APPENDIX III

DOCUMENTS RELATED TO DISSEMINATION AND EXPLOITATION OF THE RESEARCH
1.0 Purpose

1.1 To appropriately identify adults ‘at risk’ of malnutrition in HSE Dublin Mid-Leinster community areas (Laois/Offaly; Longford/Westmeath); through screening using the ‘Malnutrition Universal Screening Tool’ (‘MUST’).

1.2 To provide guidance to community nurses on the first line dietary management of adults identified as at risk of malnutrition in line with best practice.

1.3 To provide guidance to community nurses on First Line Nutrition screening and monitoring of patients prescribed Oral Nutritional Supplements.

1.4 To standardise and advise community nurses on the referral process to the Community Nutrition and Dietetic Service (CNDS) for patients ‘at high risk’ of malnutrition and patients prescribed Oral Nutritional Supplements.

1.5 To ensure that high quality care in accordance with best practice & safety is implemented in the assessment and monitoring of patients (Building a Culture of Patient Safety, DH&C 2008)
Guideline Title: Nutritional Screening of adults by community nurses using the ‘Malnutrition Universal Screening Tool’ (‘MUST’) and first line dietary management including the use of Oral Nutritional Supplements

2.0 Scope
This guideline is for use by all community nurses who have completed training in First Line Nutrition Support from the CNDS HSE Dublin Mid-Leinster (Laois/Offaly; Longford/Westmeath).

3.0 Definitions and Abbreviations
- Adult – Person 18 years or older
- ADLs – Activities of Daily Living
- BMI: Body Mass Index. A standard calculation to estimate an individual’s weight for height.
- BMI chart: A tool, from which BMI can be obtained.
- CD - Community Dietitian
- CNDS – Community Nutrition and Dietetic Service
- Community Nurses – Public Health Nurse (PHN)/Registered General Nurse (RGN) / CRS Nurse /Specialist Nurses / Student Nurses under supervision of PHN/RGN
- CRS – Community Rehabilitation Service
- ‘MUST’ – ‘Malnutrition Universal Screening Tool’
- ONS-Oral Nutritional Supplements: Commercially manufactured products indicated for the treatment of disease related malnutrition in liquid, pudding and powdered format with various nutritional content.
- Patient – client/service-user
- PCCC – Primary Continuing and Community Care
- Duplicate Book of ‘MUST’ Screening & Referral Forms to CD: A duplicate book of standard forms used both for recording results of ‘MUST’ screening by community nurse & for referral to CD where appropriate.
- Review – face to face contact or telephone contact to assess progress.
- Nutritional Screening: Identifying individuals from a population group who may be at risk of malnutrition.
- MUAC: Mid Upper Arm Circumference – A standard measurement for estimation of BMI.
- Ulna length: A standard measurement of forearm length that enables a patient’s standing height to be calculated.

4.0 Responsibility
4.1 It is the responsibility of the Director of Public Health Nursing to ensure that all Community Nurses are aware of this Guideline.
4.2 It is the responsibility of all Community Nurses to ensure that they are aware of and are adhering to the requirements of this Guideline.
Guideline Title: Nutritional Screening of adults by community nurses using the ‘Malnutrition Universal Screening Tool’ (‘MUST’) and first line dietary management including the use of Oral Nutritional Supplements

4.3 It is the responsibility of the Director of Public Health Nursing to ensure that all Community Nurses undertaking ‘MUST’ screening have received the appropriate training and that records of this training are maintained by the Director of Public Health Nursing.

4.4 In determining her/his scope of practice each Community Nurse must make a judgement as to whether she/he is competent to carry out a particular role and function and take measures to maintain the competence necessary for professional practice (Scope of Practice Framework, An Bord Altranais 2000).

4.5 It is the responsibility of the Director of Public Health Nursing/Line Manager to ensure that this Guideline is audited and reviewed on an agreed routine basis.

4.6 It is the responsibility of the Line Manager to ensure that the necessary equipment and tools are available to carry out the screening (see section 5.1).

4.7 It is the responsibility of the CNDS HSE Dublin Mid-Leinster (Laois/Offaly; Longford/Westmeath) to offer training annually for new staff and to provide update sessions every 2 years to all community nurses to ensure competency to deliver First Line Nutrition Support in the community (‘MUST’ screening & First Line Dietary Advice).

5.0 Procedure

5.1 Equipment Required
- SECA Weighing Scales
- Tape Measure
- ‘First Line’ Nutrition Support Resource Booklet / ‘MUST’ Screening tool resource
- ‘Eating Well When You Have a Small Appetite’ diet sheet
- Duplicate book of ‘MUST’ Screening & Referral Forms to CD.

5.2 Criteria for Initial ‘MUST’ Screening
- ‘MUST’ to be completed on all adults who require assessment of their ADL’s by a community nurse.
- Completion of ‘MUST’ will not be required for adults requiring episodic care events unless the community nurse’s professional judgement indicates otherwise.
- ‘MUST’ screening should be completed on all adults referred to the community nurse within 1 month of initial referral.
Guideline Title: Nutritional Screening of adults by community nurses using the ‘Malnutrition Universal Screening Tool’ (‘MUST’) and first line dietary management including the use of Oral Nutritional Supplements

5.3 Assessment of Patient – The ‘MUST’ Tool (see Appendix 9.1)

-The ‘MUST’ tool is a validated screening tool for the identification of adults who are at risk of malnutrition. For the purpose of this guideline, malnutrition refers to ‘under-nutrition’ only.

-The ‘MUST’ tool is a 5 step screening tool:

STEP 1: Measure weight and height to get BMI score using chart provided. If unable to obtain height and weight, use alternative methods i.e. ulna length / MUAC, to estimate BMI category.

STEP 2: Note percentage unplanned weight loss and score using tables provided/score based on clinical signs of malnutrition if unable to obtain exact measure.

STEP 3: Establish acute disease effect score (if appropriate)

STEP 4: Add scores from STEPS 1, 2 and 3 to obtain overall risk of malnutrition.

STEP 5: Use management guidelines to develop care plan based on total ‘MUST’ score.

5.4 Exception Groups

If you are concerned about the nutritional status of the following patients, you should refer to the CNDS (even with a score of 0):

- Patients with chronic wounds
- Patients with Diabetes controlled by tablets or insulin
- Liver disease,
- COAD,
- Pancreatic Disease,
- Malignancy,
- Renal Disease.

5.5 First Line Dietary Advice (See ‘Eating Well When You have a Small Appetite’ diet sheet for full details, Appendix 9.2)

It is the responsibility of the community nurse to give first line dietary advice to all patients with a ‘MUST’ score of ≥1.

Note: This advice may not be suitable for the patients listed in the exception group (5.4) therefore follow guidance as per 5.4.

Summary:

- High Protein High Energy diet should be recommended
- Aim for 3 small meals & 3 snacks each day
- Fortify foods with good sources of protein & energy to increase energy & protein content without increasing volume of food to be eaten
- Give copy of ‘Eating Well When You have a Small Appetite’ Diet sheet to patient/carer as appropriate
5.6 Documentation & Referral Process
- Complete duplicate ‘MUST’ screening & referral form to CD for all patients (new & review) (See Appendix 9.3)
- Where referral to CD is not necessary, file both copies in the community nursing notes.
- Where referral to CD is necessary, post/fax top copy to CNDS (contact details on ‘MUST’ screening & referral form) & file duplicate in the Nursing Notes.

5.7 Repeat Screening using ‘MUST’(See Step 5 Screening using ‘MUST’ for full details)
Repeat screening is offered to patients who continue to require community nursing interventions:

- Low Risk (Score 0) – repeat screening using ‘MUST’ annually
- Medium Risk (Score 1) – repeat screening using ‘MUST’ at least every 2-3months
- High Risk (Score ≥2) – repeat screening using ‘MUST’ if requested by CD

5.8 Monitoring of patients who have been referred to the CD
- After a referral has been accepted by the CD, the CD will carry out a full nutritional assessment within a month of receipt of referral and devise a nutrition care plan for the patient. This care plan will be relayed in writing to the G.P. and the community nurse as well as other relevant health professionals involved in the patients care, within a week of the patient assessment taking place. The CD may also contact the relevant health professionals by phone to discuss the results of the nutritional assessment carried out & the care plan devised.
- Follow-up of patients at ‘high risk’ of malnutrition will be carried out by the CD by phone, clinic appointment or domiciliary visit or a combination of these based on clinical need.
- In certain cases where patients are at ‘high risk’, body weight may be recommended to be monitored between reviews with the CD to determine the patient’s progress. In this case the CD may request that the community nurse takes anthropometric measures e.g. weight of the patient, as part of their planned visits to the patient. This is to reduce the need of the CD to travel to geographic regions solely for the purpose of weighing patients. The CD will contact the community nurse by phone and discuss whether this is a feasible option.
Guideline Title: Nutritional Screening of adults by community nurses using the ‘Malnutrition Universal Screening Tool’ (‘MUST’) and first line dietary management including the use of Oral Nutritional Supplements

- The Community nurse will not be asked to specifically visit/review patients solely for the purpose of weighing them; rather they will be asked to weigh opportunistically as part of their planned schedule of visits to patients.

5.9 ‘MUST’ Screening and Oral Nutritional Supplements
- Referral should be made to the CD for all patients with current ONS prescriptions regardless of ‘MUST’ score.
- The community nurse should carry out ‘MUST’ screening on all patients with current ONS prescriptions prior to referral to the community dietitian for the purpose of establishing current risk of malnutrition and recording relevant information.
- The community nurse should liaise with the CD before making recommendations for ONS to be prescribed initially. Samples should only be given to patients following consultation with the CD.

6.0 Frequency of Review
Every 2 year(s) unless there is a change in best practice

7.0 Method used to check compliance with Guideline
7.1 Feedback from staff at local Community Nursing staff meetings annually.
7.2 Audit of community nursing records using the Audit Tool (Appendix 9.4). The Director of Public Health Nursing/Line Manager will ensure that this guideline is audited annually.

8.0 References
8.1 The ‘Malnutrition Universal Screening Tool’ (‘MUST’), BAPEN, 2003
8.4 National Institute for Clinical Effectiveness (NICE), Nutritional Support in adults – nutritional support in adults: oral nutrition support, enteral tube feeding and parenteral nutrition. 2006
9.0 Appendices

Appendix 9.1 – The ‘MUST’ Tool
Appendix 9.2 – ‘Eating Well When You Have a Small Appetite’ Diet Sheet
Appendix 9.3 – ‘MUST’ Referral Form
Appendix 9.4 - Audit Tool
Guideline Title: Nutritional Screening of adults by community nurses using the ‘Malnutrition Universal Screening Tool’ (‘MUST’) and first line dietary management including the use of Oral Nutritional Supplements

Appendix 9.4

Audit Tool
Method of Audit: -The Director of Public Health Nursing/Line Manager will have responsibility for ensuring the audit is carried out.
- The auditor will select five community nurses per sectoral area annually to take part in audit.

Date of Audit: ____________________  
Name of Auditor: ________________  
Sectoral Area: ___________________

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Partial</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Section 1: Training</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1  Were you aware of the existence of this guideline?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2  Have you received training from the CNDS in First Line Nutrition Support?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3  Have you attended an update session from CNDS if your previous training was &gt;2yrs ago?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Section 2: Equipment</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4  Is there a working SECA weighing scales available?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5  Is there a tape measure available?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6  Do you have a duplicate book of ‘MUST’ screening &amp; referral forms available for your use?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Section 4: Management &amp; Monitoring</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i) Select and review five Care Plans per sectoral area</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was ‘MUST’ screening completed within 1 month of initial referral?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ii) Is ‘MUST’ screening &amp; referral form to CD completed in full?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Guideline Title:** Nutritional Screening of adults by community nurses using the ‘Malnutrition Universal Screening Tool’ (‘MUST’) and first line dietary management including the use of Oral Nutritional Supplements

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>iii)</strong></td>
<td>Is ‘MUST’ screening &amp; referral form to CD completed in duplicate?</td>
<td></td>
</tr>
<tr>
<td><strong>iv)</strong></td>
<td>Was the patient referred to CNDS if their ‘MUST’ score was ≥2?</td>
<td></td>
</tr>
<tr>
<td><strong>v)</strong></td>
<td>If this patient had initial ‘MUST’ score of 0, was ‘MUST’ screening completed annually?</td>
<td></td>
</tr>
<tr>
<td><strong>vi)</strong></td>
<td>If this patient had initial ‘MUST’ score of 1, was ‘MUST’ screening repeated after 2-3 months?</td>
<td></td>
</tr>
<tr>
<td><strong>vii)</strong></td>
<td>Was ‘Eating Well When You Have a Small Appetite’ diet sheet provided if this patient had a ‘MUST’ score of ≥1?</td>
<td></td>
</tr>
</tbody>
</table>

**Summary:**

**Actions Required:**
Suggestions for Prescribing Oral Nutritional Supplements in Primary Care

- This document is not intended for use for patients on enteric tube feeds i.e. PEG; RIG; Nasogastric tubes
- Patients receiving ongoing treatment in the acute setting under the supervision of a medical team/dietitian and being reviewed on a regular basis should have prescriptions reviewed as per acute hospital recommendations

Prescribing Pathway for the Use of ONS in the Primary Care

STEP 1:
Identify a clear need for ONS use (*This document is not intended for use for patients on enteric tube feeds i.e. PEG; RIG; Nasogastric tubes)

Does the patient have any of the clinical indications for ONS listed below (a) (b) or (c)?

If Yes continue to STEP 2
If No do not prescribe ONS at present and continue to monitor

(a) Malnourished*

- A Body Mass Index (BMI) of 18.5kg/m² or less
- Un-intentional weight loss of greater than 10% in the past 3-6 months
- BMI of < 20kg/m² and Unintentional weight loss of greater than 5% in the past 3-6 month

Formulae:

BMI = weight (kg) / height (m²)

% Unintentional weight loss =

(Usual weight - Current weight) x 100
Usual weight

(b) At Risk of Malnutrition*

- Have eaten nothing for 5 consecutive days and or are likely to eat nothing for a further 5 days or longer
- A poor absorptive capacity/or high nutrient losses and/or increased nutritional requirements.*

(c) Palliative Care

- Prescribing ONS for palliative care should be individualised based on your judgement of the individual needs and what the patient prefers.
- Take into account the volume that an individual is likely to tolerate, and their taste preferences as food aversions and taste changes are common.

Examples of above include: dysphagia, short bowel syndrome, intractable malabsorption, pre-operative preparation of patients, post operative healing or chronic wound healing, inflammatory bowel disease, total gastrectomy, bowel fistula, cystic fibrosis, Liver disease, pancreatic disease, renal disease

Adopt a 'Food First' Approach

- The long-term goal is to return the patient to a diet of normal foods if possible. Dietary advice based on a 'Healthy eating' may not be appropriate for this patient group in the short term. A dietitian can provide advice on a nourishing diet suitable for the patient.
- Appropriate dietary advice should be provided by a dietitian or trained health professional where services are available.
- Dietary strategies should always be initiated either before or at the same time as ONS are prescribed as appropriate.

Disclaimer: The advice contained in this leaflet is designed to aid clinical decision making it not intended to outweigh clinical judgement
STEP 2

1. Address underlying causes of malnutrition/poor appetite
   Consider appropriate allied health professional referral

2. Refer to Dietitian or if no service available, give basic dietary advice on a nourishing diet.

3. Consider prescribing ONS for 2 weeks only to ensure palatability

4. Review Prescription & Monitor Progress every 4 weeks. Treatment goals may include weight maintenance or weight gain.

5. Discontinue ONS prescription when treatment goals met and normal diet re-established & continue to Monitor.

**Common underlying causes of poor appetite/weight loss:**
Gastro-intestinal problems e.g. Constipation, Nausea & Dry mouth
Problems handling chewing, or swallowing food. Poor social situation e.g. unable to shop/prepare meals. Review medications as many can affect appetite

**Evidence Based Use of ONS:**
Important considerations once an evidence based decision has been made to prescribe an ONS

- Patients should be advised from the outset on why they are to be prescribed ONS, how much they should take per day and that their requirement for ONS will be reviewed on a regular basis.
- Maximum daily amount to be prescribed should be approx. 600 kcals per day from ONS e.g. 2 x 200ml cartons of a (1.5kcals/ml) sip feed ONS unless patient is under the supervision of a dietitian or by recommendation of a dietitian.
- Disease specific ONS e.g. wound healing, renal disease, diabetic disease, sip feeds should ideally only be prescribed unless patient under supervision of dietitian.
- ONS should be regarded as ‘supplementary’ to normal food, not meal ‘replacements’, as a sole source of nutrition unless under supervision of a dietitian or by recommendation of a dietitian.
- The patient’s likes and dislikes should be taken into account in terms of flavour and consistency, to help improve compliance. Regular changes to prescriptions may be required to address taste fatigue which is common. ONS come in milk-based, juice-based and savoury varieties, and liquid, semi-solid and powdered form.
- Patients should be encouraged to trial products for a short period before significant amounts of product are prescribed. Samples are available from manufacturers on request.
- Some ONS can be added to normal foods to ‘fortify’ them. This should be considered to ensure focus on food is sustained. Neutral flavoured ONS can be added to many foods without altering the taste e.g. soups, casseroles, hot drinks. Recipes are available from manufacturers on request. A dietitian can advise on the most appropriate use of ONS in this way.
- Advise patients that, where possible, ONS should be taken between meals to ensure maximum intake of normal foods.
- Local policies for the regular monitoring of patients prescribed ONS should be in place. Nutritional screening and assessment of body weight should be repeated to determine effectiveness of treatment.
- ONS prescriptions should be stopped when treatment goals have been met and the patient has been re-established onto adequate oral intake from normal foods and patients continued to be monitored.
- Patients who have a specific medical condition e.g. diabetes, renal failure or allergies should be referred to a dietitian for dietary advice and advice on use of disease specific ONS.