

Webinar

How to identify and treat undernutrition in Care Home

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Advanced Specialist Dietitian



What we will cover

To develop the knowledge the prevention and management of undernutrition and dehydration to support EnCOP D2.5.3.

- The prevalence, causes and problems associated with undernutrition
- Identify patients at risk of undernutrition using 'MUST'
- Develop and review care plans related to nutrition and hydration
- Describe best practice for completing food record charts
- Explain suitable food based treatments for patients identified at risk of undernutrition
- Understand when to use and how to monitor nutritional supplements
- Understand when to appropriately refer to a dietitian
- Explain ways to promote good hydration in older people
- Explain how to review a patient's dietary intake and give advice on balanced eating
- Awareness of IDDSI and implications of dysphagia on nutrition and hydration
- Awareness of national guidance and recommendations for undernutrition, hydration and dysphagia

EnCOP D4.3

Sub-Domain D4.3: Risk assessment, prevention and management of malnutrition and dehydration

Essential	a. Is able to describe the range of common factors associated with reduced oral intake in older people			
	b. Demonstrates the ability to ask about nutrition, hydration, oral health and swallowing in routine assessments			
	c. Demonstrates awareness that oral health and dentition has a significant impact on general health and is able to promote or support good oral health with older people, their family, or others			
	d. Can recognise signs and symptoms of oral health problems and is aware of when and how to access or signpost local MDT advice or assessment			
	e. Is able to recognise signs of malnutrition, sub-optimal hydration or dehydration and understands the importance of using appropriate validated screening tools			
	f. Recognises the benefits of interventions to improve nutrition and hydration and can use a range of strategies to optimise oral intake. Knows when and how to access local MDT advice or specialist services			
	g. Is able to offer basic advice to older people, their family, and others regarding oral health, suitable diet and recommended daily fluid intake			
	h. Can recognise common risk factors, signs and symptoms that may indicate an older person is experiencing swallowing difficulties. Knows when and how to refer to local MDT or specialist services			
	i. Can follow an older person's care and support plan related to oral health, nutrition, hydration, and swallowing			
Specialist	a. Demonstrates comprehensive knowledge regarding signs, symptoms, and underlying causes of a range of multi-factorial hydration and nutrition difficulties faced by older people			
	b. Is able to undertake a comprehensive assessment which includes oral health, nutrition, hydration, and swallowing. Knows when and how to refer on to local MDT or specialist services			
	c. Is able to facilitate or initiate the development of an evidence-based care and support plan for older people regarding oral health, hydration, nutrition, and swallowing requirements			
	d. Demonstrates comprehensive understanding of the complexity of managing expectations and potential distress for older people, their families, and others with regards to oral intake and weight loss			



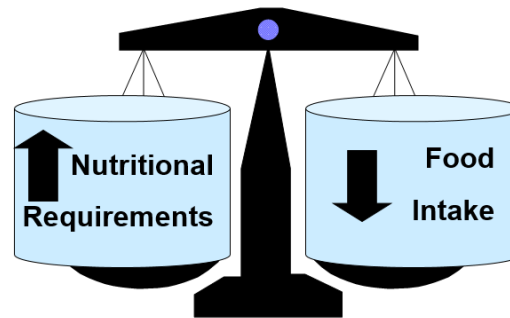
Name:
Job Role:
Place of work / Team:

What is undernutrition?



What is undernutrition

“Malnutrition is a state of nutrition in which a deficiency, excess or imbalance of energy, protein and other nutrients causes measurable adverse effects on tissue and body form (body shape, size, composition), body function and clinical outcomes”



Causes of undernutrition

Increased nutritional requirements:

- High temperature
- Infection
- Cancer
- Fracture
- Pressure sores
- Tremors
- Constant wandering
- COPD



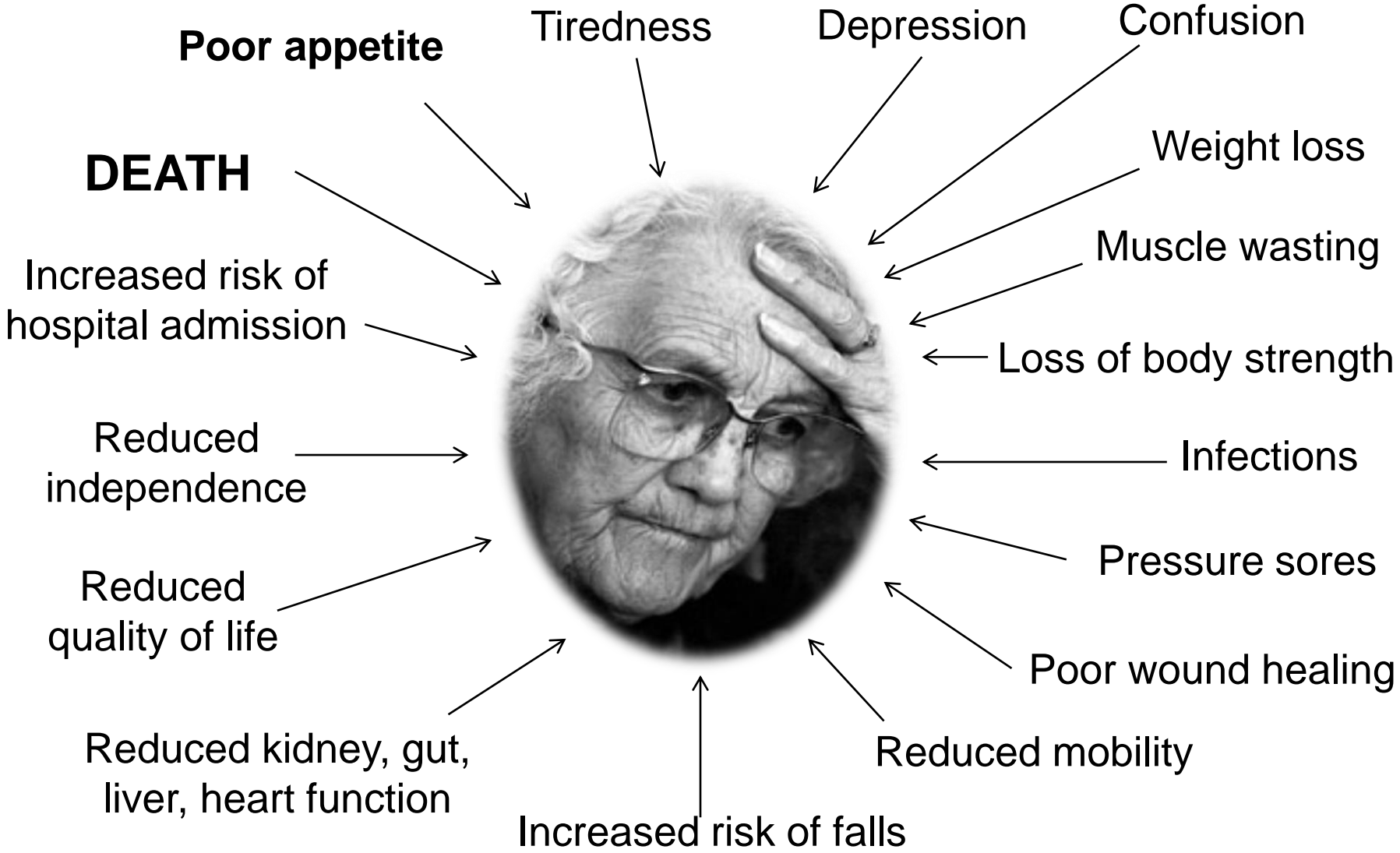
Causes of undernutrition

Reduced food intake:

- Swallowing problems
- Anxiety and depression
- Reduced taste/smell (anosmia)
- Nausea or vomiting
- Pain, feeling unwell
- Side effects of medication
- Inability to obtain food
- Difficulties preparing food
- Poverty
- Oral health



Consequences of undernutrition



Why screen for undernutrition?

1. Undernutrition a largely preventable and treatable through pro-active screening and treatment
2. Consequences of undernutrition are life-threatening
 - Cost of undernutrition for England £19.6 billion
3. Treatment of undernutrition is effective:
 - 70% reduction complications
 - Reduction hospital admissions
 - 40% reduction in deaths
4. Legal requirement with CQC outcome 5

Part 2: Guidance

Outcome 5: Meeting nutritional needs

Regulation →

What do the regulations say?

Meeting nutritional needs

14.— (1) Where food and hydration are provided to service users as a component of the carrying on of the regulated activity, the registered person must ensure that service users are protected from the risks of inadequate nutrition and dehydration, by means of the provision of—

(a) a choice of suitable and nutritious food and hydration, in sufficient quantities to meet service users' needs;

(b) food and hydration that meet any reasonable requirements arising from a service user's religious or cultural background; and

(c) support, where necessary, for the purposes of enabling service users to eat and drink sufficient amounts for their needs.

(2) For the purposes of this regulation, "food and hydration" includes, where applicable, parenteral nutrition and the administration of dietary supplements where prescribed.

Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

How to identify undernutrition?



Research on Focus layout 'MUST'

- Easier to use
- Quicker to complete
- Greater accuracy of correct 'MUST' screening
- Preferred format and layout
- Speed, accuracy and recording of results improved with adapted 'MUST' layout

Ralph et al (2010)

'MUST' 'Malnutrition Universal Screening Tool'

- To complete 'MUST', obtain the resident's:
 - height
 - present weight (kilograms)
 - heaviest weight in previous 6 months (or normal weight if unknown)

- 'MUST' completed monthly
- Resident scored as low, moderate or high risk of undernutrition

Nutritional assessment form

Completed within one week of admission, then annually.

- Weight & height
- Hydration
- Special dietary needs
- Food likes & dislikes
- Preferred portion size
- Assistance with food & drink
- Eating environment
- Swallowing problems
- Oral health

Nutritional Assessment			
To be completed annually or if medical condition changes. Implement a nutrition care plan for any section answered "YES"			
Date completed: <input type="text"/>		Review date: <input type="text"/>	
1. Weight and height			
Admission Weight	<input type="text"/>	Recent unintentional weight loss during the previous 6 months (if yes, ask normal weight)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Previous / normal weight: <input type="text"/>
Height	<input type="text"/>	Use ulna measurement to estimate height if resident is unable to stand.	
2. Dietary information			
Special dietary needs	<input type="checkbox"/> No special dietary needs <input type="checkbox"/> Fortified diet <input type="checkbox"/> Diabetic diet <input type="checkbox"/> Weight reducing diet <input type="checkbox"/> Level 6: Soft and bite sized diet <input type="checkbox"/> Level 5: Moist and minced diet <input type="checkbox"/> Level 4: Pureed diet <input type="checkbox"/> Finger foods <input type="checkbox"/> High fibre diet <input type="checkbox"/> Vegetarian <input type="checkbox"/> Inform head cook of any special requirements <input type="checkbox"/> Religious needs, specify: <input type="text"/> <input type="checkbox"/> Other, specify: <input type="text"/>	Assistance to eat and drink	<input type="checkbox"/> Independent <input type="checkbox"/> Requires assistance washing hands before meal <input type="checkbox"/> Requires assistance with positioning for meal <input type="checkbox"/> Needs help cutting up food <input type="checkbox"/> Needs full assistance
	Food likes	Drinks at least 1600mls fluid (8 glasses/ mugs) daily	<input type="checkbox"/> Yes <input type="checkbox"/> No Action: <input type="text"/>
Food allergies or intolerances	Fluid consistency	Food dislikes	Adapted utensils required?
	<input type="checkbox"/> Normal consistency fluids <input type="checkbox"/> Level 1 (Slightly thick fluids) <input type="checkbox"/> Level 2 (Mildly thick fluids) <input type="checkbox"/> Level 3 (Moderately thick fluids) <input type="checkbox"/> Level 4 (Extremely thick fluids)	<input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large Comments: <input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes - specify: <input type="text"/> <input type="text"/> <input type="text"/>
3. Eating environment			
	Preferred eating environment		Preferences regarding meals
	Dining Room	Own Room	
Breakfast	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Prefers specific table, specify: <input type="text"/>
Lunch	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Requires specific seat for appropriate positioning, specify: <input type="text"/>
Tea	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Prefers specific companions to eat with / carer to assist, specify: <input type="text"/>
Supper	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Other preferences, specify: <input type="text"/>
4. Swallowing and mouth care			
Problems swallowing / chewing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Problems with mouth or dentures	<input type="checkbox"/> Yes <input type="checkbox"/> No
Special diets discussed with patient and family (date, time, what discussed and who with): <input type="text"/>			
Additional comments on food and nutrition needs: <input type="text"/>			

How can you determine a resident's height?

Methods to determine height

- Stand them up & measure
- Recall height
- Ulna measurement



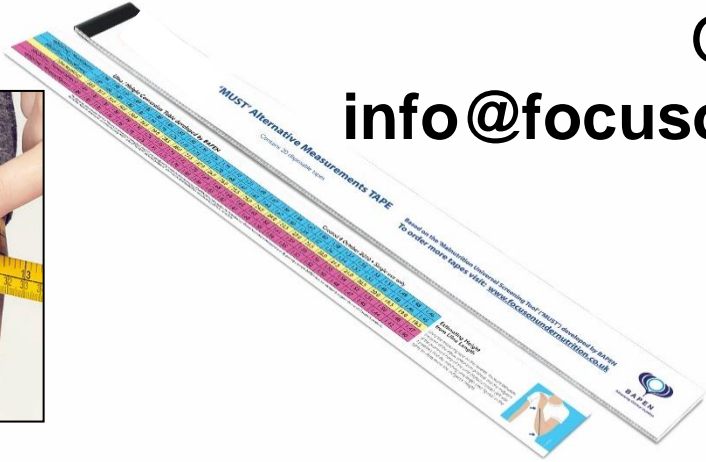
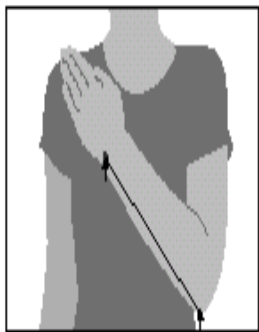
Estimating height from ulna and changes in weight (MUAC)

HEIGHT(m)	Men(≤65years)	1.94	1.93	1.91	1.89	1.87	1.85	1.84	1.82	1.80	1.78	1.76	1.75
HEIGHT(m)	Men(≥65years)	1.87	1.86	1.84	1.82	1.81	1.79	1.78	1.76	1.75	1.73	1.71	1.70
	Ulna length(cm)	32.0	31.5	31.0	30.5	30.0	29.5	29.0	28.5	28.0	27.5	27.0	26.5
HEIGHT(m)	Women(≤65years)	1.84	1.83	1.81	1.80	1.79	1.77	1.76	1.75	1.73	1.72	1.70	1.69
HEIGHT(m)	Women(≥65years)	1.84	1.83	1.81	1.79	1.78	1.76	1.75	1.73	1.71	1.70	1.68	1.66

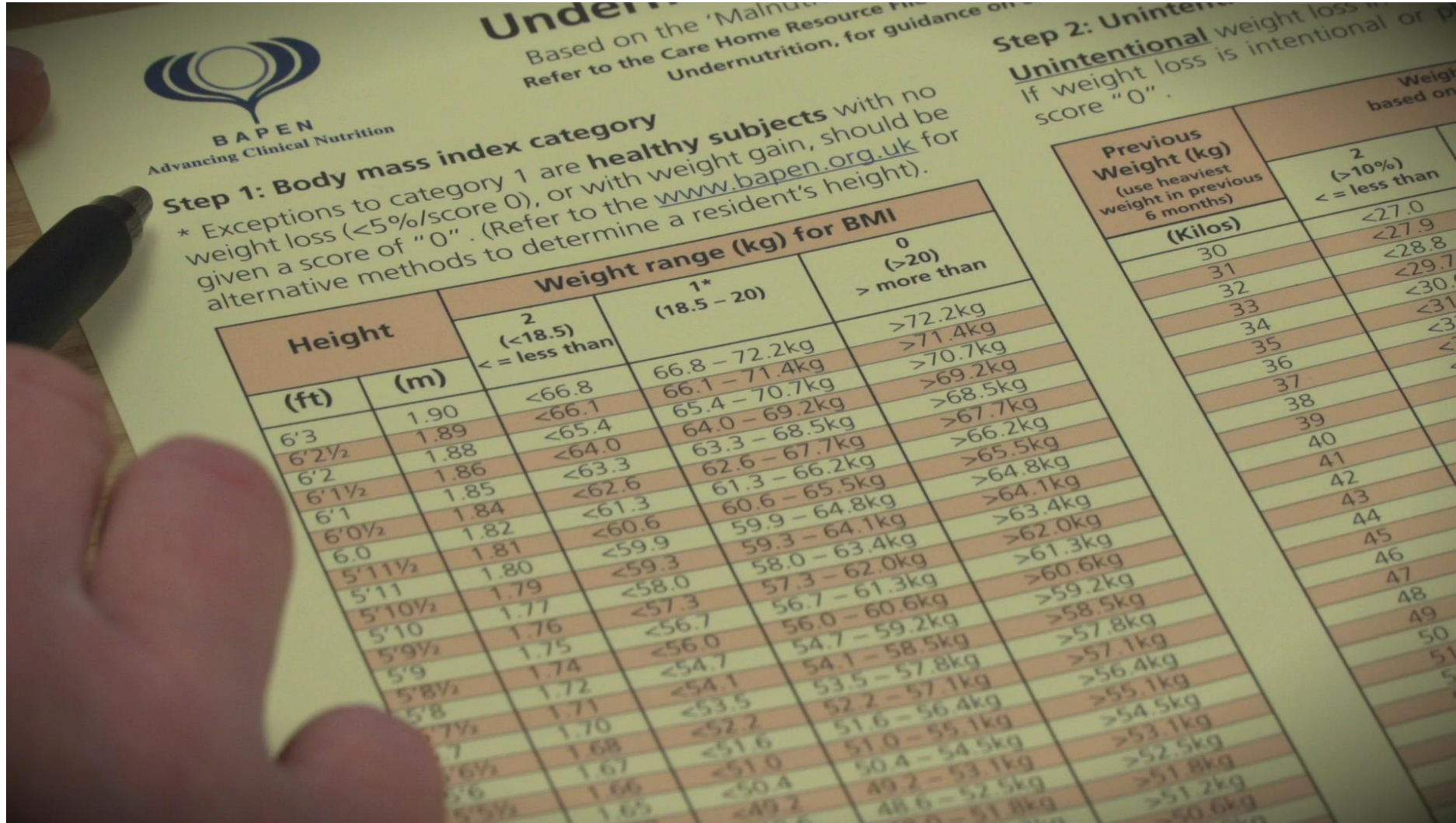
1.73	1.71	1.69	1.67	1.66	1.64	1.62	1.60	1.58	1.57	1.55	1.53	1.51	1.49	1.48	1.46
1.68	1.67	1.65	1.63	1.62	1.60	1.59	1.57	1.56	1.54	1.52	1.51	1.49	1.48	1.46	1.45
26.0	25.5	25.0	24.5	24.0	23.5	23.0	22.5	22.0	21.5	21.0	20.5	20.0	19.5	19.0	18.5
1.68	1.66	1.65	1.63	1.62	1.61	1.59	1.58	1.56	1.55	1.54	1.52	1.51	1.50	1.48	1.47
1.65	1.63	1.61	1.60	1.58	1.56	1.55	1.53	1.52	1.50	1.48	1.47	1.45	1.44	1.42	1.40

Order from:

info@focusonundenutrition.co.uk



Video on completing 'MUST'



<https://youtu.be/9ZijDJKC9so>

Activity: case study Mr Black

- Mr Black (78 years) recently admitted to home from hospital, where he was admitted with a serious fall.
- His appetite is moderately good.
- **Height:** 6 foot 1 inches (1.85m)
- **Present weight:** 68.2kg
- **Previous weight prior to fall:** (4 months ago) was 74.4kg
- What is his risk of undernutrition?

The image shows a 'Malnutrition Universal Screening Tool' (MUST) form. It includes fields for Name, Date of Birth, and NHS Number. The form is divided into three steps: Step 1 (Identify those at risk to get a BMI), Step 2 (Identify those at risk of malnutrition weight loss), and Step 3 (Identify those at risk of malnutrition weight loss). It also includes a section for 'Information and emergency' and 'Action points to include in the patient care plan'.



Part 1: Body Mass Index

Height		Weight range (kg) for BMI		
		2 (<18.5) $< =$ less than	1* ($18.5 - 20$)	0 (>20) > more than
(ft)	(m)			
6'3	1.90	<66.8	66.8 – 72.2kg	>72.2kg
6'2½	1.89	<66.1	66.1 – 71.4kg	>71.4kg
6'2	1.88	<65.4	65.4 – 70.7kg	>70.7kg
6'1½	1.86	<64.0	64.0 – 69.2kg	>69.2kg
6'1	1.85	<63.3	63.3 – 68.5kg	>68.5kg
6'0½	1.84	<62.6	62.6 – 67.7kg	>67.7kg
6.0	1.82	<61.3	61.3 – 66.2kg	>66.2kg
5'11½	1.81	<60.6	60.6 – 65.5kg	>65.5kg
5'11	1.80	<59.9	59.9 – 64.8kg	>64.8kg
5'10½	1.79	<59.3	59.3 – 64.1kg	>64.1kg
5'10	1.77	<58.0	58.0 – 63.4kg	>63.4kg
5'9½	1.76	<57.3	57.3 – 62.0kg	>62.0kg
5'9	1.75	<56.7	56.7 – 61.3kg	>61.3kg
5'8½	1.74	<56.0	56.0 – 60.6kg	>60.6kg
5'8	1.72	<54.7	54.7 – 59.2kg	>59.2kg
5'7½	1.71	<54.1	54.1 – 58.5kg	>58.5kg
5.7	1.70	<53.5	53.5 – 57.8kg	>57.8kg
5'6½	1.68	<52.2	52.2 – 57.1kg	>57.1kg
5'6	1.67	<51.6	51.6 – 56.4kg	>56.4kg
5'5½	1.66	<51.0	51.0 – 55.1kg	>55.1kg
5'5	1.65	<50.4	50.4 – 54.5kg	>54.5kg

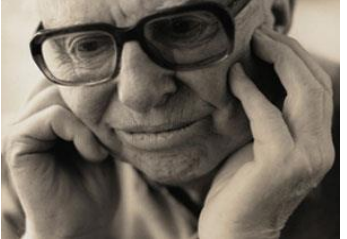


Mr Black

- Height: 6ft 1" (1.85m)
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Mr Black

- Height: 6ft 1" (1.85m)
- Present weight: 68.2kg
- Heaviest previous weight: 74.4kg

Part 2: Unintentional weight loss during the past 6 months

Previous Weight (kg) (use heaviest weight in previous 6 months)	Weight loss category based on present weight (kg)		
	2 (>10%) < = less than	1 (10-5%)	0 (<5%) > more than
(Kilos)			
60	<54.0	54.0 – 57.0	>57.0
61	<54.9	54.9 – 58.0	>58.0
62	<55.8	55.8 – 58.9	>58.9
63	<56.7	56.7 – 59.9	>59.9
64	<57.6	57.6 – 60.8	>60.8
65	<58.5	58.5 – 61.8	>61.8
66	<59.4	59.4 – 62.7	>62.7
67	<60.3	60.3 – 63.7	>63.7
68	<61.2	61.2 – 64.6	>64.6
69	<62.1	62.1 – 65.6	>65.6
70	<63.0	63.0 – 66.5	>66.5
71	<63.9	63.9 – 67.5	>67.5
72	<64.8	64.8 – 68.4	>68.4
73	<65.7	65.7 – 69.4	>69.4
74	<66.6	66.6 – 70.3	>70.3
75	<67.5	67.5 – 71.3	>71.3
76	<68.4	68.4 – 72.2	>72.2
77	>69.3	69.3 – 73.2	>73.2
78	<70.2	70.2 – 74.1	>74.1



Mr Black

- Height: 6ft 1” (1.85m)
- Present weights:
 - Month 1: 68.2kg
 - Month 2: 70.1kg
- Heaviest previous weight: 74.4kg

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62	<55.8	55.8 – 58.9	>58.9
63	<56.7	56.7 – 59.9	>59.9
64	<57.6	57.6 – 60.8	>60.8
65	<58.5	58.5 – 61.8	>61.8
66	<59.4	59.4 – 62.7	>62.7
67	<60.3	60.3 – 63.7	>63.7
68	<61.2	61.2 – 64.6	>64.6
69	<62.1	62.1 – 65.6	>65.6
70	<63.0	63.0 – 66.5	>66.5
71	<63.9	63.9 – 67.5	>67.5
72	<64.8	64.8 – 68.4	>68.4
73	<65.7	65.7 – 69.4	>69.4
74	<66.6	66.6 – 70.3	>70.3
75	<67.5	67.5 – 71.3	>71.3
76	<68.4	68.4 – 72.2	>72.2
77	>69.3	69.3 – 73.2	>73.2
78	<70.2	70.2 – 74.1	>74.1



Mr Black

- Height: 6ft 1” (1.85m)
- Present weights:
 - Month 1: 68.2kg
 - Month 2: 70.1kg
- Heaviest previous weight: 74.4kg

Risk of undernutrition

Mr Black's risk of undernutrition is:

Date	Present weight (kg)	Part 1: BMI category score	Part 2: Weight loss category score	Overall risk
2 Jun 2022	68.2kg	1	1	2/High

Risk category	Criteria
High	2 or more
Moderate	1
Low	0

What do you do if you can't weigh a patient?

Mid-upper arm circumference (MUAC)



Best practice on MUAC:

- Use the non dominant arm
- Always use the same arm
- State (L) or (R) on 'MUST'
- Record to the nearest mm (e.g. 26.8cm)
- Only measure monthly
- Cannot use MUAC to determine 'MUST'

How to treat undernutrition?



Undernutrition care plans

Aim of care plan:

- To prevent further weight loss and improve nutritional status

Interventions:

- Linked to ‘MUST’ care plan chart
- Individual requirements

Resident's name:	DOB:	Room:
Risk of undernutrition: <input type="checkbox"/> High risk <input type="checkbox"/> Moderate risk <input type="checkbox"/> Low risk		
Aim: To improve the resident's nutritional status		
Intervention \ when identified		
<input type="checkbox"/> Provide at least two nourishing drinks, such as milky drinks, fruit juice <input type="checkbox"/> Provide two nourishing snacks daily <input type="checkbox"/> Provide three fortified diet options from the menu daily <input type="checkbox"/> Provide two homemade fortified drinks daily <input type="checkbox"/> Provide one multi vitamin and mineral tablet daily <input type="checkbox"/> Weigh the resident weekly <input type="checkbox"/> Complete 'MUST' monthly <input type="checkbox"/> Complete food record charts for four days, then review <input type="checkbox"/> Review the nutrition care plan monthly, reflection on weight, 'MUST' compliance in food first treatments, supplements		
Individual interventions:		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Name of nutritional supplement	Amount daily	Preferred flavours
Date referred to the dietician		
Name, signature and job role:		Date:

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Monthly care plan review:

1.Reflection

- Present weight, weight change
- Risk of undernutrition

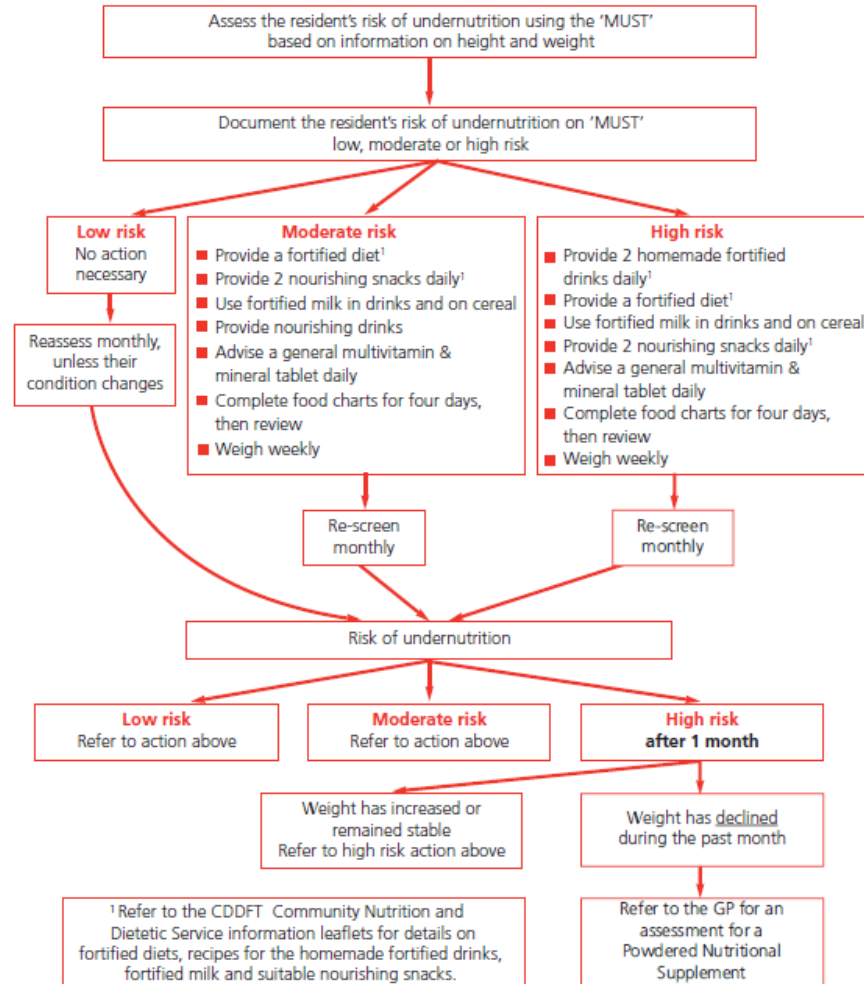
2.Compliance

- Compliance in taking food first treatments
- Compliance in taking supplement
- Average dietary intake

3.Next steps

Care pathway for undernutrition in care homes

This care pathway summarises the food and drink treatments for individuals identified as moderate or high risk of undernutrition.



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This pathway was developed by the Community Nutrition and Dietetic Service. Trust

Dietary interventions

Risk category	ACTION POINTS to include in a nutrition care plan
<p style="text-align: center;">High</p>	<ol style="list-style-type: none"> 1. Provide 2 homemade fortified drinks a day 2. Provide the fortified diet option at each meal 3. Provide 2 nourishing snacks in-between meals a day 4. Provide fortified milk in drinks and on breakfast cereals 5. Complete food record charts for 4 days 6. Weigh weekly <p>If <u>high risk again after one month</u> and <u>lost weight</u> refer the resident for an assessment for a powdered nutritional supplement</p>
<p style="text-align: center;">Moderate</p>	<ol style="list-style-type: none"> 1. Provide the fortified diet option at each meal 2. Provide 2 nourishing snacks in-between meals a day 3. Provide nourishing drinks 4. Provide fortified milk in drinks and on breakfast cereals 5. Complete food record charts for 4 days 6. Weigh weekly
<p style="text-align: center;">Low</p>	<ul style="list-style-type: none"> ▪ No action necessary, review in a month

Ensuring residents receive their dietary interventions

		County Durham and Darlington NHS Foundation Trust
Undernutrition dietary treatments		
This list should be updated monthly and a copies given to the kitchen and care staff		
Last updated: _____		
Moderate risk of undernutrition	High risk of undernutrition	
Low risk on prescribed nutritional supplements (also requires moderate risk dietary treatments)		
Moderate risk dietary treatments: – Two nourishing snacks daily – Three fortified dishes daily – Use fortified milk in drinks – Encourage nourishing drinks	High risk dietary treatments: – Two homemade fortified drinks daily – Two nourishing snacks daily – Three fortified dishes daily – Use fortified milk in drinks	
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List updated monthly

List provided:

- Kitchen staff
- Tea trolley
- Dining area



Fortified diet

- A “fortified dish” contains added protein & calories
- Examples: porridge, custard, milk puddings, soup
- Three dishes are fortified daily

1 heaped tablespoon
skimmed milk powder



&

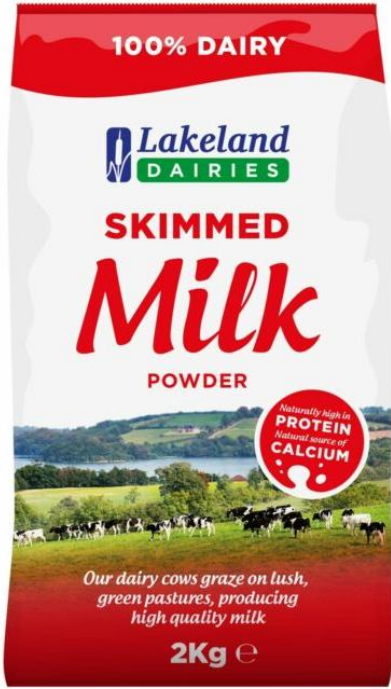
2 tablespoons
double cream



Portions	Milk powder	Double cream
1	1 heaped tbsp (15g)	2 tbsp (30ml/g)
2	30g	60ml/g
5	75g	150ml/g (~1/4 pint)
10	150g	300ml/g (1/2 pint)
20	300g	600ml/g (1 pint)

Fortified dish:
extra
185kcal,
5g protein

Differences in milk powder



36.6g/100g



35.2g/100g



12g/100g



12g/100g



12g/100g



22g/100g



12.7g/100g

**Choose 100% dairy
skimmed milk powders
Protein >30g/100g**

Types of food dishes to fortify



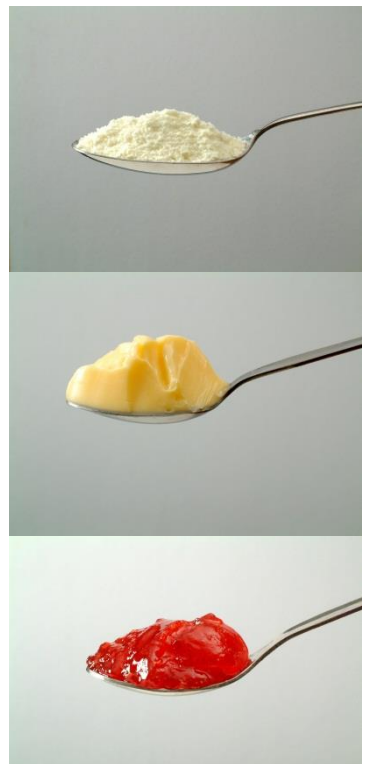
milk
 custard
 milk puddings
 porridge
 mashed potatoes
 soup
 sponge pudding
 icecream
 vegetables
 gravy



Nourishing foods to fortify dishes

Add to meal dishes to increase the energy and nutrient content

Milk powder	1 heaped tablespoon	50 calories
Whole milk	75mls (8 tablespoons)	50 calories
Butter	1 heaped teaspoon	75 calories
Margarine	1 heaped teaspoon	75 calories
Clotted cream	1 heaped teaspoon	90 calories
Double cream	2 tablespoon	135 calories
Whipping cream		110 calories
Single cream		60 calories
Cheese	Small matchbox (30g)	125 calories
Jam	1 heaped teaspoon	50 calories



Mix the milk powder with whole milk to form a runny paste consistency before adding to dishes.

Nourishing snacks

Equivalent to 4 plain biscuits (approx. 150 calories)

- Ham sandwich (1 slice, butter & ham)
- Fairy cake
- Malt loaf (1 slice with butter)
- Fruit scone (1/2 scone with butter & jam)
- Hot cross bun (1/2 bun with butter & jam)
- Sausage roll (medium)
- Crisps (standard packet)
- Icecream (1scoop)
- Yoghurt (thick and creamy)
- Meringue nest with whipping cream
- Cereal bar
- Dried fruit (handful, e.g. raisins, sultanas)

Equivalent to 6 plain biscuits (210 calories)

- Teacake (1/2 with butter & jam)
- Crumpet (1 crumpet, with butter & jam)
- Sponge or fruit cake (a slice)
- Pork pie (medium)
- Jam/pate sandwich (1 slice, butter, jam)
- Bakewell tart (individual)
- Fruit pie (individual)
- Doughnut (mini or ring)
- Trifle (individual)

Equivalent to 8 plain biscuits (280 calories)

- Flapjack (small slice)
- Fruit scone & cream (1/2 fruit scone with butter, jam & whipping cream)
- Malt loaf (2 slices with butter)
- Cheese and biscuits (2 crackers with butter and cheddar)
- Danish pastry
- Chocolate (standard bar: e.g. Mars, Twix)

Nourishing snack at
least 150 calories
twice a day



Fortified instant dessert

Ingredients (4 servings)

- 1 packet of instant dessert (59g)
- 150mls (¼ pint) of double cream
- 150mls (¼ pint) of full cream milk
- 4 heaped tablespoons of milk powder



Method

- Mix the milk powder with instant dessert powder.
- Whisk in the milk.
- Divide between four servings.



Portions	Angel delight	Milk powder	Double cream	Full cream milk
4	60g	4 heaped tbsp (60g)	150ml (¼ pt)	150ml (¼ pt)
8	120g	8 (120g)	300ml (½ pt)	300ml (½ pt)
12	180g	12 (180g)	450ml (¾ pt)	450ml (¾ pt)
16	240g	16 (240g)	600ml (1 pt)	600ml (1 pt)



**350 calories,
10g protein
per serving**

What is the difference
between a nourishing
and fortified drink?



Added milk powder

Nourishing drinks

Swap **two cups of tea** to a nourishing drink each day

Use **fortified milk** in all drinks



Extra 155 calories



Extra 45 calories



Extra 285 calories



Extra 115 calories



Fortified milk

Ingredients

- 1 pint of whole milk
- 5 heaped tablespoons of milk powder

Method

- Mix milk powder with some milk to a runny paste, add remainder of the milk.



Serving suggestions

- Use in drinks, cereal, cooking
- **Do not add cream**

Standard: 375 calories/pint

Fortified: 625 calories/pint

Pints fortified milk	Milk powder
1	5 heaped tbsp (75g)
4	20 heaped tbsp (300g)
1000ml jug	1000mls milk & 10 heaped tbsp (150g)



Homemade fortified drinks

High risk residents: receive 2 homemade fortified drinks daily.

- Fortified milk**
- Fortified milkshake**
- Fortified milky coffee**
- Fortified hot chocolate**
- Fortified malted drink**
- Fortified cup a soup**
- Fortified liquor drink**
- Non dairy fortified smoothies**
- Non dairy fortified energy shot drink**
- Non dairy fortified hot chocolate**



Fortified milkshake

Ingredients (1 serving)

- 200mls of whole milk
- 2 heaped tablespoons of milk powder
- 2 tablespoons of milkshake powder/syrup (Crusha/Nesquick)



Method

- Whisk milk and milk powder together
- Add flavourings to taste. Serve chilled
- **Do not add cream**











Portions	Milk powder	Full cream milk	Milkshake flavouring
1,000ml jug 5 portions	10 heaped tablespoons (150g)	1000ml	To flavour (~10 tablespoons)

**300 calories,
15g protein
per serving**

Vitamin and mineral tablet

- Recommended to take one multivitamin and mineral tablet daily
- Over the counter preparations are suitable



	GOVERNMENT RECOMMENDED	POOR APPETITE
B'fast		
Lunch		
Dessert		
Tea		
Calories	2160	960



Recommended portion sizes for older people

Calorie requirements of older people:

- Only a difference of 100 calories between female 42 years and 83 years
- Micronutrient requirements are the same as younger adults
- Essential to provide nutritionally dense meals for older people

Age	Male	Female
19-59	2,550	1,900
60-74	2,350	1,900
>75	2,100	1,800



Adapting a small portion meal

Breakfast			Small	Fortifying dishes	Nourishing snacks and drinks
Porridge (semi-skimmed & water) Toast with jam and margarine Orange Juice			75g 25g 120ml	Porridge with full cream milk and fortified	
Lunch					Cup of tea A digestive
Mince New potatoes Carrots Cauliflower Apple crumble Custard (semi-skimmed milk) Blackcurrant squash			70g 45g 20g 25g 80g 50g 200ml	Mashed potato fortified Custard with full cream milk and fortified	
Tea					Milky coffee with full cream milk Slice malt loaf & butter
1 slice bread (& margarine) Tuna Jelly and ice-cream Cup of tea			35g 45g 25g 175ml		
					Fortified hot chocolate ½ teacake butter & jam
	Men >75	Women >75	Nutritional value of meals		
Calories (kcal)	2,100	1,810	960	1515 (extra 555 calories)	2340 (extra 1380 calories)
Protein (g)	53	47	40	58 (extra 18g)	74 (extra 34g)

Dietary assessment



Healthy eating and undernutrition

Healthy eating:

- Low fat, sugar and salt
- High in fruit, vegetables and oily fish



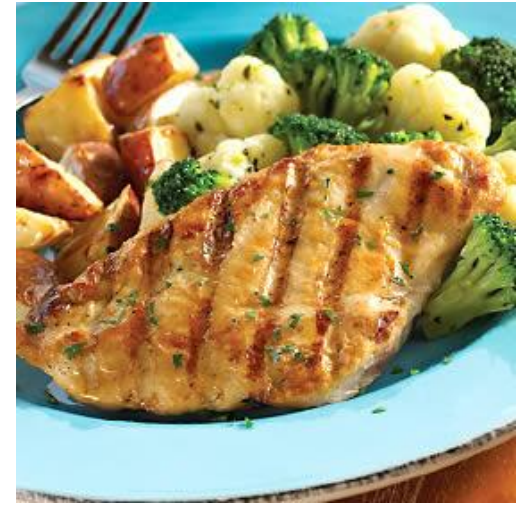
Healthy eating **not appropriate** for patients:

- very old
- very frail
- ill
- have a poor appetite
- have increased nutritional requirements

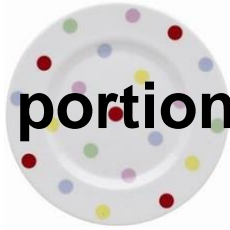
Balanced meals

Always ensure at each meal:

- At least one portion of starchy food
- At least one portion of vegetable and or fruit
- A portion of protein food and or dairy food
- A drink



Dietary assessment



Small portion: side plate



Medium portion: dessert plate



Large portion: standard dinner plate

- What size plate would it represent?
- How much of it are you managing to eat?
- How is your appetite?
- Are you eating the same amounts as normal?

Dietary assessment

- Are three meals a day eaten?
- Are nourishing snacks eaten?
- Are at least 8 cups of fluid drunk daily?
- Are nourishing drinks consumed?
- Are they using full cream milk and other full fat products, such as yoghurt, cheese, margarine?
- Are high calorie protein foods added to food dishes, such as milk powder, cream, cheese?
- Is a multivitamin/mineral capsule taken?
- Are the main meals balanced?



Poor example of a food record chart

Date:	Description of food and drink provided	Portion size provided			Amount taken					Fluid consumed (mls)	Action and Comments	Signature
		S	M	L	None	¼	½	¾	All			
Breakfast	Cereal Toast Tea		X									
Mid-morning	Tea											
Lunch	Main course Dessert Tea				X		X			All		<i>A. Smith</i>
Mid-afternoon												
Tea	Sandwich Tea						X			Half		
Supper												
Night time	Water									Sips		
Total fluids consumed in 24 hours:												

Food and fluid record charts

Document:

- all food **offered, consumed and refused**
- **type** of food & fluid, such as ham sandwich, rice crispies,
- **quantities** of food & fluid, such as handy measures: slice, tablespoon, cup
- as soon as possible after the meal
- review after 4 - 7 days

Name:

DOB:

Food and drink record chart

Please record the type and amount of food and drinks provided and taken.

Date:	Description of food and drink provided	Portion size provided			Amount taken			Fluid consumed (mls)	Action and comments	Signature	
		S	M	L	None	1/2	3/4				All
	Breakfast										
	Mid-morning										
	Lunch										
	Mid-afternoon										
	Evening meal										
	Supper										
	Night time										
		Total fluids consumed in 24 hours:									

Copyright (2018) County Durham and Darlington NHS Foundation Trust. This material was developed by the Focus on Undernutrition Team. Portion size: S, side plate, M, dessert plate, L, dinner plate



Small portion: side plate



Medium portion: dessert plate



Large portion: standard dinner plate

Documenting portion size



Small portion: side plate



Medium portion: dessert plate



Large portion: standard dinner plate

Good example of a food record chart

Date:	Description of food and drink provided	Portion size provided			Amount taken					Fluid consumed (mls)	Action and Comments	Signature
		S	M	L	None	¼	½	¾	All			
Breakfast	Porridge		X					X		150mls		<i>A Smith</i>
	White toast with butter and jam			X					X			
	Cup of tea with 1 sugar and milk (full cream)											
Mid-morning	Mug coffee with 2 sugars and milk									175mls		<i>D Childs</i>
	2 plain biscuits								X			
Lunch	Fish			X				X		200mls	<i>Dislikes mushy peas</i>	<i>V Green</i>
	Chips			X					X			
	Mushy peas			X			X					
	Rice pudding	X							X			
	Glass squash											
Mid-afternoon	Glass milk (full cream)									150mls		<i>V Green</i>
	Fruit scone with butter and jam	X							X			
Tea	Vegetable soup	X						X		50mls	<i>Dislikes yoghurt, offered alternative dessert, but declined.</i>	<i>S Sweet</i>
	Ham sandwich (white bread)			X				X				
	Strawberry yoghurt (thick and creamy)				X							
	Cup tea											
Supper	Mug milky hot chocolate (full cream)									200mls		<i>S Sweet</i>
	Slice malt loaf with butter								X			
Night time	Water									100mls		<i>B Goat</i>
Total fluids consumed in 24 hours:										1175mls		<i>B Goat</i>

Assessing food and fluid record charts

- Determine how much the resident has eaten “on average” over 4 days
- 75% or more: discontinue food charts
- If less than 50%:
 - identify reasons for poor intake
 - determine trends (enjoys sweeter foods, eats a large breakfast)
 - if eaten less than 50% of a meal, offer an alternative food of their choice. If declined offer a homemade fortified drink



Hydration



Fluid and hydration

- How much fluid is recommended a day?
 - 1,600mls
 - <60 years 35mls/kg
 - >65 years 30mls/kg
- How many glasses/ mugs a day?



- 8



- How much fluid do we get from food?
 - 20%

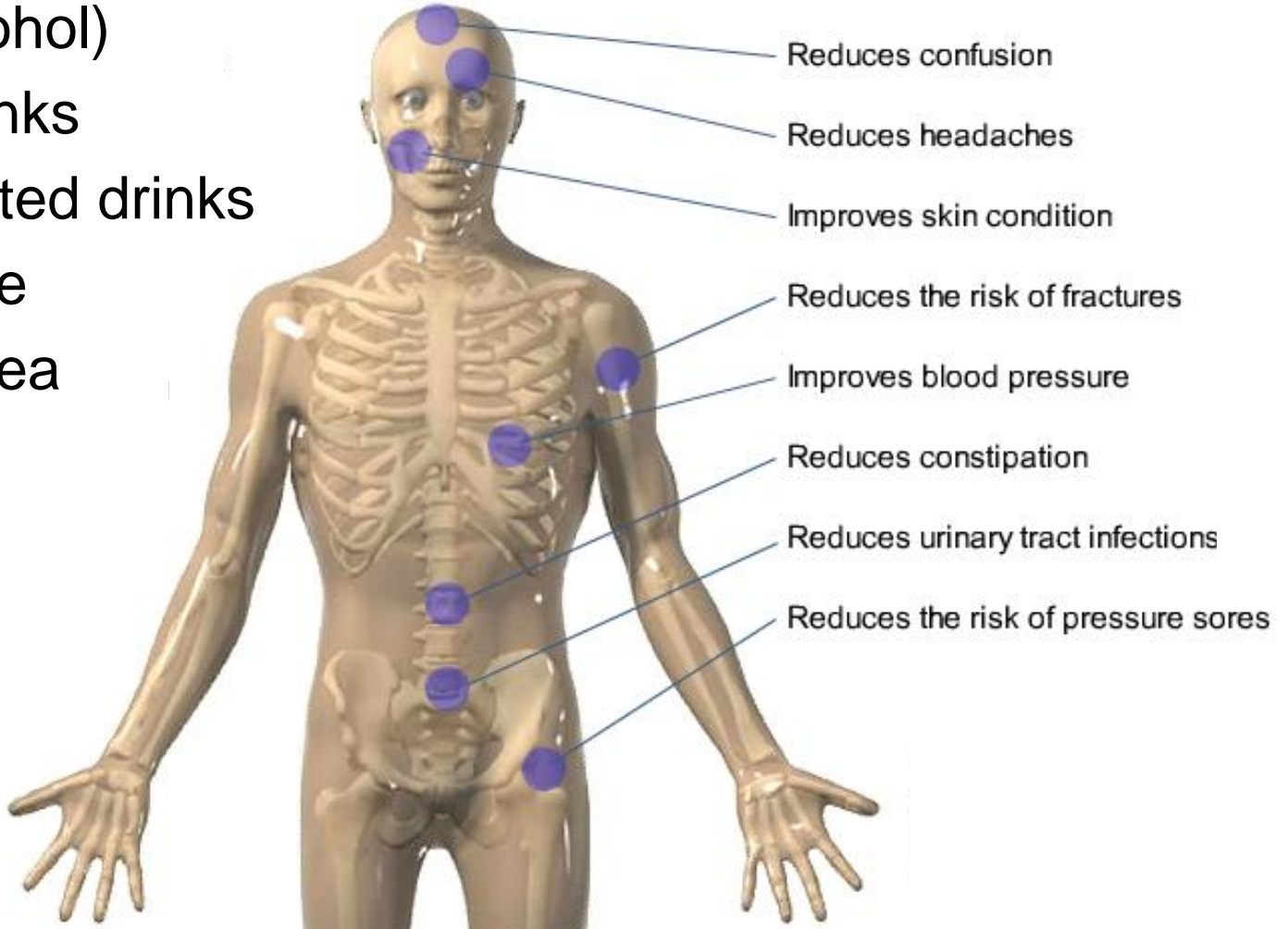
- Which foods are high in fluid?



- Soup, jelly, custard, ice lollies, melon, soft fruits, yoghurt

Fluid and hydration

- Any type of fluid (except alcohol)
 - Milky drinks
 - Carbonated drinks
 - Fruit juice
 - Coffee, tea
 - Water



Tips on drinking fluid

- Provide at least 8 drinks daily
- Offer larger volumes of fluid with medication
- Offer two drinks at mealtimes, fruit juice/cordial then tea/coffee
- Offer larger cup/glass size, such as mug instead of cup
- 200mls cranberry juice daily may reduce the risk of water infections
- Consider caffeine free drinks after 3pm
- Water and milk is best served cool

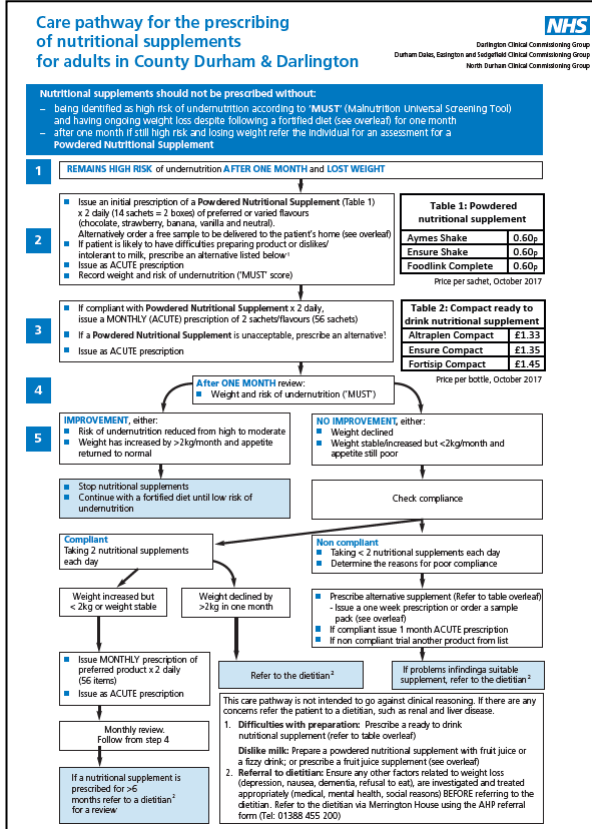


Nutritional supplements



Prescribing care pathway

- Prior to requesting supplements, ensure:
 - **high risk undernutrition again after one month**
 - **provided food first** dietary interventions for one month
 - **weight continues to decline** despite dietary interventions
- Refer the resident to the GP for an assessment for nutritional supplements
 - First line: powdered nutritional supplement, request mixed flavours



Nutritional supplements are:

- should never be taken as a meal replacement
- stored at room temperature, once open discard after 2 hours, or 24 hours if kept open in a fridge
- If two sachets daily provide one supplement after evening meal, the other before the "lighter meal".



Improving compliance with powdered nutritional supplements

Reduced volume

Mix with 100mls full cream milk
(335 calories, 12.9g protein)

Traditional

Mix 200mls full
cream milk

Hot

Mix with 200mls warm
full cream milk
(387 calories, 15.6g protein)

e.g.: Latte: original with
teaspoon coffee



Fruity

Mix with 200mls
fruit juice or
carbonated drinks
(327 calories, 9g protein)

e.g.: vanilla with apple
juice

Pudding

Mix with a thick and creamy yoghurt.
Leave to stand 30 minutes
(409 calories, 16.4g protein)

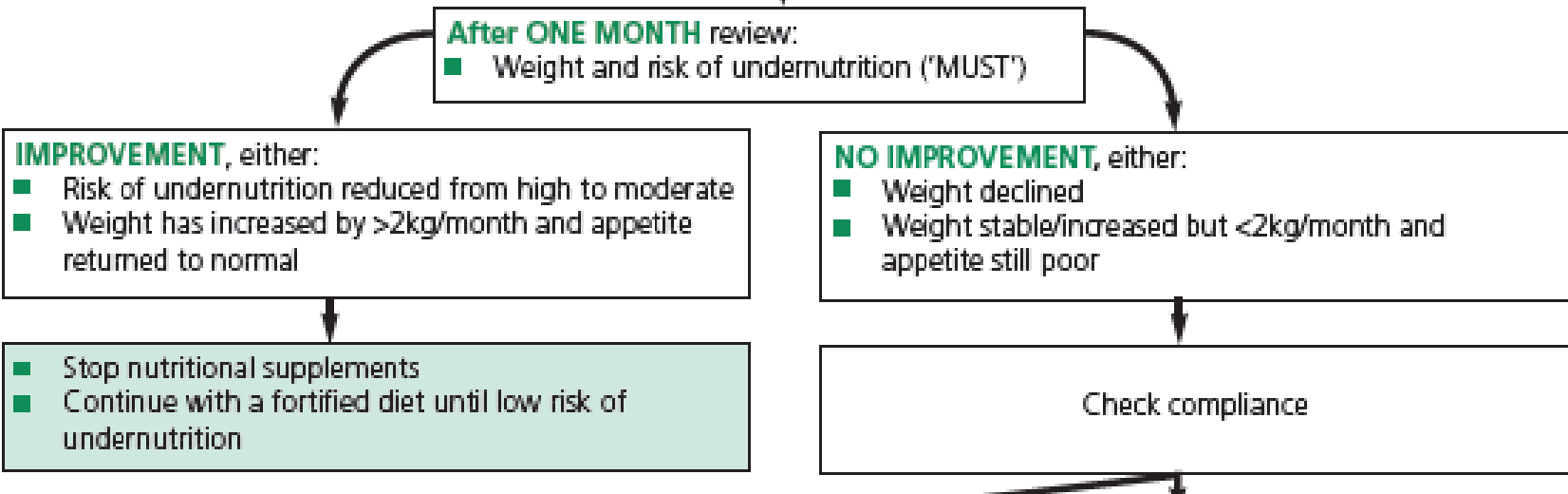
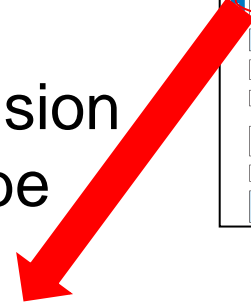
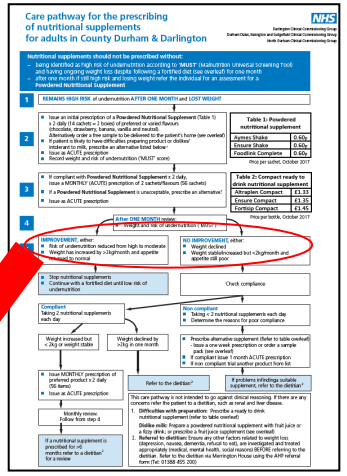
e.g.: Strawberry with strawberry yoghurt
Vanilla with pot of custard

Flavours:

- strawberry
- chocolate
- vanilla
- banana
- original

Discontinuation of nutritional supplements

- Appropriate discontinuation should be encouraged
- Long term use can lead to non compliance
- The prescribing pathway will assist the decision whether the nutritional supplement should be discontinued or not.



Food first vs supplements



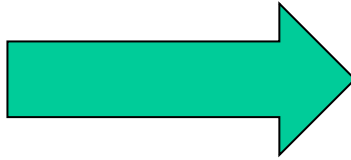
300 kcal, 12g protein



**Fortified drink
300 kcal,
15g protein**



170-250 kcal, 7-12g protein



**Fortified
dessert
350 kcal,
10g protein**



160 kcal, 2g protein



**Fortified
dish
185 kcal,
5g protein**

Referral to a dietitian



Referral to a dietitian

High risk + lost weight
(despite food first treatments)

Thickened fluids

Normal fluids

GP to prescribe 2x sachets powdered supplements

Refer to dietitian

Weight loss or poor compliance



Do not refer to dietitian if:

- Low or moderate risk of undernutrition
 - Even if your company policy states refer.
- Resident is high risk:
 - Weight stable/increase on food first treatments
- Resident is high risk, but weight declined and they need supplements
 - A dietitian is not required to prescribed a powdered nutritional supplement
- If concerned of a safeguard
 - Ensure care plans are clearly documented.



Information for dietitian referral

- The resident is high risk and already prescribed a powdered nutritional supplement.
- The referral should be **via the GP** and provide the following information:
 - Risk of undernutrition, 'MUST' score
 - Height
 - Current weight
 - Heaviest weight in past 6 months
 - Food first treatments implemented
 - Name and amount of nutritional supplements & compliance
 - Other relevant information

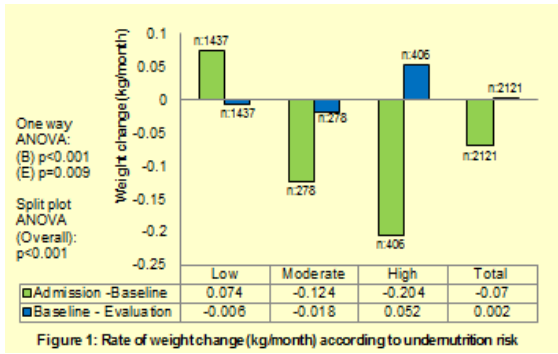


Evaluation



'Let them eat cake: a retrospective service evaluation in care homes

- To evaluate the training impact on undernutrition outcomes in care homes:
 - Weight of residents 'at risk' of undernutrition
 - Prevalence of undernutrition
 - Prevalence of pressure ulcers



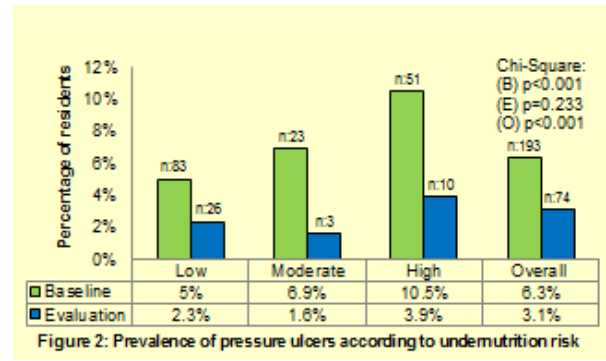
- 104 homes, 4315 residents, 13 years (2003-end 2015)

- Undernutrition training positively impacts resident outcomes through significantly:

- Improving the rate of weight change in residents at risk of undernutrition
- Reducing undernutrition (33% to 29%)
- Improving nutritional screening (76% to 99%)
- Reducing pressure ulcers by 51%



- Masters, R. Complete Nutrition (2019) Vol 19, 64-67
- Masters, R. Journal of Food Science and Engineering 8 (2018) 143-170



Dysphagia

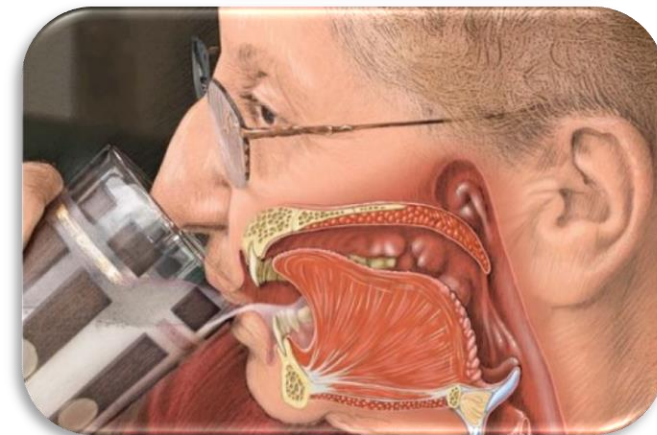


What is dysphagia and the impact?

- **Dysphagia means a swallowing problem**

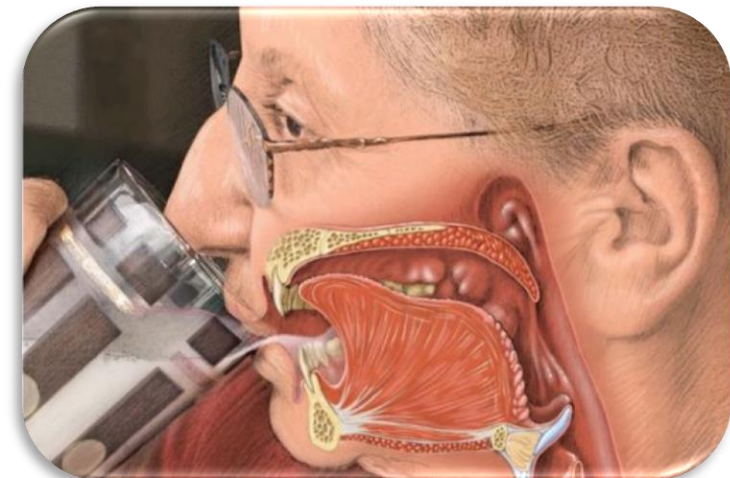
The impact of dysphagia

- Loss of interest in eating and drinking
- Aspiration
- Choking
 - 40% of individuals at risk of dysphagia aspirate with no signs
- 48% are undernourished
- 75% are dehydrated

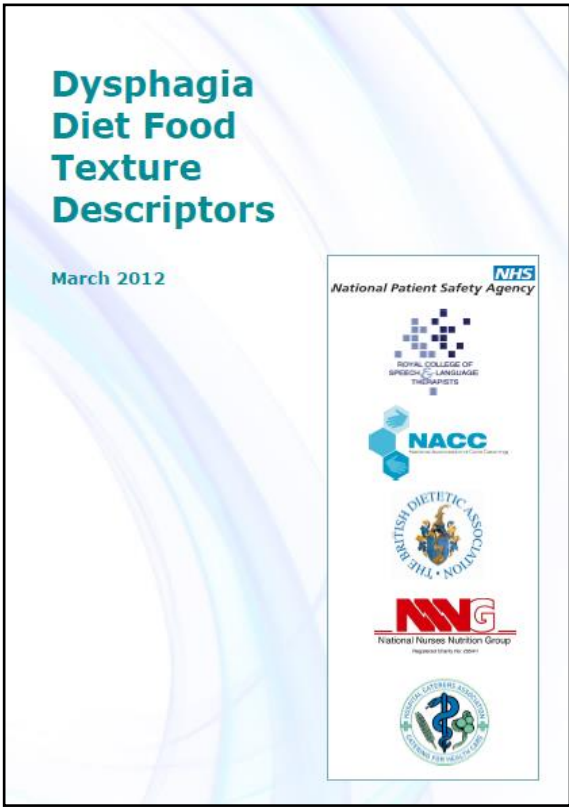


The prevalence of dysphagia?

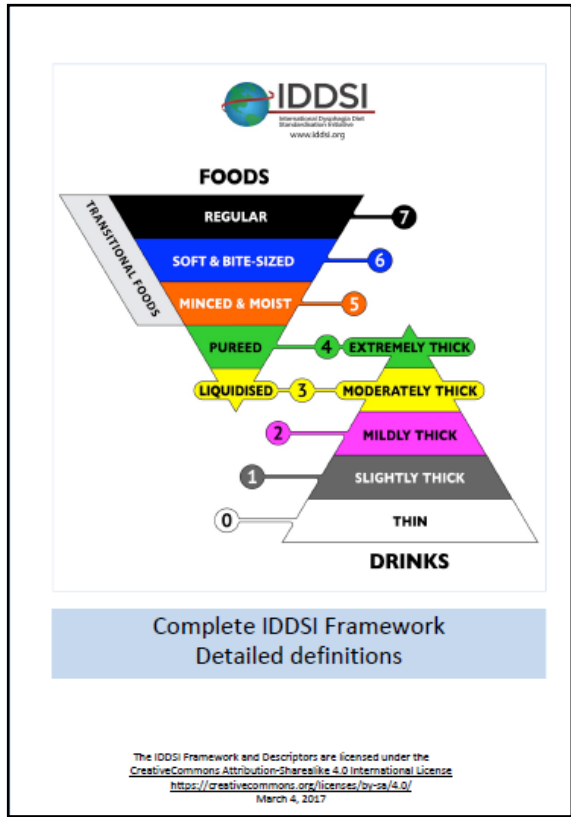
- 590 million people worldwide, around 12% of the population.
- 50-75% of residents in care homes have difficulty swallowing
- Swallowing problems can arise from several disorders:
 - 60-95% progressive neurological diseases (e.g. Parkinson's disease, multiple sclerosis, motor neurone disease, Huntington's disease)
 - 68% dementia
 - 65% stroke
 - 50-60% head and neck cancer
 - 27% COPD
 - 25% brain tumour and head injury
 - 15% learning difficulties



Changes in dysphagia management



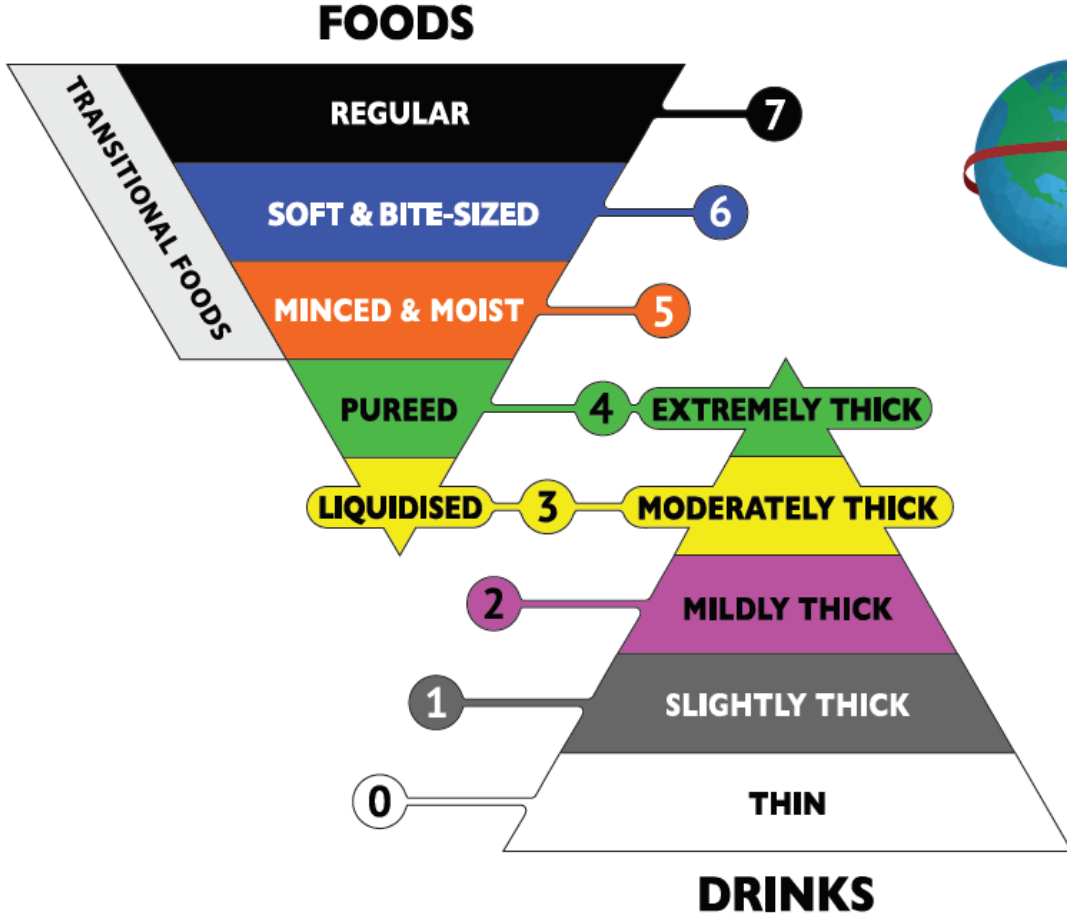
April 2018 – 2019



- No fluids
- Consensus agreement
- UK only

- Both fluids & food
- Evidenced based
- Worldwide

International Dysphagia Descriptors Standardisation Initiative (IDDSI)



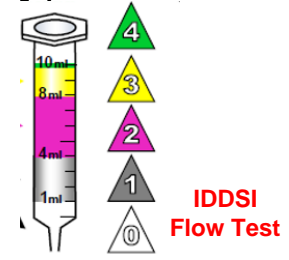
IDDSI testing

It is **essential** IDDSI testing is completed once the altered consistency food is prepared, and when serving (if there is a delay)

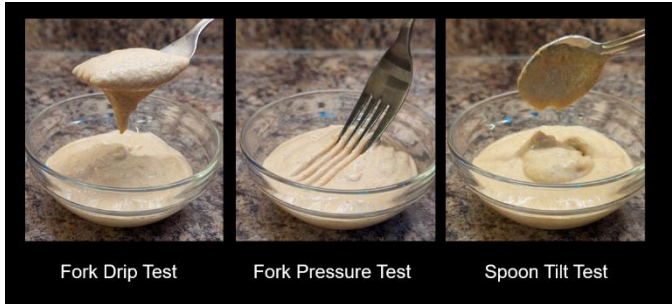
Level 3: Liquidised



IDDSI Fork Drip Test
Drips slowly in dollops through the prongs of a fork



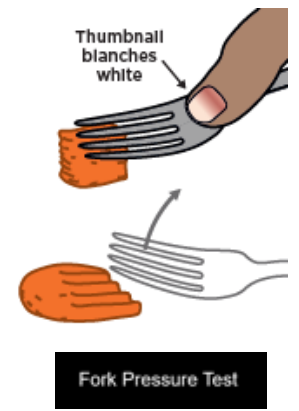
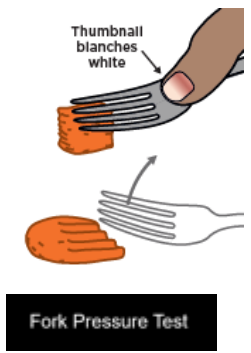
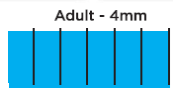
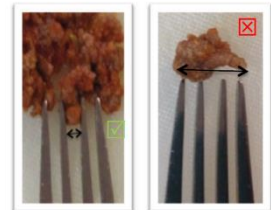
Level 4: Pureed



Level 6: Soft and bite sized

Level 5: Minced and moist

Use slot between fork prongs (4mm) to determine whether minced pieces are the correct or incorrect size



Commercial food thickeners

Role of thickeners

1. To thicken liquids
2. Add to pureed foods for appropriate consistency



Always mix food thickeners with a mini whisk or a fork to prevent lumps. If a teaspoon is used the thickener goes lumpy



Type thickener	Use	Examples
Starch based	In food preparation	<ul style="list-style-type: none"> ▪ Nutrilis, ▪ Thick & Easy, ▪ Resource Thicken Up
Gel based	In drinks	<ul style="list-style-type: none"> ▪ Nutrilis Clear, ▪ Thick & Easy Clear, ▪ Resource Thicken Up Clear



Non prescribed food thickeners

- Gluten-free, multi-functional, highly dispersible instant thickening starch for use in both hot and cold applications

Ultratex

- www.specialingredients.co.uk
- www.amazon.co.uk



Brakes' thickener



Nutrisis thickener



- www.essentialcuisine.com
- Bidfoods

National Guidance



Nutrition Support for Adults
Oral Nutrition Support, Enteral Tube Feeding and Parenteral Nutrition

METHODS, EVIDENCE & GUIDANCE

THE GUIDANCE IS APPROVED BY THE NATIONAL INSTITUTE FOR HEALTH CLINICAL EXCELLENCE

NHS
National Institute for Health and Clinical Excellence

Quality standard for nutrition support in adults

Issued: November 2012

NICE quality standard 24
guidance.nice.org.uk/qis24

A Guide to Managing Adult Malnutrition in the Community

Including a pathway for the appropriate use of Oral Nutritional Supplements (ONS)
Produced by a multi-professional consensus panel

www.malnutritionpathway.co.uk

2nd Edition: 2017
1st Edition produced May 2012
(Document to be reviewed November 2020)

High Impact Actions for Nursing and Midwifery

Part 2: Guidance

Outcome 5: Meeting nutritional needs

Regulation → **What do the regulations say?**

Meeting nutritional needs

14.—(1) Where food and hydration are provided to service users as a component of the carrying on of the regulated activity, the registered person must ensure that service users are protected from the risks of inadequate nutrition and dehydration, by means of the provision of—

(a) a choice of suitable and nutritious food and hydration, in sufficient quantities to meet service users' needs;

(b) food and hydration that meet any reasonable requirements arising from a service user's religious or cultural background; and

(c) support, where necessary, for the purposes of enabling service users to eat and drink sufficient amounts for their needs.

(2) For the purposes of this regulation, "food and hydration" includes, where applicable, parenteral nutrition and the administration of dietary supplements where prescribed.

Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

BDA The Association of UK Dietitians

The Management of Malnourished Adults in All Community and All Health and Care Settings

Policy Statement

This policy statement is to highlight the growing issue of malnutrition and the integral role of dietitians in addressing the nutritional care of vulnerable populations specifically in community health and social care settings.

Summary

Dietitians have the expertise both at an individual patient and strategic level to identify, assess, care plan, treat, monitor and review individuals to achieve patient-centred outcomes, and train others to prevent and treat malnutrition. The BDA believes that high quality nutrition and meeting the nutritional, clinical and personal needs of all, must be a priority for all involved in health and social care. The potential for good nutrition to improve the health of the vulnerable population is huge and well documented. Malnutrition should not be, but is, a very real and current problem in the UK: population with national surveys showing that prevalence of malnutrition is still unacceptably high [1-5].

The recent Global Nutrition Report (2016) [7] highlighted the urgent need to end all forms of malnutrition by 2030, given the significant social and economic burden it brings. From a UK perspective, it is estimated that over 3 million people are malnourished or at risk of malnutrition [8]. National UK surveys [1-5] show that malnutrition is costly with the estimated cost of malnutrition continuing to increase (over 7.3 billion in the UK in 2003, over 13 billion in the UK in 2007 and approximately 19.5 billion in England 2011-2012 equating to approximately 15% of the health and social care budget [9]. Nutritional support in adults was ranked as the third highest cost saving intervention (£71,800 per 100,000 general population), associated with implementation of NICE Clinical Guideline (CG32) Quality Standard (QS24) [9].

*Malnutrition can refer to both over and under nutrition. In this policy statement, malnutrition refers to under nutrition, 'a deficiency of energy, protein and other nutrients that causes adverse effects on the body (shape, size and composition), the way it functions and clinical outcomes' [6]. Malnutrition may be social-related (e.g. poverty, isolation) or disease-related (e.g. cancer, inflammatory bowel disease, chronic obstructive pulmonary disease).

'Malnutrition Universal Screening Tool' ('MUST') MAG

'MUST'

'MUST' is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition (undernutrition), or obese. It also includes management guidelines which can be used to develop a care plan.

It is for use in hospitals, community and other care settings and can be used by all care workers.

This guide contains:

- A flow chart showing the 5 steps to use for screening and management
- BMI chart
- Weight loss tables
- Alerts in measurements when BMI cannot be obtained by measuring weight and height.

The 5 'MUST' Steps

Step 1
Measure height and weight to get a BMI score using chart provided. If unable to obtain height and weight, use the alternative procedures shown in this guide.

Step 2
Note percentage expressed weight loss and score using tables provided.

Step 3
Establish acute disease effect and score.

Step 4
Add scores from steps 1, 2 and 3 together to obtain overall risk of malnutrition.

Step 5
Use management guidelines and/or local policy to develop care plan.

Please refer to The 'MUST' Dehydration Checklist for more information when weight and height cannot be measured, and when screening patient groups in which extra care in interpretation is needed (e.g. those with fluid disturbances, pleural effusion, ascites, critical illness and pregnant or lactating women). The booklet can also be used for training. See The 'MUST' Report for supporting evidence. Please note that 'MUST' has not been designed to detect deficiencies or excessive intakes of vitamins and minerals and is of use only in adults.

NHS
England

Guidance - Commissioning Excellent Nutrition and Hydration 2015 - 2018

National requirements

The **Care Quality Commission** (2010) Outcome 5 – meeting nutritional needs:

- A nutritional screening is carried out to identify people at risk of poor nutrition or hydration when they first begin to use the service and at regular intervals.
- Staff identify where the person is at risk of poor nutrition or hydration when they first begin to use the service and as their needs change.
- Action is taken where any risks of poor nutrition or hydration are identified
- Their plan of care includes how any identified risks will be managed

Part 2: Guidance

Outcome 5: Meeting nutritional needs

Regulation → **What do the regulations say?**

Meeting nutritional needs

14. – (1) Where food and hydration are provided to service users as a component of the carrying on of the regulated activity, the registered person must ensure that service users are protected from the risks of inadequate nutrition and dehydration, by means of the provision of –

- (a) a choice of suitable and nutritious food and hydration, in sufficient quantities to meet service users' needs;
- (b) food and hydration that meet any reasonable requirements arising from a service user's religious or cultural background; and
- (c) support, where necessary, for the purposes of enabling service users to eat and drink sufficient amounts for their needs.

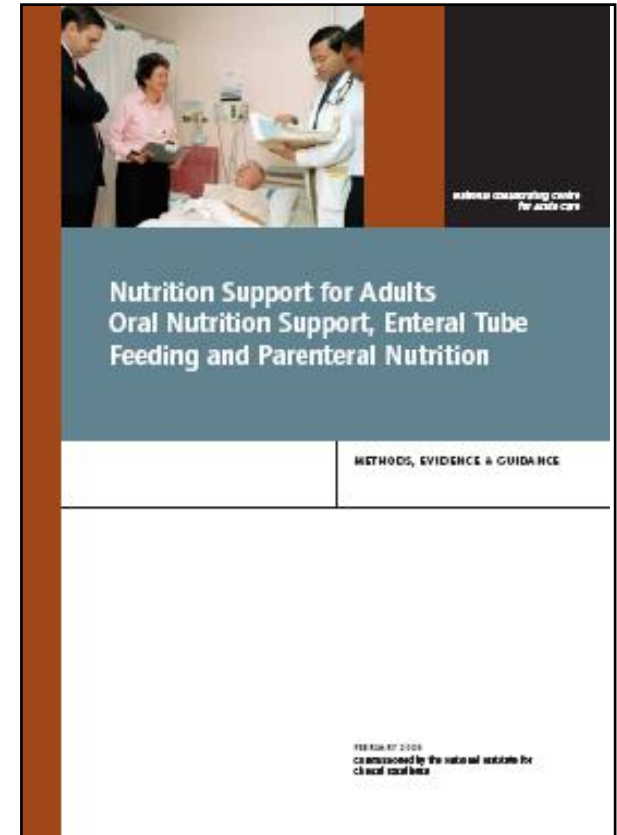
(2) For the purposes of this regulation, "food and hydration" includes, where applicable, parenteral nutrition and the administration of dietary supplements where prescribed.

Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

76 Care Quality Commission: Guidance about compliance Essential standards of quality and safety March 2010

NICE (2006): Nutritional support in adults

“Screening for the risk of undernutrition should be carried out by health care professionals with appropriate skills and training”



Further information



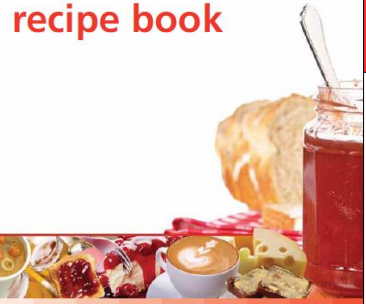
Care Home Resources



Care Home Resource File



The fortified diet recipe book



'malnutrition Universal Screening Tool' (MUST)

Step 1: Measure weight and compare to MRC (using the following BMI category)	Step 2: Measure mid arm circumference (measured at the mid-point between the elbow and the wrist)	Step 3: BMI (kg/m²)
Step 1: Measure weight and compare to MRC (using the following BMI category) 1. BMI 18.5 or less 2. BMI 18.5 - 20 3. BMI 20 - 25 4. BMI 25 or more	Step 2: Measure mid arm circumference (measured at the mid-point between the elbow and the wrist) 1. Less than 26.5 cm 2. 26.5 - 28.5 cm 3. 28.5 - 30.5 cm 4. 30.5 cm or more	Step 3: BMI (kg/m²) 1. Less than 18.5 2. 18.5 - 20 3. 20 - 25 4. 25 or more
Step 4: Final score	Step 5: Final score	Step 6: Final score
Step 4: Final score 1. 0 2. 1 3. 2 4. 3 5. 4	Step 5: Final score 1. 0 2. 1 3. 2 4. 3 5. 4	Step 6: Final score 1. 0 2. 1 3. 2 4. 3 5. 4

Classification (High, Moderate, Low, Malnourished) and **Weight loss** (Less than 5%, 5-9%, 10-14%, 15% or more)

Undernutrition risk score

High risk: 2 or more

Moderate risk: 1

Low risk: 0

Interventions to consider for undernourished residents:

- Refer to dietitian for assessment
- Refer to dietitian for advice on high risk of malnutrition
- Refer to dietitian for advice on moderate risk of malnutrition
- Refer to dietitian for advice on low risk of malnutrition

Interventions to consider for at risk of malnutrition:

- Refer to dietitian for assessment
- Refer to dietitian for advice on high risk of malnutrition
- Refer to dietitian for advice on moderate risk of malnutrition
- Refer to dietitian for advice on low risk of malnutrition

Resident's name _____ DOB _____ Room _____

At risk of undernutrition: Moderate risk High risk

AIM _____

To improve the resident's nutritional status

Intervention / when identified	Commenced Date/Time/Sign	Discontinued Date/Time/Sign
<input type="checkbox"/> Complete monthly, the resident's nutritional score		
<input type="checkbox"/> Provide two homemade fortified drinks daily		
<input type="checkbox"/> Provide two nourishing snacks a daily		
<input type="checkbox"/> Provide nourishing drinks, such as milky drinks		
<input type="checkbox"/> Provide the fortified diet options		
<input type="checkbox"/> Provide one multi vitamin and mineral tablet daily		
<input type="checkbox"/> Complete food record charts for four days, then implement the red tray process		
<input type="checkbox"/> Weigh the resident weekly		
<input type="checkbox"/> Refer the resident to the dietitian (Date: _____)		
<input type="checkbox"/> Review the care plan <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/>		
<input type="checkbox"/> Provide information and explanations to resident		

Other specific interventions:

The resident needs feeding supervision Resident requires normal diet soft diet Discuss food preferences with resident/relative Likes _____ Dislikes _____

Right nutrition every time

Undernutrition dietary treatments

This list should be updated monthly and a copies given to the kitchen and care staff

Last updated: _____

Moderate risk of undernutrition	High risk of undernutrition

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Name: _____ DOB: _____

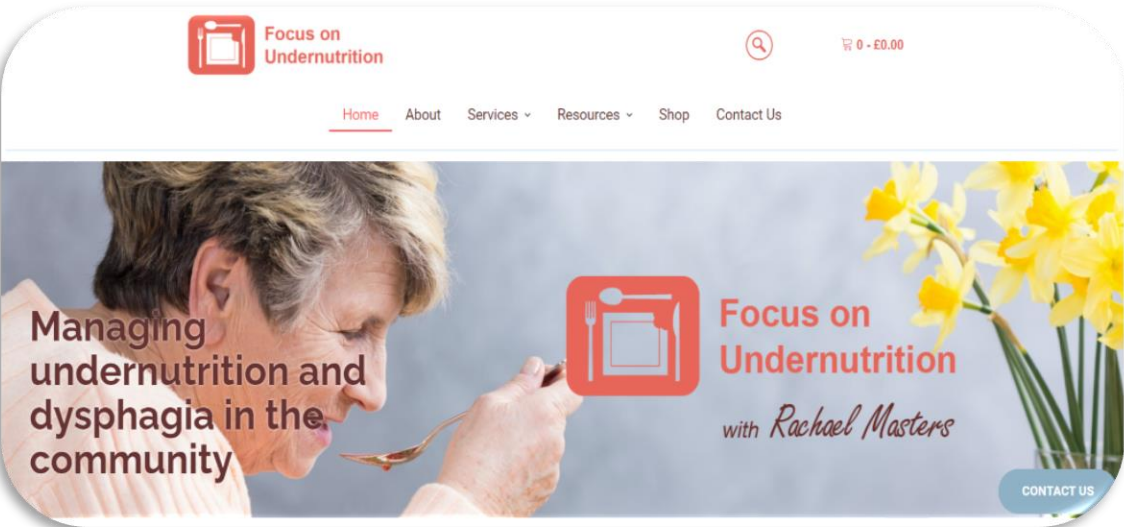
Food and drink record chart

Please record the type and amount of food and drinks provided and taken.

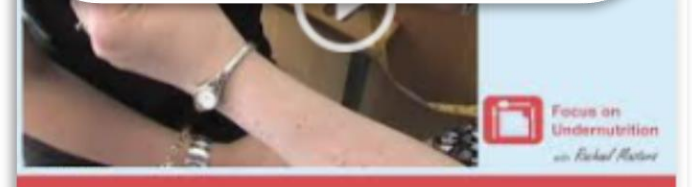
Date	Description of food and drink provided	Portion size provided				Amount taken				Fluid consumed (ml)	Action and comments	Signature			
		S	M	L	J	None	%	%	JAR						
	Breakfast														
	Mid-morning														
	Lunch														
	Mid-afternoon														
	Evening meal														
	Supper														
	Night time														
		Total fluids consumed in 24 hours: _____													

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Determine Mid Upper Arm Circumference

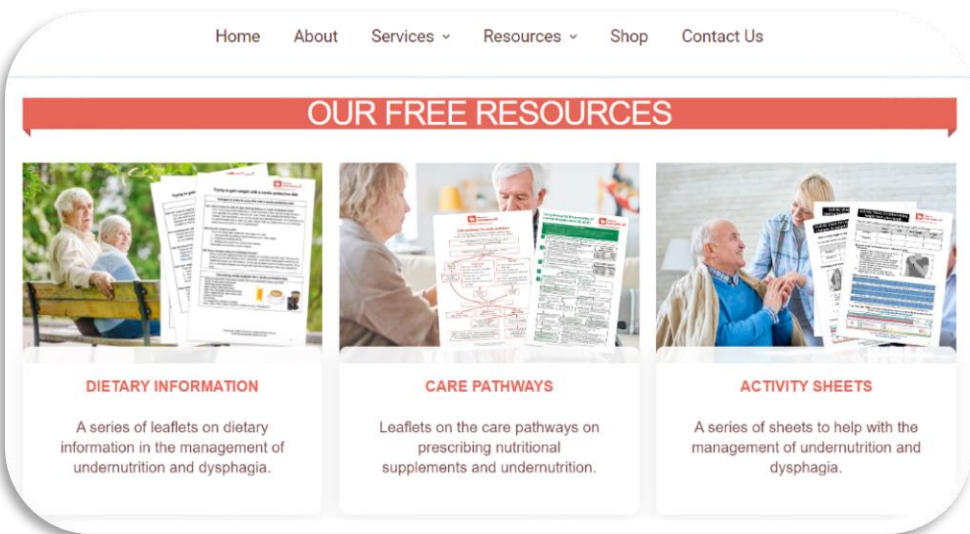


Determine Height Using Ulna



How To Complete 'MUST'

www.focusonundernutrition.co.uk



Resources

Videos

Online nutrition training

Module 1 - What is undernutrition?
Restricted Not available unless: The ac 1 complete

Module 2 - How to identify i
Restricted Not available unless: The ac

Module 3 - How to treat un
Restricted Not available unless: The ac

Module 4 - Nutrition-relate
Restricted Not available unless: The ac

Module 5 - Case study and c
Restricted Not available unless: The ac

Play (k)
End of course

Click to enter this course

1:25 / 2:46

www.focusonundernutrition.co.uk

info@focusonundernutrition.co.uk

Focus on Undernutrition Catering course

- Part 1: Workshop base
- Part 2: Practical sessio
- Part 3: Coursework

Menu Planning & Special Diets in Care Homes

1:45 / 2:46

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Contact us



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