and communicate this on the diet comments of the EBM for the catering staff.
- Document this on [MR29 WACHS Referral Record and Leaving Hospital Checklist - Adults](#) and medical notes patient's requirement for red or blue tray.
- Communicate to catering services patient's red or blue tray requirement.
- Make appropriate referrals to Multi-disciplinary Team (MDT) for functional assessment and or nutrition assessment.
- Communicate with patient and carers the goals of intake to be achieved.
- Document on [MR144C WACHS Dietetics - Food Intake Chart](#) if patient is on a food chart.
- Assess if the patient requires feeding assistance during their admission by observing the patient at meal times.

#### **Dietetics**

- Conduct nutrition assessment on patients referred to Dietetics.

#### **Older Patient Initiative (OPI)**

- Assess need for red or blue tray through completion of comprehensive assessment by OPI clinician.

## 4. Compliance

Failure to comply with this policy document may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Employment Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (HSA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

## 5. Evaluation

Monitoring of compliance with this document is to be monitored by the management team and catering committee for each site as appropriate.

- Monthly audits of red and blue tray use.
- Annual review of this procedure and compliance.

## 6. Standards

[National Safety and Quality Health Care Standards](#) 1.5.2; 1.6.2; 1.7.1; 1.8.2; 1.18.3; 2.4.1  
[EQulPNational Standards](#) 12.5.1; 12.6.3; 12.9.1

## 7. References

1. Nutrition & Dietetics. "Evidence based practice guidelines for the nutritional management of malnutrition in adult patients across the continuum of care." December 2009: Vol 66 Supplement 3.
2. International Journal of Environmental Research and Public Health. "Hospital Malnutrition: Prevalence, identification and impact on patients and the healthcare system". February 2011;8(2):514-527
3. Nursing Standard: "Reducing nutritional risk in hospital: The red tray". March 2003. Vol17:No26:33-37.
4. NHS Trust, Sandwell and West Birmingham Hospitals "Using a red tray and red beaker or mug in hospital: information and advice for patients, relatives and carers." December 2013.

## 8. Related Forms

[MR 111 WACHS Nursing Admission Screening and Assessment Tool - Adults.](#)  
[MR29 WACHS Referral Record and Leaving Hospital Checklist - Adults.](#)  
[MR144C WACHS Dietetics - Food Intake Chart](#)

## 9. Related Policy Documents

WACHS [Nutrition Clinical Practice Standard](#)

## 7. WA Health Policy Framework

### Public Health Policy Framework

**This document can be made available in alternative formats  
on request for a person with a disability**

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|---------------------|---|------------------------|------------------|
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