Information for carers

NHS
Berkshire Healthcare
NHS Foundation Trust

# The Care Home Nutrition Manual

## A Practical Guide to Tackling Malnutrition and Supporting Special Diets

Updated: November 2025

# Referral pathway to Nutrition and Dietetics

Care homes are advised to implement the 5 steps to manage malnutrition (refer to Managing Malnutrition 5 steps on page 6) as outlined in the manual, for a duration of four weeks. If concerns persist following this period, a referral should be initiated.

Care homes should submit referrals via the online Nutrition and Dietetics Service Referral Form for Care and Nursing Homes.
**Link:**
forms.office.com/e/71XnQyqab3

The online referral system will send automatic nutrition care plans for:

- MUST scores of 0 or 1
- No documented evidence of food fortification
- Residents receiving end-of-life care
- Poor oral intake due to behavioural factors (e.g. excessive sleepiness, food refusal)
- Cases that do not meet referral criteria

If the care home remains concerned about a resident after completing the 5-step managing malnutrition flow chart, and has completed the online referral, they should complete the **General Questions Care Home Form**

forms.office.com/e/5BscPaPCtj?origin=lprLink

This answers common nutritional queries and provides a template for recording nutrition progress notes and outlining a helpful action plan. If your nutritional problem is not outlined, it will give the option to ask a question. A response will be provided within five working days. **This process offers general advice only**

**Online referral system accepts residents who meet the following criteria:**

MUST score of **2 or more** with at least one of the following clinical conditions:

- Bowel fistulae
- Coeliac disease
- Complex diagnosed food allergies
- eGFR between 15–29 mL/min/1.73 m²
- Fluid restriction and oedema associated with heart failure
- Frequent diarrhoea (≥5 times/day), or presence of blood/mucus in stool, abdominal pain or cramping due to an acute flare of IBD (e.g., Diverticular disease, Crohn's disease, Ulcerative Colitis)
- High stoma output (>1.5L/day)
- History of bariatric surgery
- Insulin-dependent diabetes
- Neurological conditions which increase energy and protein requirements (MND, Huntingtons, recent traumatic brain injury, MS)
- Non healing pressure ulcer despite nutrition support for 4 weeks
- Pancreatic insufficiency
- Paranoid states related to food
- Poorly controlled diabetes
- Patient has liver related dietary restrictions
- Patient requiring thickened fluids
- Patient with involuntary movements (Parkinsons disease tremor, dystonic cerebral palsy)
- Patients in respiratory distress (severe COPD, Cystic fibrosis)
- Recent bowel obstruction or short bowel syndrome
- Total gastrectomy
- Undergoing gastrointestinal cancer treatment

**OR**

- MUST score of **4 OR**
- Unintentional weight loss ≥15% **OR**
- BMI ≤16 kg/m² **OR**
- Minimal or no nutritional intake for >5 consecutive days

# Managing Malnutrition 5 Steps

**Step 1: Fill out nutrition care plan**

This should be completed on the resident's admission. Work with the resident to create a nutrition plan that suits what they need, what they like, and what they want to achieve.

**Step 2: Conduct Malnutrition Universal Screening Tool (MUST) and interpret score**

Use the MUST to assess the resident's nutritional risk and create action plan.

**Step 3: Observe mealtime behaviour and intake**

Identify requirements for eating habits, environment and support needs.

**Step 4: Assess clinical reasons for poor oral intake**

Identify clinical factors that may be affecting intake

**Step 5: Troubleshoot FAQ**

Read through guide

# Step 1:
# Nutrition care plan document

This should be completed upon the resident's admission and subsequently whenever there is a change in their clinical condition, oral intake or weight.

A nutrition care plan is essential in care homes because it ensures that each resident receives the right support to maintain their health, wellbeing and dignity.

### Key Benefits of a Nutrition Care Plan in Care Homes

**Personalised Support**
It tailors meals and nutritional strategies to each resident's medical conditions, preferences, allergies and cultural needs.

**Prevention of Malnutrition**
Helps identify residents at risk of undernutrition or dehydration early, using tools like MUST and puts measures in place to prevent deterioration.

**Improved Health Outcomes**
Supports recovery from illness, strengthens immunity and reduces the risk of complications such as pressure ulcers, infections and falls.

**Enhanced Quality of Life**
Ensures residents enjoy meals that are appetising and appropriate, which can improve mood, social engagement and overall satisfaction.

**Compliance with Regulations**
Meets standards set by regulatory bodies like the Care Quality Commission (CQC), demonstrating safe and effective care.

**Team Coordination**
Provides clear guidance for care staff, kitchen teams and healthcare professionals to work together in delivering consistent nutritional care.

# **Step 1:** Fill Out the Nutrition Care Plan

| Surname | First name | NHS number | Date of birth |
|---|---|---|---|
| | | | |

| | | | |
|---|---|---|---|
| **Date** | | | |
| **Weight** | | **Height** | Ulna Measurement/ Stadiometer/Estimated |
| **BMI (kg/m2)** | | **MUST Score** | |
| **Weight obtained by** | Scales/ Hoist Scales/ Estimated | **Weight and height reported by** | |
| **Weight history over the past 6 months** | | | |
| **Allergies and intolerances** | | | |
| **Religious or ethical requirements** | | | |
| **Special diets** | | | |

| **Swallowing texture (As recommended by Speech and language Therapist) Highlight recommendations** | | | | | | |
|---|---|---|---|---|---|---|
| **Food texture** | Regular | Easy to Chew | Soft & Bitesize | Minced & Moist | Puree | Liquidised |
| | Level 7 | Level 7 | Level 6 | Level 5 | Level 4 | Level 3 |
| **Fluid thickness** | Thin | | Slightly thick | Mildly thick | Moderately thick | Extremely thick |
| | Level 0 | | Level 1 | Level 2 | Level 3 | Level 4 |

| | | |
|---|---|---|
| **Do you have concerns with patient's swallow?*** | YES | NO |
| **Choking or coughing episode after eating or drinking?*** | YES | NO |

***(if you have answered YES to either of the preceding questions, please also refer to Speech and Language Therapy)**

| Preferences - Highlight preferences | | | | | |
|---|---|---|---|---|---|
| **Preferred Food Texture** | No Modifications | Easy Chew | Soft & Bite size | Minced & Moist | Puree |
| **Preferred Fluid Thickness** | Thin/No Modifications | Slightly Thick | Mildly Thick | Moderately Thick | Extremely Thick |
| **Preferred Portion Size** | Very Small | Small | Medium | Large | Very Large |
| **Likes** | | | **Dislikes** | | |
| **Drinks** | **Example:** Do they prefer hot drinks with milk, sugar, strong or milky tea/coffee, cold drinks | | **Preferred Meal Pattern** | **Example:** Likes to graze/ 3 main meals per day and pudding after main meals | |
| **Preferred eating environment: with residents or own room** | | | | | |
| **Assistance needed to eat or drink?** | YES | | NO | | |
| **Adapted cutlery or crockery needed?** | | | | | |

| Observations from assessment Step 3 and Step 4 | |
|---|---|
| **Notes and observations from Mealtime Behaviour Intake Chart**<br><br>**If resident is at risk of malnutrition (MUST 1 or MUST ≥ 2) please complete step 3 (page 13-14).** | |
| **Notes and observation from Clinical Reasons for Poor Oral Intake Chart**<br><br>**If resident is at risk of malnutrition (MUST 1 or MUST ≥ 2) please complete step 4 (page 16-18)** | |

# Step 2:
# Malnutrition Universal Screening Tool

Filling out a **MUST (Malnutrition Universal Screening Tool)** for care home residents is essential for identifying those at risk of malnutrition and ensuring timely, appropriate nutritional support.

### Why MUST Screening Matters in Care Homes:

- **Early Detection of Malnutrition Risk**
  MUST helps identify residents who are underweight, losing weight unintentionally or have poor nutritional intake even before clinical symptoms appear.
- **Supports Individualised Care Planning**
  Results guide tailored interventions such as food fortification or referral to health services.
- **Monitors Changes Over Time**
  Regular screening allows staff to track weight changes, health status, helping to adjust care as needed.
- **Meets Regulatory and Best Practice Standards**
  Routine nutritional screening is a key requirement in many care quality frameworks and inspections.
- **Improves Health Outcomes**
  Addressing malnutrition early can reduce hospital admissions, improve recovery and enhance quality of life.

# **Step 2:** Conduct MUST screening and interpret score

Use the BAPEN online calculator – set this as a shortcut on your home screen:
[bapen.org.uk/screening-and-must/must-calculator](bapen.org.uk/screening-and-must/must-calculator)

MUST Scores should be kept in the resident's nutritional care plan; this is a fact sheet to demonstrate how MUST is calculated.

## Malnutrition Universal Screening Tool (MUST) for care homes

MUST is **not** suitable for patients receiving end-of-life care.

**Body mass index (BMI) score**

| BMI (kg/m²) | Score |
|---|---|
| >20 | 0 |
| 18.5 – 20 | 1 |
| <18.5 | 2 |

+

**Weight loss score**

| % (unplanned) | Score |
|---|---|
| <5 | 0 |
| 5 – 10 | 1 |
| >10 | 2 |

+

**Acute disease effect score**

If patient is acutely ill and there has been or is likely to be no nutritional intake for >5 days (rare in care homes):
Score 2

To calculate BMI (kg/m2):
Weight ÷ Height ÷ Height = BMI **(e.g. 40kg ÷ 1.6m ÷ 1.6m = 15.6 kg/m2 )**

To calculate weight loss (%):
1 - New weight ÷ Previous weight = Weight loss score (e.g. 1 - 40kg ÷ 45kg = 0.11 = 11%)
If you don't have a previous recorded weight, use self-reported previous weight (if realistic).

| **Overall risk** (add scores together) | **Risk level and management guidelines** |
|---|---|
| 0 | Low risk – Repeat screening monthly |
| 1 | Medium risk – Observe **(go to Action Plan 1)**; repeat screening monthly |
| 2 or more* | High risk – Treat (**go to Action Plan 2**); repeat screening weekly |
| *If acute disease effect score is 2, discuss with dietitian before starting supplements | |

# Personal plan of care checklist if **MUST 1**

| Surname | First name | NHS number | Date of birth |
|---|---|---|---|
| | | | |

| | |
|---|---|
| **Date:** | |
| **Current weight:** | _____ kg |

**Action plan 1 –** Use 'Food First' approach

Below are the list of actions to be carried when patients identified at risk of malnutrition. Tick the appropriate box to acknowledge the actions will be carried out

| | |
|---|---|
| Ensure the patient and relatives are aware of concerns regarding risk of malnutrition | ☐ |
| Ensure help is provided and advice on food choices, eating and drinking when necessary | ☐ |
| Ensure the need for a special diet is recorded and visible to staff members offering meals and snacks | ☐ |
| Encourage 3 meals and 3 high calorie snacks and milky drinks daily (refer to **Making the most of what you eat**, on Care Home Resources) | ☐ |
| Use food fortification ingredients when serving meals, e.g. butter, cream, cheese (refer to Care Home Resources, **100kcal boosters**) | ☐ |
| Keep a food record – record all food and drinks offered and quantities taken over 3 days (refer to Care Home Resources Referral forms, **Example food and fluid chart**) | ☐ |
| Make sure this information is passed on during each shift handover | ☐ |

## Treatment aims:

- Prevent further weight loss or increase weight
- Ensure nutrition and hydration adequacy
- Increase calorie intake by **400-600kcals** per day

If MUST score:

- Has **decreased to 0**, the client is at **low nutritional risk** (repeat screening monthly unless clinical condition changes)
- Is **at 1**, client is at **medium nutritional risk** (continue with action plan 1 and repeat screening monthly)
- Is **2 or above**, client is at **high nutritional risk** (start **action plan 2** and **repeat screening weekly**)

# Personal plan of care checklist if **MUST 2**

| Surname | First name | NHS number | Date of birth |
|---|---|---|---|
| | | | |

| | |
|---|---|
| **Date:** | |
| **Current weight:** | _____ kg |

## Action plan 2 – Use 'Food First' approach

Below are the list of actions to be carried when patients identified at risk of malnutrition. Tick the appropriate box to acknowledge the actions will be carried out

| | |
|---|---|
| Ensure the patient and relatives are aware of concerns regarding risk of malnutrition | ☐ |
| Ensure help is provided and advice on food choices, eating and drinking when necessary | ☐ |
| Ensure the need for a special diet is recorded and visible to staff members offering meals and snacks | ☐ |
| Encourage 3 meals and 3 high calorie snacks and milky drinks daily (refer to Care Home Resources Making the most of what you eat) | ☐ |
| Use food fortification ingredients when serving meals, e.g. butter, cream, cheese (refer to Care Home Resources, **100kcal boosters**) | ☐ |
| Keep a food record – record all food and drinks offered and quantities taken over 3 days (refer to Care Home Resources Referral forms, **Example food and fluid chart**) | ☐ |
| Offer homemade milk shakes twice a day (refer to Care Home Resources, **homemade milkshakes**) | ☐ |
| If client continues to lose weight after one month of following action plan 2, refer to the online general queries form | ☐ |
| Make sure this information is passed on during each shift handover | ☐ |

## Treatment aims:

- Prevent further weight loss or increase weight
- Ensure nutrition and hydration adequacy
- Increase calorie intake by **>600kcals** per day

**Repeat MUST screening weekly**

# Step 3:
# Mealtime Behaviour Intake Chart

This should be completed upon the resident's admission and subsequently whenever there is a change in their clinical condition, oral intake, or weight.

Monitoring how a resident is presented with and receives their meals and snacks can help uncover any issues that may be impacting their nutritional intake. The checklist below is designed to support your observations during mealtimes and assist in creating a tailored nutritional care plan (Step 1).

# **Step 3:** Mealtime Behaviour Intake Chart

| Surname | First name | NHS number | Date of birth |
|---|---|---|---|
| | | | |

| Date: | |
|---|---|
| **Meal Choices and Behaviour** | |
| Did the resident get what they ordered? | ☐ |
| Did the resident, if declined meal, get another option? | ☐ |
| Did someone help the resident order their meals? | ☐ |
| Are foods left uneaten or refused? | ☐ |
| Poor fluid intake? | ☐ |
| Do they walk around during mealtimes? | ☐ |
| Are the distracted from eating? | ☐ |
| Do they hoard or hide foods? | ☐ |

| Food Preferences | Notes |
|---|---|
| What temperature does the resident like their food? (Cold / Warm / Hot / Very hot) | |
| What portion size do they prefer? (Small / Medium / Large)<br>Is the portion too big?<br>Is the portion too small? | |
| **Nourishing Drinks** | |
| What type of nourishing drink do they prefer? (Fruit-based / Milk-based) (Milk Based refer to Care Home Resources homemade milkshake recipes) (Fruit based refer to Nutrition and Dietetics Resource Care Home Nutrition and Dietetics) | |

# **Step 3:** Mealtime Behaviour Intake Chart

| Surname | First name | NHS number | Date of birth |
|---|---|---|---|
| | | | |

| | Date |
|---|---|
| **Texture Needs** | **Notes** |
| What texture is best for the resident? (Normal / Soft / Pureed / Other) | |
| Does the resident need help from speech and language therapy? | |
| **Mealtime Satisfaction** | |
| Are the meal choices suitable for their culture or dietary needs? (e.g. gluten-free, lactose-free, South Asian, plant based) (Refer to Care Home Resources Making the most of what you eat fact sheets) | |
| Do they like the taste of the food?<br>Are they experiencing taste changes? | |
| **Eating Setup** | |
| Is the resident in their preferred place to eat? (Room / Dining room) | |
| Is the TV or music on/off as they prefer? | |
| Can the resident reach their food and drink easily? Are they using adapted cutlery? | |
| Can they tell you what they need? (If not, use pictures, writing, or other ways) | |

# Step 4:

# Assess clinical reasons for poor oral intake

This should be completed upon the resident’s admission and subsequently whenever there is a change in their clinical condition, oral intake, or weight.

Monitoring clinical reasons for poor oral intake can help uncover any issues that may be impacting a resident's nutritional intake.

The checklist below is designed to assist in creating a tailored nutritional care plan (Step 1).

# **Step 4:** Clinical Reasons for Poor Intake

| Surname | First name | NHS number | Date of birth |
|---|---|---|---|
| | | | |

**Adapted from Eating and Drinking Well with Dementia** - Bournemouth University bournemouth.ac.uk/nutrition-dementia

| | Date: |
|---|---|
| **Dementia symptoms** | |
| Use visual aids like food show plates if the resident has cognitive or communication challenges | ☐ |
| Offer finger foods | ☐ |
| Reduce distractions or overstimulation | ☐ |
| If someone cannot speak well or verbalise consider using pictures of food or tools they can use to communicate | ☐ |
| Follow dementia mealtime tips Refer to Care Home Resources Eating well in dementia) or Watch Eating well in Dementia video | ☐ |
| **Walks around during mealtimes** | |
| Ensure mealtimes are calm and there are not too many distractions | ☐ |
| Take a walk before a meal, sit with residents to model eating | ☐ |
| Consider if walking is purposeful for example, do they usually like to wash their hands before a meal? Can this be included in their routine earlier? | ☐ |
| Provide grazing menus or lunch boxes with finger foods | ☐ |
| **Hoards or hides foods** | |
| Serve smaller portions and more often | ☐ |
| Consider why they may be hiding these items and whether reassurance could help. Are they embarrassed they could not find the meal? Are they afraid they may be asked to pay for food? | ☐ |
| Do they like a snack later in the day? | ☐ |

| | |
|---|---|
| **Date** | |
| **Behavioural issues, throwing, spitting food or can be aggressive?** | |
| Does the resident need a medication review by the GP or the older adult's mental health team? If so, then you will need to refer them and/or talk to the GP. | ☐ |
| Do they have problems in their mouth: thrush, infection, tooth decay, ill-fitting dentures, poor oral hygiene | ☐ |
| Follow high calorie snack ideas (Refer to Care Home Resources Making the most of what you eat fact sheets) | ☐ |
| **Trouble chewing or swallowing. Dry or sore mouth** | |
| Review texture needs (e.g. soft, mashed, pureed). Refer to speech and language therapy if appropriate. | ☐ |
| Check oral health and dentures; consider dental referral. | ☐ |
| Offer preferred textured meals (Refer to Care Home Resources Texture Modified Diets) | ☐ |
| **Trouble feeding themselves** | |
| Provide adapted cutlery or utensils. Position food and drink within easy reach. | ☐ |
| Help with meals, snacks, and drinks | ☐ |
| Refer to occupational therapy | ☐ |
| **Constipation, diarrhoea or reflux** | |
| Help residents use the toilet before and after meals to reduce discomfort. | ☐ |
| Constipation can cause nausea, pain, or discomfort, which may reduce appetite. Constipation Tips and consider referral to GP. bda.uk.com/ | ☐ |
| Diarrhoea may cause loss of appetite, dislike of food, or taste fatigue offering a variety of foods can help. Refer to: Diarrhoea Tips and consider referral to GP. bda.uk.com/ | ☐ |
| Reflux may cause heart burn or an unpleasant taste in mouth. Refer to Reflux Tips and consider referral to GP. bda.uk.com/ | ☐ |

| | Date |
|---|---|
| **Wrong time of day (too tired, asleep, not hungry)** | |
| Adjust meal and snack times to suit the resident's routine. Offer larger portions at preferred times. | ☐ |
| Try lighter meals or nourishing snacks when appetite is low. | ☐ |
| Follow high calorie snack ideas (Refer to Care Home Resources Making the most of what you eat fact sheets) | ☐ |
| **Pain** | |
| If you think that resident is in pain and this is preventing them from eating or drinking, please contact their GP. | ☐ |
| **Feeling sick or vomiting** | |
| Offer dry or cold foods (e.g. toast, crackers, yogurt). Avoid strong smells, spicy, fatty, or sweet foods. | ☐ |
| Encourage small bites, eaten slowly and upright | ☐ |
| Follow nausea tips bda.uk.com/ | ☐ |
| Consider medical or medication review. | ☐ |
| **Loss of taste, taste changes** | |
| Enhance taste with sauces, marinating, trying new foods, adding herbs and spices or zest | ☐ |
| **Low mood or poor mental health or making unwise decisions** | |
| Engage in gentle conversation and reassurance. Offer favourite or comfort foods | ☐ |
| Residents have the right to refuse advice about food and drink if they understand the risks and choose not to follow it. Their decision should be respected. If a resident cannot make decisions for themselves, staff must act in their best interests, following the Mental Capacity Act (2005) and local care guidelines, with help from healthcare professionals when needed | ☐ |
| Consider GP referral for mental health support | ☐ |

# Step 5:

# Care Home FAQs

## Berkshire Nutrition & Dietetics Department

**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 the measures to prevent the resident losing more weight and becoming a MUST of 2?

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

**MUST 2 or above:** When a resident has a MUST score of 2 or above.
Have you followed the 5-step malnutrition management process?

Consider watching our Care Home training video on Understanding MUST score –

Why has my referral been rejected?

- The incorrect referral form was used
- The referral form hasn't been fully completed for us to triage correctly
- MUST Action Plan 2 hasn't been followed for 1 month before referring
- They have a MUST score of 0 or 1 or 2 and do not have medical conditions that meet referral criteria
- They have been in the Care home for less than 4 weeks.

**Why is our MUST calculation different to yours?**
It is more accurate to use the BAPEN MUST calculator.
bapen.org.uk/screening-and-must/must-calculator

## 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

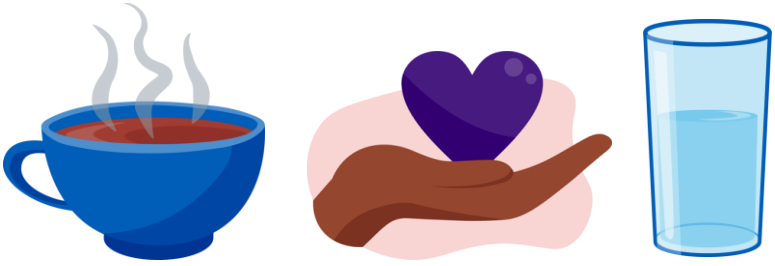
- When made up correctly, the Berkshire Healthcare homemade fortified milkshake recipe provides a similar amount of nutrition as prescribed ONS approx. 300kcals and 15g of protein. If given twice daily this could help promote weight gain
- Homemade milkshakes should be given twice daily and documented 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 is not drinking enough of them, we will then suggest trying homemade smoothies
- Before a prescription can be requested they must meet one of the Advisory Committee on Borderline Substances (ACBS) indicators

## What if our resident is sleepy or barely awake for meals?

- 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

## 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, ill-fitting dentures, poor oral hygiene
- Try finger foods or extra 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
- If 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 eats more pudding than their main meal?

- Try giving the pudding before their main meal, 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

## 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

## What if our resident refuses food due to preferences?

- Check if preferences have changed.
- Offer alternatives.
- If still refusing, explain health risks.
- Record refusals and actions.
- Refer to GP or mental health team if needed.

## What should I do if a resident's weight changes suddenly?

- Make sure the resident wears similar clothes each time.
- Re-weigh them properly (standing fully on the scale).
- Look for fluid loss or changes in water tablets (diuretics).
- Ensure if using hoist scales, the patient is clear of the floor
- Update their weight record.
- If weight loss is real, update the MUST score and care plan.
- If weight is stable after re-checking, continue current care.

## What if the resident just moved in?

- Keep a 3-day food diary to learn their preferences.
- Start a temporary nutrition plan and review in 1 month.
- Weight may go up or down while settling in, re-check after 4 weeks.

## What if our resident has tummy or bowel problems?

- Refer to GP or use constipation/ diarrhoea care sheet.

## What if the resident has always had a low BMI?

- Record their weight history.
- If weight is stable and they're eating well, no extra monitoring needed.
- Screen monthly.

## What if the resident was recently ill or in hospital?

- Check for infections or stomach issues.
- Encourage eating and drinking.
- Re-screen in a month to see if they've improved.

## What if the resident had oedema and now lost weight?

- Weight loss may be from fluid, not malnutrition.
- Use estimated dry weight or measure arm circumference.
- Continue routine nutrition care.

## What if the resident lost weight before but is now stable?

- Check weight history over 6 months.
- If stable, aim to maintain current weight.
- Ensure malnutrition action plans are followed.

## My resident is End Of Life, why are you discharging?

- If the resident is approaching EOL limited dietetic intervention is needed to meet the patients aims. Therefore trying to meet nutritional requirements is not appropriate. Please offer small amounts of food and drink for comfort
- 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 reduces and people do not really feel hunger or thirst as they did before. 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 swab or sips of water
- Continue to offer different options and don't be disheartened if they refuse

## Watch the Nursing/Care Home training videos on our website:

- Nutritional considerations for EOL
- Eating and drinking as conditions progresses

berkshirehealthcare.nhs.uk/advice/care-home-nutrition-and-dietetics-resources

We are providing you tools to create an assessment and treatment plan. We do not provide a monitoring service.

## My resident is still a MUST 2 or above, so 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, please fill out the general questions care home form or escalate via the care home support team

## My resident is refusing to eat, so 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

## We hope this has answered your questions

We welcome feedback and please use the general queries care home form if you have further concerns.

**Nutrition & Dietetics Dept**

Email chsdiet@berkshire.nhs.uk

# Additional Resources

| Topic | Resources |
|---|---|
| **Constipation** | British Association Food Fact Sheets on: bda.uk.com/<br><br>Constipation bda.uk.com/resource/feeling-bunged-up-dont-let-poo-be-a-taboo-constipation.html<br><br>Fibre bda.uk.com/resource/fibre.html<br><br>Wholegrain bda.uk.com/resource/wholegrains.html |
| **Diarrhoea after illness** | British Association Food Fact Sheets on: bda.uk.com<br><br>Diarrhoea bda.uk.com/resource/i-have-an-upset-stomach-or-bowels-diarrhoea.html |
| **Diabetes Type 1**<br><br>**Diabetes Type 2** | British Association Food Fact Sheets on: bda.uk.com<br><br>Diabetes Type 1 bda.uk.com/resource/diabetes-type-1.html<br><br>Diabetes Type 2 bda.uk.com/resource/diabetes-type-2.html |
| **Nausea and vomiting** | British Association Food Fact Sheets on: bda.uk.com<br><br>bda.uk.com/resource/feel-sick-so-dont-feel-like-eating.html |

| Topic | |
|---|---|
| **Making the most of what you eat**<br>Fortified Gluten Free<br>Fortified South Asian Diet<br>Fortified Milk Free Diet<br>Fortified Vegetarian Diet<br><br>**Homemade milkshakes**<br>Non-Milky Drinks | Refer to our website for more information<br><br>berkshirehealthcare.nhs.uk/advice/care-home-nutrition-and-dietetics-resources |
| **Homemade milkshakes**<br>**Milky drinks**<br><br>**Hints and tips for eating and drinking as conditions progress**<br><br>**Considerations for residents nearing end of life** | Refer to our website for more information<br><br>berkshirehealthcare.nhs.uk/advice/care-home-nutrition-and-dietetics-resources |
| **Prescribing oral nutritional supplements** | |
| **Eating well in Dementia**<br><br>**Bournemouth University have developed a webinar and workbook to help carers support people living with dementia to eat and drink well.** | Berkshire Healthcare Care Homes: Dementia video<br>youtube.com/watch?v=pH5RE55XNZI<br><br>The toolkit for carers to support this video can be accessed from the Bournemouth University website.<br>bournemouth.ac.uk/research/ |

| Topic | |
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| Diet by preference not dysphagia<br><br>**Non IDDSI Modified Texture Diet IDDSI 4** | Refer to our website for more information<br><br>berkshirehealthcare.nhs.uk/advice/care-home-nutrition-and-dietetics-resources |
| Diet by preference not dysphagia<br><br>**Non IDDSI Modified Texture Diet IDDSI 5** | |
| Diet by preference not dysphagia<br><br>**Non IDDSI Modified Texture Diet IDDSI 6** | |
| Diet by preference not dysphagia<br><br>**Non IDDSI Modified Texture Diet Easy Chew** | |
| **Weight management care home diet** | |
| **Pressure sores and wound healing**<br><br>**Importance of protein** | |
| **Understanding weight changes**<br><br>**Understanding MUST Score** | Refer to our website for more information<br><br>berkshirehealthcare.nhs.uk/advice/care-home-nutrition-and-dietetics-resources |

| Topic | |
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| **Modified Texture Diet IDDSI 4** | Recipes may overlap the IDDSI sections. For example, a level 4 recipe would be suitable for a level 5/6 diet unless instructed otherwise by a speech and language therapist.<br><br>Dysphagia Recipe Hub - Royal Berkshire NHS Foundation Trust<br><br>royalberkshire.nhs.uk/<br><br>Refer to our website for more information |
| **Modified Texture Diet IDDSI 5** | |
| **Modified Texture Diet IDDSI 6** | |
| **Dietary Considerations for Religions**<br><br>Christianity<br>Islam<br>Hinduism and Buddhism<br>Sikhism<br>Judaism<br>Cultural | Link found on bda.uk.com<br>Care Home Digest -Menu planning and food service guidelines for older adults living in care homes refer to **page 102** |
| **British Dietetic Association Catering fortified diet recipe book** | Link found on bda.uk.com<br>The *Creating a Fortified Diet: Recipe Booklet* is a free guide designed for carers supporting individuals at risk of or experiencing malnutrition. It is especially valuable for those working in care homes for older adults. Unlike many existing resources, it encourages health and social care staff to rethink how food can be used creatively to meet diverse nutritional needs |

| Topic | |
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| **Care Home Digest**<br>. | Link found on bda.uk.com<br>The guidelines provide information and tools that care home managers, nursing staff, carers and catering teams can use to understand how to ensure that menus meet residents' nutritional needs, together with guidance about how food service delivery can both enhance mealtime experience for residents and support them to meet their nutritional needs. Page 125 is a useful audit checklist |