Nutritional screening

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Aim for this session

- What is nutritional screening?
- Why do nutritional screening?
- Nutritional Screening tools
- After nutrition screening – what next?
Nutritional screening

- Nutritional screening in palliative care is an important aspect of holistic care (Shaw and Eldridge 2015).

- Organisations have a duty to safeguard service users from malnutrition and dehydration, to identify poor nutrition and dehydration with nutrition screening and to take action to treat it (DOH 2008).

- Monitored by CQC
CQC Key Lines of Enquiry

EFFECTIVE - By effective, we mean that people’s care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

E1 Are people’s needs assessed and care and treatment delivered in line with current legislation, standards and evidence-based guidance to achieve effective outcomes?

E1.5 How are people's nutrition and hydration needs (including those related to culture and religion) identified, monitored and met? Where relevant, what access is there to dietary and nutritional specialists to assist in this?
CQC Key Lines of Enquiry – Ratings Characteristics

OUTSTANDING:
There is a truly holistic approach to assessing, planning and delivering care and treatment to all people who use services. This includes addressing, where relevant, their nutrition, hydration and pain relief needs.

GOOD
....... People have comprehensive assessments of their needs, which include consideration of clinical needs (including pain relief), mental health, physical health and wellbeing, and nutrition and hydration needs ...
What is the purpose of Nutritional Screening?

To identify malnutrition which results in:

- increased risk of illness and infection
- Slower wound healing
- Increased risks of falls
- Difficulty in keeping warm
- Low mood
- Reduced energy levels
- Reduced muscle strength
Malnutrition in Hospice Patients

Many of our patients will be undernourished due to:

- their disease
- effects of treatment
- low in mood
- generalised poor appetite for long periods of time
- cachexia
Who’s responsibility is it to recognise and treat malnutrition?

Everyone's responsibility
Nutritional Screening

The basics:

✓ Weight
✓ Height
✓ Body Mass Index (BMI)
✓ Weight Change
Body Mass Index

Body mass index (BMI) is the ratio of weight to height squared (kg/m²).

- BMI 19 - 25 indicates healthy weight.
- BMI of 18 or under indicates underweight.
- BMI over 25 indicates overweight.
Nutritional Screening

Do you have any concerns about weighing patients?

What do patients think about being weighed?
Nutritional Screening

What if you can’t weigh the patient?

- Have they have been weighed recently, eg: at a clinic
- Look at the fit of clothes
- Loose rings
- Belts tightened
- Dentures loose
Malnutrition Universal Screening Tool MUST
Nutritional screening

St Joseph's Hospice Nutrition Screening Tool:- a local screening tool (Not validated)

• Weight/height/BMI
• Assess weight change in past 3-6 months
• Change in appetite
• Need for texture modification
• Use of nutritional supplements
• Artificial nutrition and hydration
• Co-morbidities
• Psychosocial impact of poor appetite.
** Version 2.03. First Visit IPU Created x 01/2017 **

** First Visit Form - Please Remember to confirm the following **

- Next of Kin Details, Ethnicity, Occupation

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Consent to sharing Information (STJH CMC)
- YES
- NO
- Not Assessed

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** Nutritional Assessment **

Nutritional Assessment Completed: 20/05/2016
Weight: 20/05/2016
Height: 31/12/2015
BMI: 20/05/2016

If BMI is less than 18, Please refer to dietician

Weight change in the past 3 months:
- Stable
- Up
- Down
- Not Assessed

Are you enjoying your food at the moment:
- YES
- NO
- Not Assessed

If NO, can you explain why:

Patient on a Special Diet:

Special diet - Other:

Symptoms affecting appetite:

Symptoms affecting appetite - Other:

Do you need to refer this patient to Dietetics or SALT? If Yes please do Internal Referral and add to caseload

---

Waterlow Pressure Ulcer
** Version 2.03. First Visit IPU Created x /01/2017 **

First Visit Form - Please Remember to confirm the following

- Next of Kin Details, Ethnicity, Occupation

Consent to sharing Information (STJH CMC)
- YES
- NO
- Not Assessed

04/05/2017

Nutritional Assessment

Nutritional Assessment Completed:
- [ ]

Weight:

Height:

BMI:

If BMI is less than 18, Please refer to dietician

Weight change in the past 3 months:
- [ ] Stable
- [ ] Up
- [ ] Down
- [ ] Not Assessed

Are you enjoying your food at the moment:
- [ ] YES
- [ ] NO
- [ ] Not Assessed

If NO, can you explain why:

Patient on a Special Diet:

Special diet - Other:

Symptoms affecting appetite:

Symptoms affecting appetite - Other:

Do you need to refer this patient to Dietetics or SALT? If Yes please do Internal Referral and add to caseload

Waterlow Pressure Ulcer
### Q1

What have been your main problems or concerns over the past week?

<table>
<thead>
<tr>
<th>Problem or concern</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>13/12/2016</td>
</tr>
<tr>
<td></td>
<td>13/12/2016</td>
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<tr>
<td></td>
<td>13/12/2016</td>
</tr>
</tbody>
</table>

### Q2

Below is a list of symptoms, which you may or may not have experienced over the past week.

For each symptom, please select a number between 0 and 4 to indicate how it has affected you over the past week.

Where 0 = Not at all, 1 = Slightly, 2 = Moderately, 3 = Severely and 4 = Overwhelmingly

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain (IPOS)</td>
<td>21/04/2017</td>
</tr>
<tr>
<td>Shortness of breath</td>
<td>21/04/2017</td>
</tr>
<tr>
<td>Weakness or lack of energy</td>
<td>13/12/2016</td>
</tr>
<tr>
<td>Nausea</td>
<td>13/12/2016</td>
</tr>
<tr>
<td>Vomiting</td>
<td>21/04/2017</td>
</tr>
<tr>
<td>Poor appetite</td>
<td>21/04/2017</td>
</tr>
<tr>
<td>Constipation</td>
<td>21/04/2017</td>
</tr>
<tr>
<td>Sore or dry mouth</td>
<td>13/12/2016</td>
</tr>
</tbody>
</table>
After nutritional screening – what next?

What do you do if you identify a patient is malnourished?

When should you refer on?
References

Care Quality Commission Key Lines of enquiry
