



# Supply of Nutritional Supplements and Enteral Feeds Scheme Procedure

## 1. Guiding Principles

Effective: 1 September 2021

In general, nutritional supplements and enteral feeds are not to be supplied from Government non-teaching hospitals. There is no automatic non-admitted patient entitlement to nutritional supplements or enteral feeds to be supplied free or at a reduced cost.

Where possible, nutritional supplements and enteral feeds required for the ongoing management of acute or chronic conditions are to be obtained from the nearest community pharmacy or procured through the relevant Home Enteral Nutrition (HEN) program.

However, disadvantaged patients have access to nutritional supplements and enteral feeds in specific circumstances. The following outlines the circumstances in which these items are to be supplied at no cost to the patient.

This procedure applies to all staff in the WACHS Kimberley region involved in the provision of care for patients requiring nutritional supplements and/or enteral feeds at home.

Indications for the supply of nutritional products at home include:

- impaired ability to ingest nutrients/swallowing disorders
- increased and/or specialised nutritional requirements
- impaired digestion and/or the malabsorption of nutrients
- specific paediatric conditions.

For additional guidance regarding nutritional supplements and enteral feeding refer to the [WACHS Enteral Tubes and Feeding – Adults Clinical Practice Standard](#).

## 2. Procedure

Nutritional supplements and enteral feeds may be provided from a WA Country Health Service (WACHS) Kimberley hospital or clinic to disadvantaged patients where specific criteria are met and approval granted in accordance with this procedure.

The patient's Dietitian makes a request for nutritional supplements and/or enteral feeds supply by completing the WACHS Kimberley Request for Supply of Nutritional Products Order Form – [Appendix 1](#).

The form is signed by the Regional Senior Dietitian who is to assess application against criteria. All criteria must be met for approval to be granted.

## 2.1 Criteria

- The provision of nutritional products is not available under any other scheme e.g. Department of Veterans Affairs (DVA), Closing the Gap/Integrated Team Care (CTG/ITC), National Disability Insurance Scheme (NDIS) or other.
- Patient procurement through normal channels is beyond the reasonable financial resources of the patient.
- The provision of nutritional products is essential for the medical treatment of the patient.
- Existing alternatives are deemed inappropriate; this includes PBS listed nutritional products.
- Nutritional products are required for the treatment of a chronic medical condition requiring long-term nutritional intervention or short-term intensive nutrition therapy with a high cost product.

## 2.2 Approval periods

Approvals are to initially be granted for a maximum of six (6) months. At the end of this period, continued provision, alternative procurement options and patient need are to be assessed.

If continued use is required, the WACHS Kimberley Request for Supply of Nutritional Products Order Form – [Appendix 1](#) needs to be completed and re-signed.

## 2.3 Referral process

All referrals must be received by the Senior Dietitian for each region. Ongoing management may be in consult with P1 Dietitians or other agencies in the case of shared care arrangements.

## 2.4 Assessment, Ordering and Supply of Nutrition Supplements

Assessment for the provision of nutritional products completed against [criteria 2.1](#)

The type and brand of nutritional product available are as per WA State Nutritional Products Tender 2018.

### 2.4.1 Assessment for nutritional products

- The Dietitian is responsible for prescribing specific specialised nutritional supplements and/or enteral feeds and/or consumables.
- The Speech Pathologist is responsible for determining texture modification requirements and safety to swallow.
- The Medical Team is responsible for determining the most appropriate route for delivery e.g. Nasogastric (NG), Percutaneous Endoscopic Gastrostomy (PEG) or Jejunostomy (PEJ) feeding tube.

### 2.4.2 Oral and Enteral Nutrition

- Patient assessed by Dietitian through routine clinical nutritional assessment or using a validated nutritional screening tools (e.g. Subjective Global Assessment ([SGA](#)), Malnutrition Screening Tool ([MST](#)), Mini Nutritional Assessment Short Form ([MNA-SF](#)) or Paediatric Nutritional Screen Tool ([PNST](#)), as requiring nutritional support to meet their nutritional requirements.
- Patients are deemed unable to meet their nutritional requirements through diet alone and/or have a chronic illness/medical condition.

- Patients must be assessed either in WACHS acute facility or community outpatient settings.
- For patients discharged from hospital with a NG, PEG or PEJ feeding tube, regime is to be based on patient's estimated nutrient requirements for optimal health and current nutritional status.

### 2.4.3 Ineligible patients

Patients who qualify for nutritional products under another scheme must follow this option in the first instance:

- Register patient for HEN under appropriate external scheme as per HEN ordering procedure.
- Provide nourishing diet education (as per individual site guides) and sample supply of nutritional products.

### 2.4.4 Ordering

For patients who meet [criteria in 2.1](#)

- Complete WACHS Kimberley [Request for Supply of Nutritional Products Order Form](#), including cost centre code.
- Senior Dietitian to approve and sign, then send on to Allied Health Assistant for processing.
- On approval, the [Patient Advice Letter](#) is sent to the patient and medical records.
- [Advice of Supply](#) is sent to medical records.
- The Allied Health Assistant is to enter initial details of supply into central database.
- Orders can be set up for a maximum of six (6) months.
- Initial review at one (1) month and follow up review at three (3) months is recommended
- At six (6) months, the patient is to be reassessed and new WACHS Kimberley [Request for Supply of Nutritional Products Order Form](#) completed if a further supply is required.

### 2.4.5 Supply of nutritional products

- Regional Hospital Supply Department is the central point of supply for nutritional products.
- Allied Health Assistant orders supplements through I-procurement for approved patients
- Patients are asked to allow two (2) weeks' notice when stocks are running low or other by special arrangement.
- The patient is to make arrangements to pick up orders from the Allied Health Department or other by special arrangement

### 2.4.6 Patient Database and Handover

- The patient's details are placed in a central database with all relevant information, which can be accessed by Kimberley Dietetic Services and Allied Health Assistant staff.

- On being discharged from a WACHS acute facility to outpatient or community setting, it is the responsibility of the inpatient dietitian to provide handover.
- Ongoing follow up is to be provided by the dietitian as per individual site procedures.
- Monthly statistics need to be entered into webPAS for all clients receiving supplements through the HEN program.

### 3. Definitions

<b>Nutritional assessment</b>	involves a comprehensive approach to defining nutritional status using medical and nutritional histories, physical examination, anthropometric and biochemical data
<b>Nutritional product</b>	is a specialised nutritional supplement or enteral feed prescribed to assist a patient with meeting their nutritional requirements or achieve optimal health outcomes as per diagnosed condition.
<b>HEN</b>	Home Enteral Nutrition
<b>Pharmaceutical Benefits Scheme (PBS)</b>	The PBS Schedule lists all of the medicines available to be dispensed to patients at a Government-subsidised price. The Scheme is available to all Australian residents who hold a current Medicare card.
<b>NDIS</b>	National Disability Scheme
<b>ITC</b>	Integrated Team Care
<b>CTG</b>	Close the Gap
<b>DVA</b>	Department of Veterans Affairs

### 4. Roles and Responsibilities

As per above procedural descriptions

**All Staff** are required to work within policies and guidelines to make sure that WACHS is a safe, equitable and positive place to be.

### 5. Compliance

Failure to comply with this procedure may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Integrity Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (WA) 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.

## 6. Records Management

All WACHS corporate records must be stored in the approved Electronic Documents and Records Management System.

[Records Management Policy](#)

All WACHS clinical records must be managed in accordance with [Health Record Management Policy](#).

## 7. Evaluation

Monitoring of compliance with this document is to be carried out by the Dietetics Department every financial year using the following means/tools:

- Audit of number of patients discharged from hospital requiring nutrition support.
- Audit of number of patients in region provided with nutrition support from AH.
- Audit of number of patients with maintained or improved Nutritional status.

## 8. Standards

[National Safety and Quality Health Service Standards](#) - 1.1a, 1.2, 1.6b, 1.7a, 1.7b, 1.8b, 1.8c, 5.1a, 5.4b

## 9. Legislation

Nil

## 10. References

1. Dietitians' Association of Australia: Enteral Nutrition Manual for Adults in Health Care Facilities 2015
2. Dietitians' Association of Australia: Evidence Based Practice Guidelines for Nutritional Management of Malnutrition in Adult Patients Across the Continuum of Care. 2009
3. Dietitians' Association of Australia: Evidence Based Practice Guidelines for the Nutritional Management of Cancer Cachexia in Adults. Canberra: DAA; 2005
4. ACI Health NSW - ACI Nutrition Network Guidelines for Home Enteral Nutrition Services 2nd Ed- 2012
5. WA State Nutritional Products Tender 2018

## 11. Related Forms

[MR60.1.5 WACHS Malnutrition Screening Tool \(MST\)](#)  
[MR60.1.6 WACHS Dietetics – Subjective Global Assessment](#)  
[MR60.1.8 WACHS Mini Nutritional Assessment Short Form \(MNA-SF\)®](#)  
[MR60.1.9 WACHS Paediatric Nutritional Screen Tool](#)

## 12. Related Policy Documents

WACHS [Enteral Tubes and Feeding – Adults Clinical Practice Standard](#)  
WACHS Great Southern [Nutrition Supplement and Enteral Feed Supply Scheme Procedure](#)

## 13. Related WA Health System Policies

WACHS [Nutrition Clinical Practice Standard](#)

## 14. Policy Framework

[Clinical Services Planning and Programs](#)

## 15. Appendix

Appendix 1: [Request for Supply of Nutritional Products Order Form](#)  
Appendix 2: [Patient Advice Letter](#)  
Appendix 3: [Advice of Supply](#)

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

<b>Contact:</b>	Senior Regional Dietitian – East Kimberley		
<b>Directorate:</b>	Operations	<b>EDRMS Record #</b>	ED-CO-14-18810
<b>Version:</b>	3.00	<b>Date Published:</b>	1 September 2021

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## Appendix 1: Request for Supply of Nutritional Products Order Form

Patient Surname: Enter Surname		UMRN: Enter UMRN	
Patient Given name: Enter Given name			
Date of Birth: Enter date of birth		Phone: Enter phone contact No.	
Address: Enter address details			
Health Care Card: Yes <input type="checkbox"/> No <input type="checkbox"/>			
	<b>Product 1</b>	<b>Product 2</b>	<b>Product 3</b>
Name	Enter details	Enter details	Enter details
Health Catalogue Number (HCN)	Enter details	Enter details	Enter details
Feeding route		Enter details	Enter details
Presentation	Enter details	Enter details	Enter details
Daily regimen	Enter details	Enter details	Enter details
Estimated time required	1 month <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/>		
Total Units	Enter details		
Initial Application <input type="checkbox"/> Renewal <input type="checkbox"/>			
<b>Criteria – application must meet ALL of the criteria</b>			<b>YES / NO</b>
The provision of nutritional products is not available under any other scheme e.g. PBS, Silver Chain, DVA or other			Yes/No
Patient procurement through normal channels is beyond the reasonable financial resources of the patient.			Yes/No
The provision of nutritional products is essential for the medical treatment of the patient			Yes/No
Existing alternatives are deemed inappropriate, this includes PBS listed nutritional products			Yes/No
Nutritional products are required for the treatment of a chronic medical condition requiring long-term nutritional intervention or short-term intensive nutrition therapy with a high cost product			Yes/No
GP has been notified and agrees with this product being supplied Date: Select the date			Yes/No

*Office Use Only*

**Contact Dietitian:** Enter name

**Location:** Enter location

Senior Dietitian - I recommend this supply.

Sign: .....Date: ..... Cost Code: Enter details

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## Appendix 2: Patient Advice Letter

Dear

### RE: Special Provision of Nutritional products

I am pleased to advise you that you have been approved to receive a supply of special nutritional products at home.

### Your Nutritional Product plan is:

<b>Product name:</b>	
<b>Presentation:</b>	
<b>Daily regime:</b>	
<b>Amount per month:</b>	
<b>Valid until:</b>	

1. Your order has been sent to the [Click here to enter text](#). Hospital Supply Department.
2. When you receive this letter, please phone your dietitian to discuss the collection of your nutritional products.
3. You will need to bring in this letter to show to the Allied Health receptionist, when you pick up your nutritional products.
4. If your order is still current, please contact your dietitian two weeks prior to running out of supplies to allow sufficient time to reorder.
5. When your order is no longer current, you will need to make an appointment with your dietitian for review.
6. While the order is still current, you should still attend your scheduled follow up appointments with the dietitian.

Please do not hesitate to contact me should you have any questions regarding this letter, or the special supply of nutritional products for you.

Yours sincerely,

.....  
**Dietitian**

.....  
**Date**



### Appendix 3: Advice of Supply

Dr .....

Address .....  
.....  
.....

Dear Dr .....

**RE: Patient:** ..... **DOB:** .....

#### Nutritional Supplements/Enteral Feeds (Non PBS)

In an effort to assist you with the ongoing care of your patient, I am writing to advise that **approval has been given** for the supply of nutritional products as specified below.

If you feel a continued supply at the end of the approval period is appropriate, could we please ask you to discuss this with the Regional Dietitian, contact details below.

The patient or carer can arrange collection of their nutritional products from their local hospital by making arrangements with the Dietitian managing their care. A Patient Advice Letter has been provided to the patient outlining the plans for their nutritional care and nutritional products prescribed.

If you would like any further information regarding this, please do not hesitate to contact me.

Yours sincerely,

.....  
**Dietitian**

.....  
**Date**

#### Nutrition Plan:

	Product 1	Product 2	Product 3
Name			
Presentation			
Daily regime			
Valid until			
Source of supply			