Nutrition Clinical Practice Standard

1. Purpose

The purpose of this document is to establish minimum practice standards for the identification and management of malnutrition; and adequate nutritional status of patients throughout the WA Country Health Service (WACHS).

This policy is to be used in conjunction with WA Pressure Injury Prevention and Management Clinical Guideline and the following Clinical Practice Standards:

- Enteral Tubes and Feeding – Adult
- Dysphagia Screening and Assessment
- Total Parenteral Nutrition
- Refeeding (in development)
- Clinical Observations and Assessments CPS (physiological, neurovascular, neurological and fluid balance) CPS (Appendix 4 Fluid Balance Monitoring)

Please access current documents via HealthPoint.

Further information relating to specialty areas including Child and Adolescent Health Service (CAHS), Women and Newborn Health Services (WHNS) can be found via HealthPoint if not covered in this policy.

1.1 Scope

This policy provides standards for the management of nutrition care in any acute, subacute or residential aged care facilities (RACF) within WACHS. Management of community living clients with malnutrition or at risk of poor nutrition is outside the scope of this policy.

All medical, nursing, midwifery and allied health staff employed within the WACHS must follow this CPS.

All health care professionals are to work within their scope of practice appropriate to their level of training and responsibility.

Further information may be found via HealthPoint or the Australian Health Practitioner Regulation Agency.

1.2 Procedural Information (links)

Where care requires specific procedures that may vary in practice across sites, staff are to seek senior clinician advice.

- Nutrition and Hydration Screening
- Nutrition Assessment
- Nutrition Care Planning

- Provision of Nutrition and Hydration
- Patient Education
- Discharge Planning

Please refer to the following appendices for additional information within this CPS.

Appendix 1: Feeding Behaviours and Dementia

Appendix 2: Clinical Guidelines for the Provision of Oral Nutritional Supplements (ONS) in Adults

1.3 General Information

Providing patients with appropriate nutrition and hydration is essential to support general well-being, recovery from illness and surgery, and to prevent malnutrition.

The World Health Organisation (WHO) defines **nutrition** as the intake of food, considered in relation to the body's dietary needs. Good nutrition – an adequate, well balanced diet combined with regular physical activity – is a cornerstone of good health. Poor nutrition can lead to reduced immunity, increased susceptibility to disease, impaired physical and mental development, and reduced productivity.
Hydration is defined as the supply and retention of adequate water in biological tissues.

During hospitalisation patients may experience deterioration in nutritional status over time. Adequate nutrition and hydration support is important to improve:

- impaired immunity and wound healing
- muscle strength and mobility
- psychological drive, general cognition and mood
- recovery from medical and surgical interventions
- length of stay and prevent re-admissions

Ensuring all patients are screened for nutrition risks on admission is essential to management of malnutrition. This CPS outlines recommend screening, assessment and management principles for all clinical staff to ensure appropriate nutrition care is provided.

1.4 Procedure / Key Principles

1.4.1 Nutrition Screening

On admission, patients should have their nutrition and hydration status assessed and documented by nursing or medical staff. This is documented on:

- MR111 WACHS Nursing Admission, Screening and Assessment Tool - Adults
- MR111P WACHS Paediatric Nursing Admission / Discharge Assessment
- RC5 Resident Admission Assessment Form

This includes:

- the safest route of providing nutrition and hydration e.g. oral, enteral, intravenous.
- completion of malnutrition screen (section 1.4.3)
- Braden score for wounds/ pressure injuries
- requirement for assistive equipment or assistance to maintain nutrition and hydration
- specific dietary needs documented and communicated according to site based processes to ensure appropriate delivery of nutrition requirements.
- all patients should have their weight and height documented on admission (Nutrition and Hydration section on MR111 WACHS Nursing Admission, Screening and Assessment Tool - Adults)
- specific risks associated with the frail elderly and those with dementia
- other nutrition related screening to be completed as clinically indicated includes:
  - dysphagia screened using the MR 64B WACHS Dysphagia Screening Tool
  - elevated BMI (refer to Dietetic Referral Pathways for Elevated BMI in Adults Admitted to Acute Services Guideline)

Each patient must have a nutrition and hydration care plan documented on:

- MR120 WACHS Adult Nursing Care Plan
- MR120P WACHS Paediatric Nursing Care Plan
- RC7 Resident Care Plan

Residential aged care:

- Additional measures to consider are likes, dislikes, food preferences documented on the RC15 Dietary Preference Form.

1.4.2 Hydration Screening

Monitoring hydration requires nursing staff to review current intake of fluids, any fluid losses, and signs for dehydration. Monitoring hydration status requires assessment of three elements as outlined in the Clinical Observations and Assessments CPS (physiological, neurovascular, neurological and fluid balance) CPS:

- Clinical Assessment – signs and symptoms of dehydration or fluid overload
- Clinical Monitoring – Fluid Balance Chart (FBC), body weight
- Laboratory Assessment – Urea and electrolytes, creatinine

Assess dehydration by*:

- dry skin, reduced skin turgor, dry
- mucosa
- reduced urine output
- very yellow or dark urine
- low blood pressure, increased heart rate

Abnormal fluid (such as ascites, oedema) should be taken into consideration. (Dehydrated patients can still be oedematous.)

*REF: Dietitians Association of Australia. Enteral nutrition manual for adults in health care facilities, 2018 DAA, Canberra

Please refer to the Clinical Observations and Assessments CPS (physiological, neurovascular, neurological and fluid balance) CPS Appendix 4 Fluid Balance Monitoring for more details on assessing and monitoring hydration.

1.4.3 Malnutrition Screening

Nutrition screening is a rapid, simple and general procedure used by nursing, medical or other staff, often at first contact with the patient, to detect those who have significant nutritional problems or significant risks of such problems, in order that clear guidelines for action can be implemented, e.g. simple dietary measures or referral for expert help (1).

All patients on admission are to be screened for malnutrition risk using a validated malnutrition screening tool as per the WA Pressure Injury Prevention and Management Clinical Guideline.

WACHS endorsed malnutrition screening tools include:

- MR60.1.5 WACHS Malnutrition Screening Tool (MST) (embedded on MR 111): recommended for screening in acute services
- MR60.1.8 WACHS Mini Nutritional Assessment Short Form (MNA-SF): recommended for screening in sub-acute services and RACF
- MR60.1.9 WACHS Paediatric Nutrition Screening Tool (PNST): recommended for screening all paediatric patients in acute and subacute services

Malnutrition Rescreening
All admitted patients to **acute and subacute services** should be re-screened using a validated malnutrition screening tool weekly (acute) and monthly (subacute) or as clinically indicated, with the nutrition and hydration care plan updated as appropriate. Patients identified at risk of malnutrition should:

- have a nutrition and hydration care plan to monitor intake and weight
- be referred to a dietitian.

For **RACF** patients, malnutrition rescreening is recommended every 6 months or as clinically indicated where there is a change in health status or unintentional weight loss.

1.4.4 Referral to Dietetic Services

Nursing and medical staff should routinely screen and assess nutrition and hydration status in conjunction with other members of the multi-disciplinary team and refer to Dietetics as clinically indicated. Referrals should be based on clinical need and health status. Please refer to Table 1 below for examples of referral indicators and health conditions that may require Dietetic assessment.

Referrals are triaged as per WACHS Dietetic Clinical Prioritisation Framework. Lower priority referrals or those not seen during admission are redirected to WACHS outpatient services or external providers accordingly.

Table 1: Indications for referral to Dietitian may include:

Referrals Indicators	Additional Paediatric Indicators
• MST score > 2 • MNA – SF score < 11 • PNST score > 2 • Recent unintentional weight loss • Nutrition Impact Symptoms significantly impacting oral intake e.g. anorexia, nausea, taste changes, mucositis, constipation, diarrhoea, dysphagia • Complex wounds / pressure injuries • Diverticular disease, ulcerative colitis or Crohn's disease • Post GI surgeries • Chronic Liver disease • Malabsorption or nutritional deficiencies • Stomas (new or complications with existing stomas) • Coeliac disease (new or complications) • Constipation and/or diarrhoea • Enteral feeding • Parenteral feeding • Eating disorders • Cancer cachexia • Re-feeding syndrome • Food allergies • Renal disease / dialysis • CVA / Stroke nutrition screen • Hypertension • Elevated BMI / obesity related • Complications of Bariatric surgeries • Dyslipidaemia • Diabetes (newly diagnosed or complications) • Gestational Diabetes • Antenatal care	• Growth faltering • Infant feeding difficulties – breast or formula

1.4.5 Nutrition Assessment

Nutrition assessment may be defined as a comprehensive approach to diagnosing nutrition problems that uses a combination of the following: medical, nutrition, and medication histories; physical examination; anthropometric measurements; and laboratory data (1)

WACHS endorsed nutrition assessment tools include:

- MR60.1.6 WACHS Dietetics Subjective Global Assessment (SGA)
- MR60.1.7 WACHS Patient Generated Subjective Global Assessment (PG-SGA)

Nutrition Assessment conducted by the dietitian includes (but is not limited too):

Food / Nutrition-Related History	Anthropometric Measurements	Biochemical Data, Medical Tests, and Procedures	Nutrition-Focused Physical Findings	Client History
Food and nutrient intake, food and nutrient administration, medication / herbal supplement use, knowledge / beliefs, food and supplies availability, physical	Height, weight, body mass index (BMI), growth pattern indices/percentile ranks, and weight history	Lab data (e.g. electrolytes, glucose) and tests (e.g. gastric emptying time, resting metabolic rate)	Physical appearance, muscle and fat wasting, swallow function, appetite, and affect	Personal history, medical / health / family history, treatments and complementary / alternative medicine use, and social history

REF:
American Dietetic Association's International Dietetics and Nutrition Terminology (IDNT) Reference Manual: Standardized Language for the Nutrition Care Process, Third Edition. (See NCPT in WACHS)

1.4.6 Provision of Nutrition and Hydration for all Admitted Patients

All patients are to receive adequate nutrition and hydration according to individual requirements. This may be delivered via oral, enteral or parenteral routes and documented on the appropriate care plan.

Menu Provision
WACHS health services have menus that comply with the Nutrition Standards for Adult Inpatients in WA Hospitals and provides suitable options for most admitted acute adult inpatients, including the nutritionally well and the nutritionally at risk.

All patients should receive an appropriate menu according to their individual nutrition plan, including therapeutic menus as clinically indicated.

The following considerations for menu provision may include:

- where feasible, all patients be supported to complete their own menus to promote choice of nutrition and hydration
- elective patients with specific nutritional requirements are able to discuss these when attending pre-admission clinic
- culturally appropriate diets be considered for all patients
- on admission, nursing staff must update patient's dietary requirements, food allergies and therapeutic needs based on local menu ordering systems. More information regarding food services, ordering of diet and fluids is located in Hospital Food Service Manuals.

WACHS Residential Aged Care Facilities are required to be compliant with the Nutrition Standards, and there is an allowance for menu planning in regards to meal frequencies, main meal options and portions. For more information on menu planning for aged care, please refer to Best Practice Food and Nutrition Manual (Ed 2).

Hydration

This may be provided via oral, intravenous/parenteral, subcutaneous or enteral routes as clinically indicated.

Fluid should be readily available and provided with assistance (where required) at all times in the patient's room to promote adequate hydration.

All patients must have their hydration status clearly documented on appropriate care plans.

Monitoring of fluid balance should be maintained using the MR144 WACHS Fluid Balance Work Sheet for all patients and residents:

- receiving fluids via non-oral routes
- with existing medical conditions or functional limitations that increase the risk of dehydration, i.e. dysphagia or NBM
- on thickened fluids
- with fluid restrictions
- with poor fluid intake requiring monitoring.

Refer to WACHS Clinical Observations and Assessments CPS (physiological, neurovascular, neurological and fluid balance) CPS (Appendix 4 Fluid Balance Monitoring).

1.4.7 Meal Times

The mealtime environment and patient preparation are important to maximise a patient's / residents enjoyment of their meal and enable consumption of appropriate amounts of food and fluid. Food and nutrition have a major role in meeting the physical and functional needs of residents and contribute significantly to quality of life. Enjoyable food is of paramount importance to residents [10].

Disruptions to meal times may reduce nutritional intake. Measures should be taken at meal times where possible to ensure that the environment is safe and conducive to eating by:

- minimising non-essential therapy or clinical procedures
- adjusting surroundings, sights, smells, noise and lighting.

Assessing if the patient requires feeding or set up assistance (which is also important):

- Appropriate, regular assistance should be provided to all patients that are unable to take fluids and diet independently (7).
- Specialised feeding and hydration equipment needs should be identified at admission and provided during the inpatient stay.
- Refer to Speech Pathology or Occupational Therapy for patients who are identified as requiring specialised equipment to eat or drink independently.

Personal hygiene and preparation for meals
The following aspects of patient care should be considered prior to meal delivery:

- Waking the patient
- Ensuring the patient is correctly positioned for eating
- Clearing bed tables
- Toileting
- Hand washing
- Ensuring dentures are in place and mouth care is attended
- Assistive feeding equipment as required.

1.4.8 Nutrition Care Planning

Nutrition care planning involves tailored interventions including therapeutic diets, nutrition support, and education to manage adequate nutrition status and clinically indicated medical nutrition therapy.

The nutrition and hydration care plan should consider the following factors:

- Risk of malnutrition or dehydration
- Dietary requirements e.g. low potassium, gluten free
- Assistance required for drinking and feeding
- Use of assistive feeding equipment
- Nutrition supplements required.

Complex therapeutic dietary requirements or multiple food allergies.

- Refer to a dietitian for an individualised meal plan.
- Refer to WACHS Food Allergy Guideline.

Fasting or clear fluids.

- Consider plans for nutrition support if greater than 3 days (1).

Dysphagia patients: Refer to:

- a speech pathologist for assessment and prescription of a texture modified menu
- WACHS Dysphagia Screening and Assessment Clinical Practice Standard.

Patients with dementia, delirium or post-stroke may display difficult meal time behaviours, or have difficulty with eating and drinking for a variety of reasons. Please refer to Appendix 1 for strategies to assist with these issues.

For residents, care is required to ensure adequate intake is encouraged without unnecessary dietary restrictions.

MR144C WACHS Food Intake Chart should be used to monitor any decrease in oral intake for patients identified at risk of reduced oral intake (5).

1.4.9 Therapeutic Diets

Those patients that require specific diet modifications to meet their medical needs are allocated specific Therapeutic diets. These diets have been modified from the Standard diet to include extra nutrition, avoid certain nutrients or food components. Examples of these are:

- Medically diagnosed food allergies – meals that avoid allergen/s
- Special dietary requirements - low potassium, low fat
- Fluid diets post GI surgery – clear or free fluids
- Nourishing foods - high energy high protein (HEHP)
- Textured modified - soft, minced and moist, smooth puree
- Thickened fluids (as determine by Speech Pathologist).

For a full list of available diets, please refer to the local hospital Food Service Manual. Sites with Allergy and Diet Application (ADA) will have a comprehensive list of diet types (preference diet, therapeutic diets, texture modified and thickened fluids) that are available.

For recommended therapeutic diets resources and ADA Diet Types Summary checklist, please refer to WACHS Intranet: Food Service Information Space.

Food First Approach to malnutrition - High energy high protein (HEHP)
Patients and residents at greatest risk of malnutrition (MST >2 and MNA-SF < 11) require commencement of HEHP diet as part of the food first approach to malnutrition. First line intervention strategies including HEHP food and or drinks should be used to address nutritional deficit(s). Common, readily available HEHP snacks that nursing staff may have access to include yoghurt, custard, cheese and crackers, milk. These may need to be ordered by the Dietitian or senior nurses based on local procedures. The use of Oral Nutrition Supplements should only be considered once first line intervention strategies have been trialled.

1.4.10 Dysphagia and Nutrition Management

Please refer to Dysphagia CPS for management of patients with Dysphagia.

1.4.11 Eating Disorder Patients and Nutrition Management

Please refer to WAEDOCS for specific guidelines for admitted eating disorder patients.

1.4.12 Oral Nutrition Supplementation (ONS)

Oral Nutritional Supplementation (ONS) is prescribed by the dietitian or medical Officer if there is no on site dietitian based on approved guidelines for prescribing ONS. Please refer to Appendix 2 Clinical Guidelines for the provision of ONS in Adults.

The dietitian should liaise with medical and nursing staff, and document ONS requirements according to site based protocols. The entry should include the supplement name, volume, frequency and time to be delivered.

Please note it is not recommended to use medication charts for prescribing ONS. Options for prescribing ONS include:

- MR60.1.12 WACHS Oral Nutrition Support Chart
- nursing handover forms i.e. iSoft nursing handover or other site specific forms
- current menu ordering systems (ADA)
- MR120 WACHS Adult Nursing Care Plan
- MR120P WACHS Paediatric Nursing Care Plan
- RC7 Resident Care Plan

Please refer to local procedures for providing ONS to patients.

1.4.13 Enteral Nutrition

Enteral nutrition (EN) is a nutritionally complete liquid formula administered directly into the stomach or small intestine using a specially designed tube (9).

Enteral nutrition is indicated for patients who are unable to meet their nutrition and hydration requirements orally or who cannot eat and drink safely, but have a functioning gastrointestinal tract (1).

The dietitian will prescribe an enteral feeding regime based on patient's requirements and clinical needs.

Please refer to the WACHS Enteral Tubes and Feeding – Adult Clinical Practice Standard for further information on management of enteral feeding.

1.4.14 Parental Nutrition

Parenteral nutrition support refers to the infusion of an intravenous nutrition formula into the bloodstream (1). Total Parenteral Nutrition (TPN) is an infusion that provides a patient's complete nutritional requirements (7).

The dietitian, medical team and pharmacist will prescribe a parental nutrition regime based on patient's requirements and clinical needs.

Please refer to WACHS Total Parenteral Nutrition Clinical Practice Standard for further information on management of TPN.

1.5 Patient Education

Information regarding the role of nutrition and hydration in promoting recovery and general wellbeing should be made available to all patients, as clinically relevant or requested

The following points should be considered:

- Information regarding nutrition and hydration intervention should be communicated to patients and their significant other(s) / NOK in formats that they can understand and documented in the patient health record.
- This should be culturally appropriate at all times
- Information should be tailored to the patient's individual nutrition care plan where indicated.
- Information should be available in languages/formats other than English for culturally and linguistically diverse (CALD) populations.
- Use of interpreters should be considered to increase communication and understanding.
- Patients should be informed about hospital food services and policies involving food or drink brought in from home or the community where appropriate.
- Patients and significant other(s)/carers should be informed, or be given information about site based policies for meal times and visiting hour regulations.
- Feedback and progress should be provided to the patient/significant other(s)/NOK by the relevant staff at appropriate intervals throughout the patient journey.

The dietitian will provide tailored nutrition education to the patient and / carers based on current therapeutic needs and recommended nutrition requirements.

1.6 Nutrition Specific Monitoring[1,3,4]

Nutrition Re-screening
Patients screened at low risk of malnutrition should be re-screened at least weekly while an inpatient in acute services, monthly for subacute patients, 6 monthly for residents or as clinically indicated for all services where there is change in health or nutrition status (4).

Nutrition Support (1)
The following clinical indicators of nutrition and hydration status may be monitored regularly by nursing/medical/allied health staff as part of the patient's individual nutrition and hydration care plan or as clinically indicated:

Clinical Indicator	Frequency of Monitoring – Acute	Residents Monitoring
Weight	On admission and at least once a week. Daily if there are concerns regarding fluid balance	On admission and all patient reviews Monthly Change to health status
Height	On admission	On admission
Nutritional intake	Daily until stable, then twice weekly or as clinically indicated	As clinically indicated
Intake of Nutrition support (i.e. orally, enteral or parental)	Daily	Daily
Fluid balance	Daily until stable then as clinically indicated	As clinically indicated
Biochemistry	Twice weekly initially until stable or as clinically indicated	As clinically indicated
Bowels	Daily initially then reducing to twice weekly as indicated	Daily initially then reducing to twice weekly as indicated
Urine output	Daily	Daily or as clinically indicated
Oedema / ascites	Daily or as clinically indicated	As clinically indicated
Blood sugar levels	Daily or as clinically indicated – refer to CPS	Daily or as clinically indicated – refer to CPS
Nutrition Impact Symptoms (nausea, vomiting, appetite)	Daily or as clinically indicated	Daily or as clinically indicated
Wound staging	Daily or as clinically indicated	Daily or as clinically indicated
Refeeding specific monitoring	Daily until clinically stable – please refer to CPS	

Enteral tubes should be monitored according to recommended guidelines.

- Refer to WACHS Enteral Tubes and Feeding – Adult Clinical Practice Standard

Parenteral nutrition should be monitored according to recommended guidelines.

- Refer to WACHS Total Parenteral Nutrition Clinical Practice Standard

Refeeding syndrome specific monitoring should be monitored according to recommended guidelines:

- Refer to WACHS Refeeding Syndrome Clinical Guideline (in draft)

The short and long term goals of nutrition support should also be monitored as clinically indicated. Consider daily until stable, then 2-3 times a week.

Dietitians and Medical Officers may request additional monitoring measures depending on the individual patient/consumer's nutrition and hydration care plan.

1.7 Discharge Planning

All patients where required should be discharged with a nutrition and hydration care plan, including details of appropriate follow up.

The following factors should be considered in the patient discharge planning:

- The discharge destination
- Continuity of the patient's nutrition and hydration care plan
- Access to nutrition support and hydration whether oral, enteral or parenteral
- For patients requiring nutrition support products on discharge, the Dietitian will register the patient through appropriate Home Enteral Nutrition (HEN) programs
- Access to support services (i.e. assistance with feeding or meal preparation)
- Allied Health recommendations and care plans – these should be included in patient NaCS discharge documents and other discharge documents using approved clinical handover forms and processes as per WACHS Allied Health Clinical Handover Policy
- Appropriate follow up in the outpatient/community setting to monitor nutrition support
- Consumer information and education
- Documentation and handover of the care plan, including nutrition and hydration requirements to follow-up services.

1.8 Clinical Handover

Information exchange is to adhere to the Department of Health Clinical Handover Policy using the iSoBAR framework.

Dietitian handover for outpatient monitoring should be completed on approved clinical handover forms and processes as per WACHS Allied Health Clinical Handover Policy.

1.9 Critical Information

Critical information, concerns or risks about a consumer are communicated in a timely manner to clinicians who can make decisions about the care.

1.10 Documentation

An individualised management plan is to be documented in the patient's health records as soon as practicable, in regard to this CPS.

Refer to the WACHS Documentation CPS.

2. Related Documents / Forms

- MR60.1.12 WACHS Oral Nutrition Support Chart
- MR60.1.10 WACHS Adult Enteral Feeding Form
- MR111 WACHS Nursing Admission, Screening and Assessment Tool - Adults
- MR111P WACHS Paediatric Nursing Admission / Discharge Assessment
- RC5 Resident Admission Assessment Form
- MR120 WACHS Adult Nursing Care Plan
- MR120P WACHS Paediatric Nursing Care Plan
- RC7 Resident Care Plan

3. Staffing Requirements

Role	Responsibilities
Medical Officer	• Considers the patient's mental and physical ability to feed • Assesses and monitors nutrition requirements in conjunction with the team to prescribe recommended treatments. Refer to dietitian where indicated • Considers drug/nutrient reactions.
Nursing Staff	• Provides nutrition screening in collaboration with the multidisciplinary team • Coordinate protected meal times and facilitate food /supplement intake • Help with feeding where required and document intake • Deliver and monitor enteral and parenteral nutrition • Monitor diet intake as per Dietitian request, including completing food charts • Liaise with patient relatives and community supports.
Dietitian	• Assesses current/previous nutritional status, and requirements • Plans and sets goals for nutrition support in liaison with the team, and patient • Prescribes therapeutic diets and oral nutrition supplements • Prescribes and monitors of enteral and parenteral nutrition • Educates patients and significant other(s)/carers • Liaises with catering department and members of the multidisciplinary team • Organises nutrition support for discharge • Provides health service staff education regarding nutrition and screening.
Speech Pathologist	• Assesses safety of oral feeding and competency of swallow • Prescribes modified texture diet and thickened fluids • Educates patients and carers/ significant others regarding modified texture diet and thickened fluids • Liaises with catering department and other members of the multidisciplinary team.

Role	Responsibilities
Catering Service	• Provides a meal service for the hospital • Provides standard therapeutic diets or individual meal plans • Provides snacks • Liaises with Dietitian and Speech Pathology • Responsible for checking 3 points of patient ID on delivery of meals. This includes management of patient allergies which may be identified with a red arm band.
Pharmacist	• Advises on parenteral nutrition composition and compatibilities • Ensures supply and safety of parenteral nutrition solution • Advises on drug nutrient interactions and drug delivery.
Other Allied Health: **Occupational Therapy** **Physiotherapy** **Social Work**	• Liaises with the team to set goals for nutrition support • Organises resources, services and assistive equipment for feeding and drinking • Liaises with the team to optimise independence for meal preparation, feeding and drinking • Organises resources and equipment for discharge to ensure continuity of the nutrition and hydration care plan.

4. Compliance Monitoring

Evaluation, audit and feedback processes are to be in place to monitor compliance. This is the responsibility of the WACHS Dietetic Coordinator, every two years using the following means or tools:

- Review with key stakeholders
- Local audits of malnutrition screening.

Failure to comply with this policy 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. Relevant Standards

National Safety and Quality Healthcare Standards (First edition 2012) - 1.1, 1.2, 1.3, 2.2, 6.2, 8.1, 12.1, 12.2, 12.3

National Safety and Quality Healthcare Standards (Second edition 2017) - 1.1, 1.2, 1.3, 1.4, 1.5, 1.7, 1.25, 1.27, 2.6, 2.11, 2.14, 5.1, 5.2, 5.4, 5.5, 5.6, 5.7, 5.8, 5.12, 5.14, 6.11

6. Related Forms

MR111 WACHS Nursing Admission, Screening and Assessment Tool - Adults
MR111P WACHS Paediatric Nursing Admission / Discharge Assessment
RC5 Resident Admission Assessment Form
MR64B Dysphagia Screening Tool (Royal Brisbane Women's Hospital (RBWH)
MR120 WACHS Adult Nursing Care Plan
MR120P WACHS Paediatric Nursing Care Plan
RC7 Resident Care Plan
RC15 Dietary Preference Form
MR60.1.5 WACHS Malnutrition Screening Tool
MR60.1.6 WACHS Dietetics - Subjective Global Assessment
MR60.1.7 WACHS Dietetics - Patient Generated Subjective Global Assessment (PG-SGA) Tool
MR60.1.8 WACHS Mini Nutrition Assessment – Short Form (MNA-SF)
MR60.1.9 WACHS Paediatric Nutrition Screening Tool
MR60.1.12 WACHS Oral Nutrition Support Chart
MR144 WACHS Fluid Balance Work Sheet
MR 144C WACHS Dietetic - Food Intake Chart

7. Related WA Health System Policies

WA Pressure Injury Prevention and Management Clinical Guideline
MP 0053/17 WA Clinical Alert (MedAlert) Policy
MP 0086/18 Recognising and Responding to Acute Deterioration Policy v1.1
Clinical Handover Policy
Clinical Incident Management Policy
WA Health Consent to Treatment Policy
Correct Patient, Correct Site and Correct Procedure Policy and Guideline for WA Health Services (2nd Edition)
Falls Risk Assessment and Management Plan (FRAMP)
Implementation of the Australian Health Service Safety and Quality Accreditation Scheme and the National Safety and Quality Health Service Standards in Western Australia
Western Australian Patient Identification Policy 2014

8. Relevant WACHS documents

Enteral Tubes and Feeding - Adults CPS
Adult Dysphagia Screening and Assessment CPS
Clinical Observations and Assessments (physiological, neurological and fluid balance) CPS
Food Allergy Guideline
Total Parenteral Nutrition CPS
Allied Health Clinical Handover Policy
Documentation CPS

9. WA Health Policy Framework

Clinical Governance, Safety and Quality

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12. Definitions

Carer	A person who provides personal care, support and assistance to another individual who needs it because they have a disability, a medical condition (including a terminal or chronic illness) or a mental illness, or are frail and/or aged
Patient	A person who is receiving care in a health service organisation
Nutrition screening (1)	A process to identify an individual who may be malnourished or at risk of malnutrition to determine if a detailed nutrition assessment is indicated
Nutrition assessment (1)	A comprehensive approach to diagnosing nutrition problems that uses a combination of the following: medical, nutrition, and medication histories; physical examination; anthropometric measurements; and laboratory data
Malnutrition	Malnutrition refers to deficiencies, excesses or imbalances in a person's intake of energy and/or nutrients. The term malnutrition covers two broad groups of conditions. One is 'undernutrition'—which includes stunting (low height for age), wasting (low weight for height), underweight (low weight for age) and micronutrient deficiencies or insufficiencies (a lack of important vitamins and minerals). The other is overweight, obesity and diet-related non-communicable diseases (such as heart disease, stroke, diabetes and cancer). World Health Organisation

Appendix 1: Feeding Behaviours and Dementia (8)

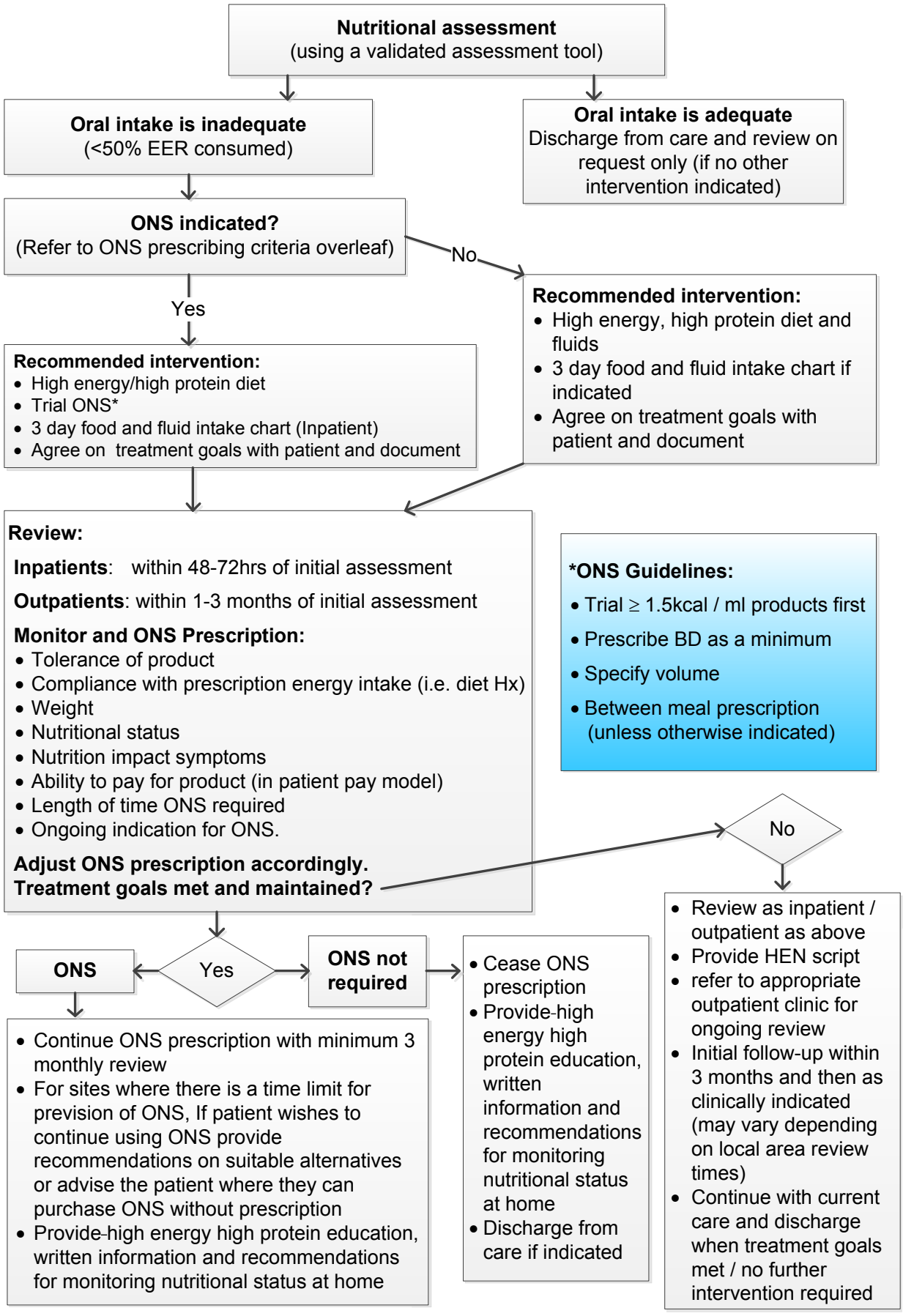
The following table is a guide only. Advice should be sought from Dietitian or Medical Staff for individual patient management.

Table reproduced from: from Ensell C, Matheson N. Mealtime behaviours in people with dementia in the absence of dysphagia: education of nursing staff in an acute care setting.[9]

Mealtime Behaviours and Strategies	
Holding food or drink in the mouth	• Provide verbal cues to chew and swallow • Bring an empty spoon to the person's mouth to remind them to swallow the prior mouthful • Trial a range of tastes and temperatures
Spitting out food and fluids	• Offer a variety of food and drink • Take note of food and drink that is accepted, and offer readily • Liaise with the dietitian regarding supplements and offer intake in liquid form
Food / drink refusal	• Try to stimulate appetite prior to meals by offering fruit juice and encouraging exercise • Use indirect prompts e.g., "that looks nice" • Encourage the person to try the first mouthful to "get a taste" • Offer "grazing" meals or snacks throughout the day • Attempt to offer the person familiar foods e.g., ask family to supply home cooked meals as able • Ensure meal is high in calories/protein and liaise with Dietitian • Offer a range of options and cater to preferences • Offer finger foods if appropriate • Reduce distractions • Documentation of refusal
Problems with teeth	• If dentures have been left at home/care facility, organise someone to bring dentures to hospital • While waiting for dentures, offer a minced and moist diet • If the person usually eats without dentures, offer their usual diet • Use denture fixative for loose dentures • Oral hygiene after all oral intake • Referral to a dentist if appropriate
Eating non-food items	• Lock away all harmful or inappropriate items • Ensure all involved are aware of the problem
Reduced level of consciousness	• Only offer intake when the person is alert enough to swallow safely and able to maintain for a sufficient amount of time • Use a cold, wet face cloth to fully rouse the person before meals • Sit the person out of bed, or reposition in bed, to help them wake up
Food residue in mouth post meals	• Prompt the person to clear residue with finger or tongue • Encourage a drink to aid oral clearance • Massage cheeks to move residue centrally • Mouth care at the end of each meal • Upright positioning post meal for at least 30 minutes

Mealtime Behaviours and Strategies	
Wandering during meal times	• Use gentle physical prompts at the table e.g., put cup/cutlery back into the person's hands • Use simple verbal prompts and show the person their meal to aid understanding • Offer finger foods that can be consumed when "on the move" • Gently guide the person back to the table when they wander, and prompt them to continue their meal • Reduce distractions
Dry mouth	• Encourage regular sips of fluid during the day, particularly prior to meals • Swab the person's mouth with grape seed oil before meals • Use an artificial saliva • Offer extra sauce/gravy to moisten meal • Encourage the person to alternate diet and fluids
Eating or drinking too slowly	• Serve each course separately to retain warmth and appeal • If only small amounts are taken, liaise with the dietitian to ensure food is high in calories • Offer snacks between meals • Provide full assistance if required
Eating too quickly / taking large mouthfuls	• Minimise distractions and attempt to create a calm environment • Serve courses separately • Ensure food is chewed, swallowed and cleared prior to the next mouthful • Provide smaller/modified utensils e.g., teaspoon, spouted cup • Provide verbal and physical prompts to reduce rate of intake
Eating from others' plates	• Ensure individual boundaries are clear • Use physical or verbal prompts to help the person identify their food and utensils • Supervise meals
Lack of initiative during meals	• Draw the person's attention to their meal • Describe what is on the plate • Place cutlery into the person's hands • Guide them to take the first mouthful • Give verbal and physical prompts to continue their meal • Sit the person with those more able, so they can be prompted by their example
Difficulty with utensils or messy eating	• Cut food before serving • Serve one course at a time • Verbally orientate the person to the meal, plate and cutlery • Place cutlery directly into the person's hands • Refer to occupational therapist for modified utensils if required e.g., lipped plate, built-up cutlery, non-slip mat • Consider offering finger foods
Hemianopia / neglect	• Place the meal on the person's good side • Assist the person from their good side • Turn the plate during the meal • Provide verbal and physical prompts to attend to the neglected side during the meal

Appendix 2: Provision of Oral Nutritional Supplements (ONS) in Adults



Prescribing guidelines:

- ONS should not be used as a substitute for the provision of food
- Patients should be offered regular meals (fortified as required), snacks and nourishing fluids prior to initiating ONS unless clinically indicated (see guidelines for prescribing below)
- Patients should meet **two or more** of the criteria below to be eligible for ONS
- Clear indication for the prescription of ONS must be documented and reviewed regularly.

Increased / Specialist Nutrient Requirements	Impaired Ability to Absorb Nutrients
• Chronic pulmonary disease e.g. Cystic Fibrosis • Chronic renal failure • Anorexia nervosa • HIV/AIDS acute phase • Metabolic and haematological disorders • Trauma • Pre-surgery (ERAS) • Oncology (e.g. chemo and radiotherapy) • Patient's nutritional requirements are > 120% of normal (e.g. energy or protein)	• Surgical resection/bypass e.g. gastrectomy, small bowel resection • Malignancy of the gastrointestinal tract e.g. pancreatic cancer • Inflammatory disorders e.g. Crohn's disease • Short bowel syndrome • Gastrointestinal fistulae • Radiation enteritis
Swallowing Disorders	**Impaired Ability to Ingest Nutrients**
• Oropharyngeal dysphagia e.g. stroke, neurodegenerative conditions, head and neck cancer	• Oropharyngeal, oesophageal tumours • Neurological disorders e.g. cerebrovascular accident, multiple sclerosis, motor neurone disease, trauma, Cerebral Palsy • Psycho-social ailments
Malnutrition	**Other**
• Moderate / Severe malnutrition as diagnosed via validated assessment tool • Oral intake <50% EER and predicted suboptimal intake ongoing	• HEN required for >3months • Clinical protocol/pathway (ERAS)

Adapted from AuSPEN 1997 [1] and NSW Agency for Clinical Innovation 2012 [2]

Exclusion Criteria:

- Non-compliance with dietary recommendations
- ONS used for convenience only
- Non-attendance at follow up appointments.

Special considerations:

Palliative/Terminal care: ONS may contribute to the emotional and physical wellbeing of the patient and each case should be considered individually. At the end stages of life, weighing the patient is not indicated and the nutritional content of the meal is no longer of prime importance.

Diabetes: optimal blood glucose control may not be a priority over dietary measures to reduce malnutrition risk. Diabetes medications may need to be reviewed if oral intake has changed significantly.

Substance misuse: is not an indication for ONS prescription alone.

References:
1. Australian Society of parenteral and Enteral Nutrition. Clinical practice guidelines: Home enteral nutrition in Australia. 1997.
2. NSW Agency for Clinical Innovation. ACI Nutrition Network Guidelines for Home Enteral Nutrition (HEN) Services. 2nd Edition. Sydney: NSW Health, 2012.

SOURCE: Metropolitan Dietetic Managers (MDM) of Western Australia
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This document can be made available in alternative formats on request for a person with a disability

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