

 **Medicines Optimisation Team**

 William Farr House

Mytton Oak Road

Shrewsbury

SY3 8XL

**🕿 01743 277557**

 **Fax 01743 277558**

**Email: SHRCCG.ThinkFoodShropshire@nhs.net**

**Dietetic Referral – Shropshire CCG Medicines Optimisation Care Home Team**

This referral form is designed to be used with Care Home residents who are at risk of malnutrition for which the ‘Think Food in Care Homes’ pathway has not been adequate to meet their nutritional needs.

**Please note: The expected response time for referrals received is up to five working days (not including weekends or bank holidays). First contact will be in the form of a telephone triage assessment.**

**If a resident has reduced nutritional intake and is acutely unwell, please contact their GP or relevant healthcare professional.**

**If the resident is receiving end of life care, or has limited dietary intake secondary to clinical condition (e.g. advanced dementia with frequent food refusal) please discuss appropriateness of referral with GP, relevant healthcare professional and relatives.**

Before making a referral please ensure that the following has been implemented:

* Resident has up to date MUST score and weight
* The resident is identified as being at risk of malnutrition (i.e. MUST score 1 – 6)
* The Think Food in Care Homes pathway has been implemented in full and evidenced for at least one month
* Reasons for malnutrition (e.g. poor dentition, swallowing difficulties, mental health related needs) have been assessed and referrals have been made to appropriate healthcare professionals where required.

Further information on the pathway can be found via the following: www.shropshireccg.nhs.uk/nutrition



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| **Resident Details**  |
| Name:NHS number: | D.O.B:Consent for referral gained? Y / NComments: |
| Care Home name and address: | GP name & address:  |
| Current medications: | Weight: |
| Height: |
| BMI: |
| MUST Score: |
| Past Medical History and Primary Diagnosis: | ‘Usual’ weight:  |
| Recommended consistencies/stages for diet and fluids:Food allergies/intolerances:Assistance required with eating/drinking?  |
| Has Think Food Pathway been implemented in full for at least one month? Comments: |

Referrers name: Job title: c

 Signature: Date: m