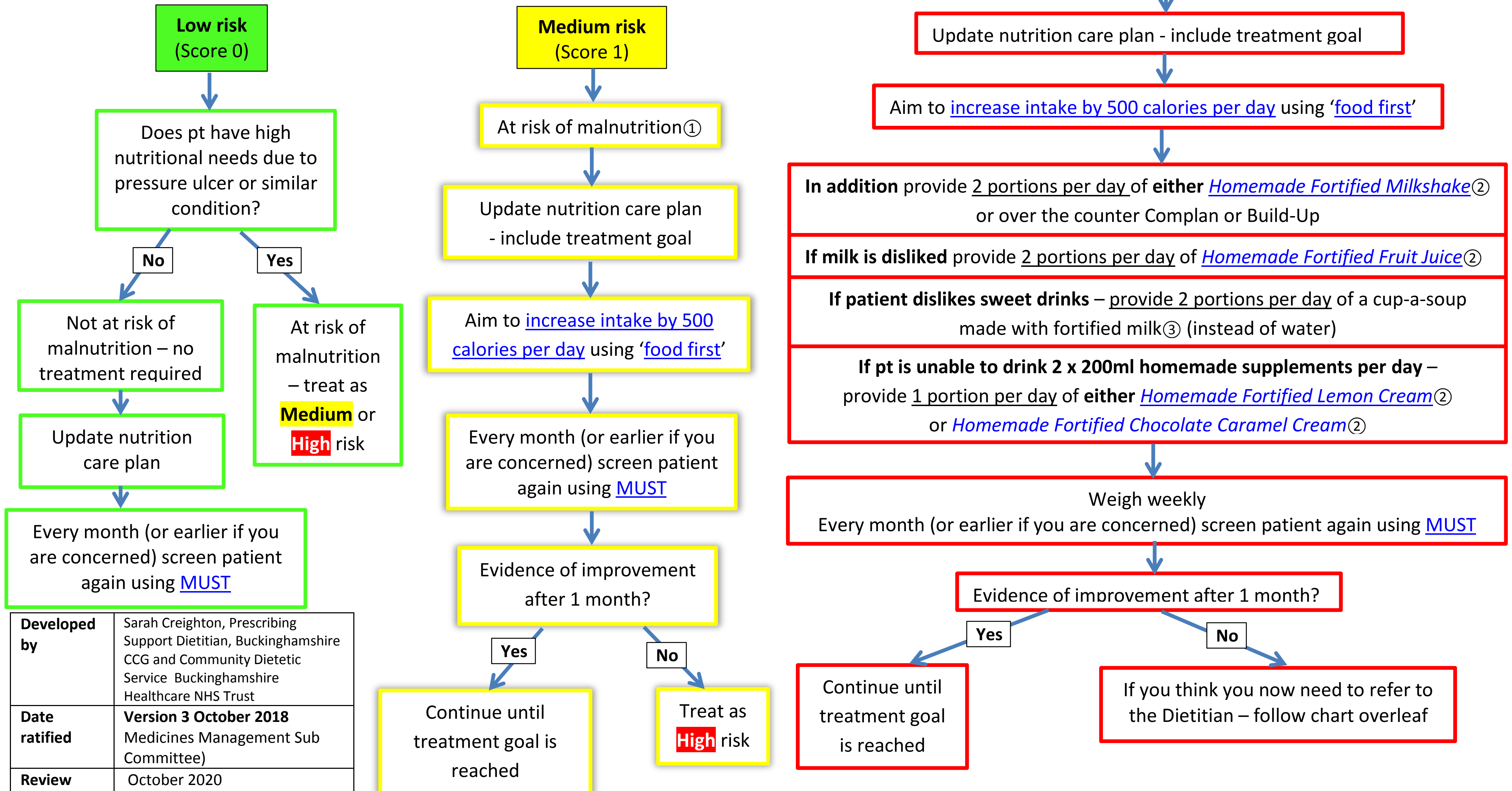
# Care Home MUST management guidelines – *Make sure these have been followed before requesting sip feed prescription or referring to the Dietitian*

① If a patient is currently **overweight** or was overweight prior to unplanned weight loss, consider whether regaining weight is in their best interests. If weight regain is not in the patients best interests, consider treating patient as lower risk category to avoid significant weight regain. Record reason for this in nutrition care plan

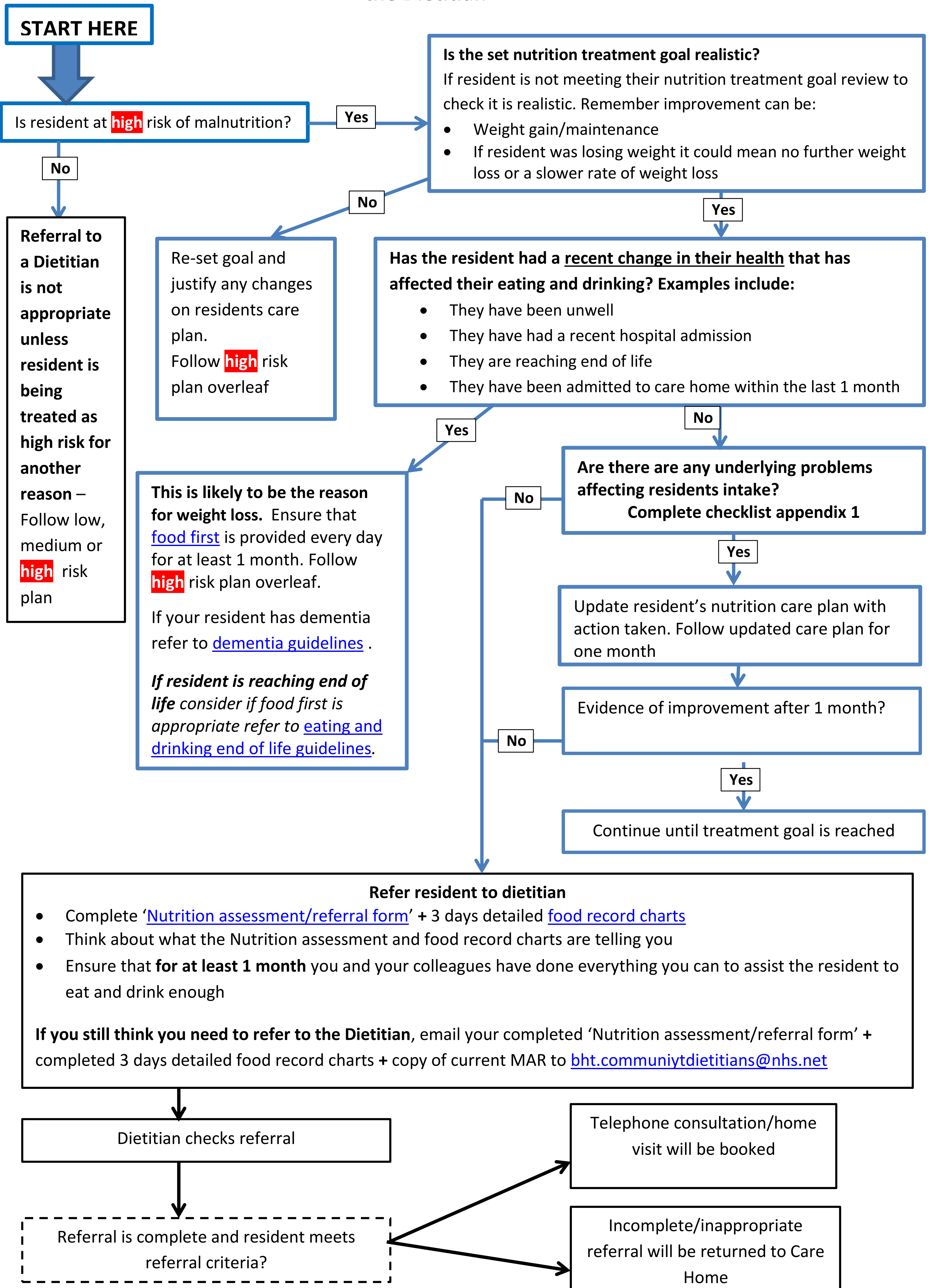
② All **Homemade Supplements must** be made **exactly** according to the recipes provided by Aylesbury Vale & Chiltern CCGs

③ Make **fortified milk** by adding 3 – 4 tablespoons dried, skimmed milk powder to each pint of full fat milk




| | |
|---|---|
| **Developed by** | Sarah Creighton, Prescribing Support Dietitian, Buckinghamshire CCG and Community Dietetic Service Buckinghamshire Healthcare NHS Trust |
| **Date ratified** | **Version 3 October 2018** Medicines Management Sub Committee) |
| **Review** | October 2020 |

**MUST Management Guidelines** - **Thinking about referring a care home resident to the Dietitian**



## Appendix 1- Checklist to assess underlying problems potentially affecting a resident's food & fluid intake

**Complete this form for any resident that has trialled food first for 1 month and has not improved to identify any underlying factors that could be affecting their eating and drinking.**

**Name of resident:**________________________________________

| Problem | Tick action taken and record on residents nutrition care plan |
|---|---|
| **Swallowing problems** | ☐ Refer to Speech and Language Therapist for swallowing assessment |
| **Chewing problems/<br>Poor Dentition/<br>Sore mouth** | ☐ Assess Oral Hygiene<br>☐ Get sore mouth treated<br>☐ Check teeth/dentures fit & request dental assessment if appropriate |
| **Nausea/ Vomiting** | ☐ Refer to GP for an assessment |
| **Constipation** | ☐ Ensure sufficient fluid and fibre intake<br>☐ Keep bowel chart and discuss with GP if laxatives are required |
| **Unable to feed independently** | ☐ Position correctly<br>☐ Provide assistance/supervision at meal and snack times<br>☐ Consider referral to Occupational Therapist or Physiotherapist<br>☐ Provide appropriate cutlery/crockery |
| **Difficult /unable to communicate preferences** | ☐ Consider pictorial or large print menu<br>☐ Refer to Speech and Language Therapist for communication assistance |
| **Consistently not finishing meals despite assistance**<br><br>**or**<br><br>**Consistently refusing food or fluid** | ☐ Assess comfort at mealtimes – bowels, pain, positioning<br>☐ If concerned pain is affecting food & fluid intake seek medical review<br>☐ If concerned resident may be depressed seek medical advice<br>☐ Provide assistance throughout mealtimes<br>☐ Find out likes/dislikes & mealtime preferences from patient or relatives<br>☐ Use verbal or visual prompts to help eating<br>☐ Encourage **3 small** fortified meals a day and *at least* 2 **nutritious** snacks and **2 portions of** fortified milkshake/juice drinks a day<br>☐ Monitor and record food and fluid intake for 3 days then review to enable eating & drinking patterns to be identified.<br>☐ If at risk of dehydration: Encourage drinks after between meals aiming for 6-8 cups/day. Make sure that these drinks are nutritious e.g milk, fruit juice<br>☐ Monitor fluid balance |
| **Constant activity/agitation** | ☐ Provide nutritious snacks finger foods throughout day<br>☐ Assess mealtimes - comfort, food and fluid intake and establish cause of agitation |
| **Other** | Please state:______________________________________________________ |
| **No problem identified** | ☐ Tick box if none of the problems or actions listed above are appropriate for your resident |
| **Date completed:**_______________ **Carer's Name:** ______________________ | **Role:** __________________ **Signature:**_______________________ |