



Care Home FAQs

Berkshire Nutrition & Dietetics Department

Rejected Referrals

Think before you refer!

MUST 1 - When a resident has a MUST score of 1. Have you started food first as per MUST Action Plan 1? Putting in measures to prevent the resident losing more weight and becoming a MUST of 2?

MUST 1 is the chance to take steps to 'PREVENT' the risk of malnutrition.

MUST 2 or above - When a resident has a MUST score of 2 or above, Have you started food first as per the MUST action plan 2 for 4 weeks before referring?

Watch our Care Home training video on Understanding MUST score - https://vimeo.com/473044412/25a95e7758



- The incorrect referral form was used
- The referral form hasn't been fully completed for us to triage correctly
- They have a MUST score of 0 or 1
- MUST Action Plan 2 hasn't been followed for 4 weeks before referring
- They have been in the Care home for less than 3 months. Need time to settle in and their food preferences taken into consideration? MUST should be repeated as per action plan.



It is more accurate to use the BAPEN MUST calculator.

MUST Online Calculator - Malnutrition Universal Screening Tool (bapen.org.uk)





Referral Queries

What if our resident has behavioural issues, throwing, spitting food or can be aggressive?

- Does the resident need a medication review by the GP or the Older Adults Mental Health team? If so, then you will need to refer them and/or talk to the GP
- Does the resident have any infections e.g. UTI
- Do they have problems in their mouth: Thrush, infection, tooth decay, illfitting dentures, poor oral hygiene



What if our resident is refusing to eat?

- Find out what the resident enjoys to eat and drink
- They may prefer to drink rather than eat, e.g., fortified soups, fortified drinks and homemade milkshakes
- Do they have problems in their mouth: thrush, infection, tooth decay, illfitting dentures, poor oral hygiene
- Try finger foods or a portion of pudding
- Offer gentle encouragement and make the most of the times they want to eat or drink. Offer food and fluids little and often or as requested by the resident.
- Is the resident approaching EOL
- There isn't much we can do if the person won't eat or drink, offer food and fluids for comfort. Dietetic intervention isn't appropriate.



• What if our resident is only eating a few spoons of food at each meal?

- Offer smaller portions of food, more frequently, so it isn't daunting or overwhelming
- Offer easier to chew options with extra sauces or gravy
- Ensure a calm environment with no distractions
- Offer 1:1 assistance and encouragement—with eating or drinking
- Change the place where they eat. Consider eating with others or by themselves.
- Ask family or friends to visit at meals times to offer support



What if our resident refuses to be weighed or they are too frail?

- Try to do a MUAC measurement or use subjective measurements
- See our Nursing Home training video on understanding weight changes

https://vimeo.com/473764279/41a8f500a9

What if our resident eats more pudding than their main meal?

Try giving the pudding before their main, this can increase appetite

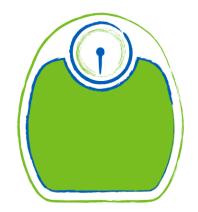
- Maybe after, they will try some of the main meal. If not, offer them another helping of pudding
- Make sure the pudding is fortified
- See making the most of what you eat https://vimeo.com/483504688/d12da2d59f



- Consider a medication review and/or EOL assessment by the GP
- Make the most of the times when the resident is awake and alert by giving high calorie food and/or drinks during this time
- Do not pressure the resident to finish their meals, this can make them anxious

Why can't the resident just be put on supplements?

- In our initial assessment, we give food first advice, information on how to fortify meals and make nourishing drinks
- When made up correctly, the Berkshire Healthcare homemade fortified milkshake recipe provides a similar amount of nutrition as prescribed ONS – approx. 300kcals and 15g of protein.
 If given twice daily this could help promote weight gain
- Homemade milkshakes should be given twice daily and documented on the residents MAR chart. Record how much of the milkshake is consumed.
- If the resident isn't tolerating or doesn't like the milkshakes or not drinking enough of them, we will then suggest trying homemade smoothies.* see link below for recipes
- Before a prescription can be requested, they must meet one of the Advisory Committee on Borderline Substances (ACBS) indicators
- https://vimeo.com/483592920/a46820e73c







Discharge

We are providing you with an assessment and treatment plan. We are not a monitoring service

My resident is still a MUST 2 or above. Why are you discharging?

- Once we have given initial advice and a treatment plan, it is over to you to implement this.
- If further dietetic input/support is required, re-refer.

My resident is refusing to eat. Why are you discharging?

• Dietetic input is limited if a resident refuses to eat. Ensure the resident's family understand that the resident can't be forced to eat and you are offering food and fluid as tolerated or requested by the resident.

My resident is End Of Life. Why are you discharging?

- There may be a reduced appetite and loss of interest in eating and drinking
- This can be worrying for relatives however this is a normal part of the dying process. The need to eat lessens and people do not really feel hunger or thirst. Food can lead to discomfort and distress.
- Focus on comfort offer food and fluids little and often or as requested
- Moisten lips and mouth with a mouth sponge or sips of water
- Continue to offer different food and fluid options and don't be disheartened if they refuse. Enjoy spending time with them.

Watch the Nursing/Care Home training videos:

Nutritional considerations for EOL: https://vimeo.com/473045588/a2179b2516

Eating and drinking as conditions progresses https://vimeo.com/478967130/89b870f7c3

Please see all our nutrition training videos below for more support: https://www.berkshirehealthcare.nhs.uk/care-home-nutrition-resources

We hope this has answered your questions.

We welcome feedback, please feel free to email us if you have any queries.

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