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**Nutrition and Hydration Policy**

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# Introduction

Every client must be provided with adequate nutrition and hydration to sustain life, good health and reduce the risks of malnutrition and dehydration while receiving care and treatment. All clients should undergo a nutritional needs assessment, with nutrition and hydration being provided in line with this assessment, accounting for a client’s religious and cultural background.

# Policy Statement

[Company Name] is committed to ensuring that all staff involved in the client’s care understand the importance of providing adequate nutrition and hydration. We will ensure guidance is followed from all multidisciplinary teams regarding the nutritional and hydrational needs of our clients.

This policy applies to adult clients only.

# Scope

This policy and the procedures apply to all staff involved in direct client care.

[Company Name] have overall responsibility for ensuring that the principles of this policy are implemented. Staff are to work within their scope and refer clients to the relevant speciality when required.

# Procedures

Nutrition and hydration intake should be monitored and recorded daily to prevent unnecessary dehydration, weight loss or weight gain. Staff must ensure that client care includes and provides:

* food and fluid of adequate quantity and quality in an environment conducive to eating
* appropriate support for people who can chew and swallow but are unable to feed themselves
* appropriate assessments of nutrition and hydration, reviewed periodically
* if necessary, assessments for swallowing difficulties and appropriate support.

All decisions on nutrition and hydration should be made with full input from the client and/or their family/carers, as appropriate, as well as any medical or dietary speciality the client is managed under. Clients should be fully informed with access to information in a format, language and way that is suited to their individual requirements.

# Nutrition

[Company Name]’s staff are responsible for ensuring that every client receives a nutritional assessment (refer to the malnutrition assessment and screening section below).

If the client can eat and swallow safely, a variety of nutritious and appetising food must be made available and at times that suit the client’s preferences, with snacks or other foods being made available between meals for those who prefer to eat 'little and often'. If a client misses a meal for any reason, additional opportunities should also be provided and communicated with the Registered Manager and the next staff member due to next visit the client.

All client’s specific needs should be accounted for where nutrition is affected by:

* cultural, spiritual, moral/ethical, or religious beliefs
* dietary intolerances, allergies, and medication contraindications
* additional needs, including physical, sensory, or learning disabilities and language barriers.

Where a client is assessed as needing a specific diet, this must be provided in line with the most up to date assessment and in collaboration with the client. If there are any clinical contraindications that pose a risk due to any of these requirements or preferences, these should be discussed with the client, family, Registered Manager, and clinical specialist to allow for fully informed decisions to be made.

Client’s also have the right to refuse nutrition and nutritional support. However, where a client does not have the capacity to make decisions, or where decisions are required in the client’s best interests, [Company Name]’s staff must follow the Department of Health and Mental Capacity Act’s advice on consent.

Food must be within reach, maintained at a constant temperature and client’s must be provided with the appropriate tools and time to support eating independently, with assistance or additional aids being provided as necessary. Where there are concerns that clients are not eating sufficiently, food intake should be clearly documented and compared on a day-by-day basis, with prompts, encouragement, and assistance to eat. If additional nutritional support is required, specialist nutritional advice should be requested. The Registered Manager will be able to provide you with assistance as to where to seek this support if the client does not have a point of contact in their care plan.

# Malnutrition Assessment and Screening

**Body Mass Index (BMI)**

Body Mass Index is key index for relating weight to height. BMI is a person's weight in kilograms (kg) divided by his or her height in meters squared. See Appendix I for BMI Score Charts.

**Nutritional Screening**

Nutritional screening across all health and social care is recommended by government, national and professional organisations, including the Department of Health, the British Dietetic Association, the Royal College of Nursing, the Royal College of Physicians, the National Patient Safety Agency (NPSA) and the National Institute for Health and Clinical Excellence (NICE).

A full nutritional assessment takes time and expertise, so simple repeatable screening tools have been developed. These allow non-experts to identify those in need of more detailed nutritional assessment. The MUST (Malnutrition Universal Screening Tool) is a nationally used, validated tool to help identify nutritional risk in groups of people who may be at risk of nutritional problems.

Malnutrition assessments should be completed for all client’s, including height, weight, BMI, number of days without eating, likely further number of days without eating and any unexpected weight loss, to accurately identify any clients at risk from malnutrition. See Appendix I for BMI Score Charts.

Nutritional assessment will involve the measurement of the weight and height of the client. Refer to Appendix III for alternative options for clients who cannot be weighed or measured.

**Nutritional Screening tool to use for clients aged 16 and above –** [Malnutrition Universal Screening Tool (bapen.org.uk)](https://www.bapen.org.uk/pdfs/must/must-full.pdf)

The MUST screening process involves five steps.

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| Step 1: | Measure height and weight to obtain the BMI score using BMI Score Chart - refer to Appendix I (determines current status). Document. |
| Step 2: | Note any unplanned weight loss in the past 3–6 months and obtain the weight loss score using Weight Loss Score Chart - refer to Appendix II (determines recent changes). Document. |
| Step 3: | Establish the acute disease effect score using criteria provided (considers time over which food intake is impaired). Document. |
| Step 4: | Add the scores from steps 1, 2 and 3 together to obtain the overall risk score and category of malnutrition risk. Document. |
| Step 5: | Follow the appropriate ‘MUST’ management plan, according to the level of risk. |

The ‘MUST’ has three management plans, according to the level of risk. They are:

* Low risk patients (‘MUST’ score 0): ‘Routine care’.
* Medium risk clients (‘MUST’ score 1): ‘Observe and monitor’ inform the GP.
* High risk clients (‘MUST’ score 2 or more): ‘Treat’ - refer to the dietitian/GP.

Clients with a ‘MUST’ score of 2 or more (high risk of malnutrition) should be referred to the dietitian (via their GP) for a full nutritional assessment. For client’s where this is not appropriate, this needs to be documented with the rationale behind the decision process. This would apply for client’s already referred to the dietitian for another reason or for clients on an end-of-life care pathway.

If [Company Name] staff are unsure, they should seek advice from a senior member of staff or contact the Registered Manager.

Frequency of the screening will depend on the outcome of the assessment and will be advised within the tool. This is to be followed unless a dietary specialist increases the frequency of the screen.

Additional factors to consider will be as follows:

* Has the client been eating a normal and varied diet in the last few weeks?
* Has the client experienced intentional or unintentional weight loss recently? (Obesity or fluid balance changes and oedema may mask loss of lean tissue. Rapid weight loss is a concern in all client’s whether obese or not).
* Can the client eat, swallow, digest and absorb enough food safely?
* Does the client have an increased need for all or some nutrients?

(Surgical stress, trauma, infection, metabolic disease, wounds, pressure ulcers, or history of poor nutritional intake may all contribute to such a need).

* Does any treatment, disease, physical limitation, or organ dysfunction limit the client’s ability to handle nutrients?
* Does the client have excessive nutrient losses through vomiting, diarrhoea?
* Does a global assessment of the service client suggest under-nourishment? (Low body weight, loose fitting clothes, fragile skin, poor wound healing, apathy, wasted muscles, poor appetite, altered taste sensation, altered bowel habit). Discussion with relatives/carers may be important.

**NICE Recommendations for Clinical Practice**

Nutrition support should be considered in people who are malnourished, as defined by any of the following:

* BMI of less than 18.5 kg/m2
* unintentional weight loss greater than 10% within the last 3-6 months
* BMI of less than 20 kg/m2 plus unintentional weight loss greater than 5% within the last 3–6 months.

Any nutritional support should be evidence-based and tailored to the client’s needs and preferences, where possible. All client’s requiring nutritional support need to receive coordinated care from the multidisciplinary team. Options for additional support, which should only be delivered by an appropriately trained professional, include:

* oral nutrition support (e.g., fortified food, additional snacks and/or sip feeds)
* enteral tube feeding (delivery of nutritionally complete feed directly to the gut)
* parenteral nutrition (delivery of nutrition intravenously).

All nutritional requirements and nutritional support should consider each client’s total nutrient intake, as well as the risk of refeeding and prescriptions should be issued in line with these. Prescriptions for nutritional support should be clearly documented to ensure consistent administration and reviewed and amended regularly in line with client progress.

Staff should also be aware that the provision of nutrition support is not always appropriate and any decisions to withhold or withdraw nutritional support should be considered from both an ethical and legal perspective, being made in line with guidance issued by the General Medical Council and the Department of Health. Any decisions to withdraw or withhold nutrition should be clearly documented and justified in the client’s records. [Company Name]’s staff must ask the healthcare professional making this decision to write this in the client records themselves or provide a letter.

# Obesity

On initial assessment, all clients must have their height, weight and BMI recorded to identify not only those who are malnourished, but also those who are considered overweight. Waist circumference should also be considered, in addition to BMI, in clients with a BMI of less than 35 kg/m2 but who appear overweight. Staff should interpret BMI with caution, especially in highly muscular adults, as it may be a less accurate measure of adiposity for this group.

Where clients are identified as being overweight, information should be provided by their GP to the client, and/or their family/carer, about their classification of clinical obesity and the impact this has on risk factors for developing other long-term health problems. It should be clarified that obesity is a clinical term with specific health implications and is not a reflection on the client’s appearance. Clients should be screened for any co-morbidities and treated as appropriate.

Clients that wish to follow a weight reducing diet, must be supported by [Company Name]’s staff, following the recommendations of the client’s GP or dietician.

Where clients do not wish to undertake a weight loss regime, information should be provided on where they can access services in the future should they wish.

# Hydration

Fresh, clean water must be always made available and accessible to clients, with other drinks being offered periodically throughout the day and night to clients that are able to drink.

Unless there are clinical considerations, average suggested fluid intake per day is as follows:

* 1–3 years 1 litre
* 4–8 years 1.2 litres
* 9–13 years 1.6 litres
* Adult 2.5 litres a day.

Clients should be regularly encouraged to drink and, where appropriate, family members and should also be encouraged to assist.

If needed, appropriate aids should be discussed with the client and/or family and provided to allow clients to manage their hydration needs independently. If a client is unable to manage their hydration independently, staff at [Company Name] must routinely offer to assist with drinking upon each visit, with more at mealtimes and medications and involvement where possible, of family.

For people with fluid restrictions, such as in kidney failure, this should be clearly documented, and all fluid intake should be closely monitored on advice of the client’s GP and recorded on a fluid chart. Fluid charts should also be used where there are concerns of inadequate hydration or where close monitoring of fluid balance is required.

Clients must be continually monitored for signs of dehydration and action should be taken immediately when it is present, with additional advice being sought if oral hydration is proving inadequate or inappropriate. Issues around dexterity and the ability to prepare drinks and manage the drinking device are also likely to compound this further. Clients may have their physical needs misinterpreted by staff. Behaviours such as lethargy and confusion, which can be causally linked to dehydration, might be mistakenly interpreted by staff as signs and symptoms of mental illness, for instance depression, agitation or dementia.

# Dysphagia and Prevention of Choking

Clients with dysphagia (difficulty swallowing), may include those:

* suffering a stroke
* with on-going history of chest infection, chronic obstructive airway disease/chronic obstructive pulmonary disease and pulmonary oncology
* with chronic or progressive neurological conditions including brain tumours, Motor Neurone Disease, Multiple Sclerosis
* in a confusional state and/or with dementia
* undergoing resection/reconstruction for cancer of the head and neck, including laryngeal surgery
* who are having or have had radio/chemotherapy
* with ear, nose, and throat diagnoses (e.g., vocal fold paralysis)
* with a head injury
* with learning difficulties
* with autoimmune disorders (e.g., HIV, lupus)
* who are elderly and frail
* diagnosed with infectious diseases
* those with a tracheostomy tube.

Dysphagia can lead to dehydration and increased risk of aspiration, leading to chest infections, pneumonia, and weight loss. Some people with dysphagia have problems swallowing certain foods or liquids, while others cannot swallow at all. Other signs of dysphagia include:

* coughing or choking when eating or drinking
* bringing food back up, sometimes through the nose
* a sensation that food is stuck in the throat or chest
* persistent drooling of saliva
* being unable to chew food properly
* a 'gurgly' wet sounding voice when eating or drinking.

If a client is showing any of the above signs when eating or drinking stop and seek immediate medical advice, liaise with the Registered Manager for guidance on where to seek help if you are unsure. The client may require a Speech and Language Therapy (SALT) assessment. Depending on the outcome, thickened fluids and dietary changes may be made as part of the client’s nutritional plan, following The International Dysphagia Diet Standardised Initiative (IDDSI) framework (refer to Appendix IV).

The (IDDSI) framework consists of a continuum of 8 levels (0–7), where drinks are measured from Levels 0–4, while foods are measured from Levels 3–7. The IDDSI Framework provides a common terminology to describe food textures and drink thickness. Staff should refer to these descriptors when documenting or discussing client’s care.

Refer also to the attached link for further guidance on thickened fluids and diet change: [IDDSI - Handouts](https://iddsi.org/Resources/Patient-Handouts)

**Thickened Fluids**

Thickened fluids and thickened drinks are often used for people with dysphagia, a disorder of poor swallowing function. The thicker consistency of the liquid makes it less likely that individuals will aspirate while they are drinking. Follow the dietary and (SALT) advice from the client’s practitioner.

Client’s prescribed thickened fluids will require an appropriate assessment, a prescribed care plan and competent staff to provide the care plan. The care provided will need to be documented in alignment with the plan and IDDSI Framework.

# Monitoring

Compliance with this policy in the form of assessments and use of dietary care plans, food/fluid charts will be audited and analysed by the Registered Manager for any trends or areas for improvement. Additional training and support will be provided to any staff not complying with the policy.

The efficacy of the policy will also be monitored through complaint and incident reporting, as well as general client/family feedback. Any concerns will be followed-up by the Registered Manager to ensure continued good practice and prevent further errors occurring.

# Related Policies

* Consent Policy
* Dignity and Privacy Policy
* End of Life Care (Adults) Policy
* Equality and Diversity Policy
* Governance and Risk Policy
* Incident Management Policy
* Information Governance and Record Keeping Policy
* Mental Capacity Act and DoLS Policy
* Quality Assurance Policy
* Training and Induction Policy

# Legislation and Guidance

**Relevant Legislation**

* Mental Capacity Act 2005
* The Care Act 2014
* The Health and Social Care Act 2008

**Guidance**

* International Dysphasia Diet Standardisation and Initiative <https://iddsi.org/Resources>
* NHS Dysphagia: <https://www.nhs.uk/conditions/swallowing-problems-dysphagia/>
* NICE Guideline [CG189]: Obesity: identification, assessment and management
* NICE Guideline [CG32]: Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition
* RCN Guidelines: <https://www.rcn.org.uk/clinical-topics/nutrition-and-hydration>

# Appendix I - BMI Score Chart

# Appendix II - Weight Loss Score Chart

# Appendix III - Alternative Measurements and Considerations

# Appendix IIIa - Alternative Measurements and Considerations (cont.)

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# Appendix IV - The International Dysphagia Diet Standardised Initiative (IDDSI)

Diagram

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# Summary of Review

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