

TREATING ADULT MALNUTRITION IN PRIMARY CARE

Establish if the patient is at risk of malnutrition Δ Record accurate weight and height Ask and record patient's 'usual' weight S Calculate and record MUST Score - CLICK HERE for online calculator S Assess and address any underlying causes for malnutrition e.g. ill fitting dentures, poor swallow, mental health needs, constipation, social needs, substance misuse. Refer patient to relevant services. S S MUST 0 = Low Risk MUST 1 = Medium Risk MUST 2 - 6 = High Risk Set clear treatment goals Set clear treatment goals with patient/carers No action required. Α Provide Think Food advice with patient/carers Continue to reassess **Provide Think Food advice** Homemade C MUST as needed (Care milkshake/smoothie or OTC Homemade Home residents Т milkshake/smoothie or OTC supplement drink 2/day (recipes screened monthly) supplement drink 1-2/day in food first advice) (recipes in Think Food ✓ Monthly review including Patients with pressure ulcers grade 2-4 should be treated advice) weight/BMI with medium or high risk advice Monthly review including ✓ Consider suggesting OTC as a standard to aim for weight/BMI vitamin/mineral supplement Ν increased nutrient intake. NB: A small number of patients e.g. own home with limited mobility and minimal social support may be suitable for a supplement prescription as first line (refer to prescribing pathway) Review after one month: Re-weigh and reassess height, BMI and MUST Score M MUST 1 = Medium Risk MUST >2 = High Risk MUST 0 = Low Risk Refer to medium risk action After one month 'Think Food' advice Refer to low risk action Т

<u>Treatment goal examples</u>

1. To increase weight and BMI to within a healthy range (aim BMI 18.5 minimum as a general rule, patients with COPD aim BMI 20). Weight targets will be specific to each patient taking into account their 'usual' weight.

this approach

- 2. Weight maintenance (may be suitable for patients unlikely to gain significant weight e.g. advanced dementia).
- 3. Optimise nutritional intake during acute period (e.g. if pt. has reduced intake as a result of medication/illness that is likely to improve).

prescribing recommendations.

If patient is continuing to lose weight after

one month 'Think Food' advice and patient meets ACBS criteria refer to page 2 for

4. Facilitate wound healing (e.g. for patients with pressure ulcers)

If patient's weight is stable or improving,

and MUST score is likely to decrease with

ongoing 'Think Food' advice; continue with



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When to prescribe a sip feed

Patient meets ACBS criteria

AND one of the following is applicable:

- 1. Pt. is at high risk malnutrition AND treatment goals not met after 1 month 'Think Food' advice with 2 nourishing milkshakes/smoothies per day
- Pt. is at high risk of malnutrition and pt. or carer is unable 2. to prepare homemade or OTC supplements
- 3. Dietitian has requested a prescription with adequate justification plus clear treatment goal and monitoring plan. Tube fed patients do not apply to this pathway.

Patients with dysphagia who require thickened fluids and supplement drinks have been deemed unsafe (after SaLT assessment) are not suitable for this pathway.

When to stop a sip feed prescription

- When treatment goals have been met (unless Think Food approach alone is insufficient to support ongoing nutritional intake)
- If requested to do so by a dietitian or specialist
- ✓ If clinically indicated (e.g. erratic blood sugars)
- ✓ If patient is not taking the supplements regularly or in therapeutic dose (usually bd)
- If patient is at the end of life and supplement prescription is not enhancing their quality of life

Care home patients

For patients in Care Homes, the emphasis should be on the home to provide nourishing fluids and food items as the treatment of malnutrition as per the 'Think Food in Care Homes' pathway. Nutritional Supplements should only be prescribed if there is clear clinical need and should be regularly reviewed.

All items to be prescribed on a **one month acute prescription only**, and then reviewed against treatment goal. **Check flavour preferences** and specify on prescription (avoid requesting mixed flavours).

We suggest two flavours should be selected which can be altered at monthly review.

First line – Powder Based Option

Suitable when patients or carers are able to prepare powdered drink

Approximate price per item

£0.60

£0.70

£1.12

£1.35

£1.97

Ensure® Shake bd

Can be served in reduced doses (e.g. 4 x 100mls/day). Once reconstituted, store in the fridge for up to 24 hours

AYMES® Shake Chicken bd

Savoury option*

*not as meal replacement (Chicken only available flavour)

If patient or carers are not able to prepare powdered drink

Second line options

Ensure® Plus Milkshake*

hd

*clinically lactose free

Third line option

If patient dislikes milk type drinks

Ensure® Plus 'Juce' bd (220ml)

For patients with a reduced volume tolerance

Ensure® Compact

to follow elements of the 'Think Food' approach whilst ONS prescription is utilised to support with self-management of nutritional needs.

Patients should continue

Dietitians may request alternative products to those listed in this guidance. Requests must include adequate justification, clear aim and plan for monitoring.