COMMUNITY DIETETIC SERVICE REFERRAL FORM For Care Homes



Please e-mail this referral form to DieteticsReferrals@SomersetFT.nhs.uk. **Please ensure emails are sent from a secure email account** e.g. NHS.net account. If you do not have a secure email account please send completed forms by post to the Somerset Community Dietitians using the address provided on the top right of this referral form.

Somerset Community Dietitians

1st Floor,
Bridgwater House,
King Square
Bridgwater,
TA6 3AR
Tel: 01278 447407

All mandatory fields are marked with a red star (*) and must be completed or referral may be returned.

Please note this referral form is for nutrition support referrals only, e.g. residents who are identified as at risk of malnutrition. Please ensure the **MUST Care Pathway for Care Homes in Somerset** has been followed before referring. A copy of the pathway is at the end of this referral form.

Part A: Please complete details about the resident you are referring

Date of referral*	Date referral received (Office use)	
Resident name*		
Date of birth*	NHS No.*	
Care home address*	Care home telephone No: *	
Care home e-mail (for communications)*	Note: all email correspo	ondence will be encrypted.
Name of GP*	GP Surgery*	
Name of person referring*	Referrer's job title*	

Part B: Pre-referral checklist

Please answer the pre-referral questions below					
Have you watched the webinar 'Screening and supporting for malnutrition in care homes'?*					
Have you addressed any underlying reasons for unintentional weight loss of the resident?* For example, poor dentition, mouth pain, poor dexterity, mental health including bereavement, nausea, change in bowel habit and change in social circumstances.					
Have you supported the resident with a Food First approach for 4-8 weeks as per the MUST Care Pathway for Care Homes?* (The pathway is attached to the end of this form for reference)					
If Yes to the above question, are you offering the following:					
Fortifying all the residents main meals and puddings					
2. Home made milkshakes or high energy fortified puddings at least twice daily					
3. High energy snacks at least twice daily					
If you answered NO to any of the above questions we recommend you address these actions before referring to the Dietitian. A variety of resources for care homes can be accessed on the Somerset NHS Foundation Trust Website. If you					

answered **YES** to **all** of the above questions please complete the remainder of this referral form.

Part C: Please complete details about the resident's weight history

Please give details of the resident's weight or mid-upper arm circumference (MUAC) in the past 6 months*													
1	Date:	Kg		cm 4 Date					Kg			cm	
2	Date:	Kg	l	cm 5 Date		Date:				Kg		cm	
3	Date:	Kg		cm 6 Date							g		cm
Re	sident's height*	M					BMI* Calculate using a BMI chart or Kg/N				Kg/M ²		
Total amount of unintentional weight loss in the past 6 months*			Kg			MUST Score*							
Has the resident recently had oedema which has now improved?*			Yes	No	N	lot Sure	Sure If yes , consider if any previous oedema mare reason for the weight loss				a may	/ be a	
If you have been supporting the resident with a Food First approach for 4-8 weeks, has the resident lost further weight?*				No	N	lot Sure	Sure Note: Weight variation of 5% or less mannormal. Continue a food first approach if reference because of weight loss of 5% or less.				•		
we	Note: If the resident has a healthy BMI and is eating well and their GP feels there is no underlying health conditions causing weight loss, consider if gradual weight loss may be due to change in access to food or appetite related to cognitive decline if previously overweight. A dietetic referral may not be needed and weight may stabilise within a healthy weight range.												
Par	t D: Details abou	ut your residen	t's med	lical his	sto	ry and	curre	ent st	ate of he	alth			
	es the resident ha	•	Diabetes	Diabetes					Dementia				
		Respirat	Respiratory condition e.g. CC					COVID-19					
		Coronary heart disease						Chronic kidney disease (CKD)					
		Cancer	Cancer					Learning Disability					
		Stroke	Stroke					Date of stroke					
			•	Progressive neurological cor e.g. Parkinson's, MND or MS					None of these conditions				
Does the resident have a pressure sore?*			Yes	No	lf gı	Yes	,	what s it?					
we	If the resident has lost weight did any of the following occur at the		lot Sure	If Yes , what date/s were they admitted?									
	e of weight loss?*	Chest infection or UTI	Yes □	No	Not Sure Diarrhoea		hoea d	or vomiting	Yes	No	Not	Sure	
Note: If the resident was admitted to hospital or had any of the above conditions at the time of weight loss this could be the reason for weight loss and a dietetic referral may not be required. If these conditions have improved we would suggest completing the <u>Nutrition Support Care Plan</u> booklet and implementing for 4-8 weeks before referring to the dietitian.													
health?*		Stable	Stable				Deteriorating						
		Palliative	Palliative				I am unsure of current state of health						
If y	If your resident is approaching the end of life we recommend reading the BDA: End of life nutrition information leaflet												
	Please give details of any relevant medications prescribed (optional)												

Part E: Details about your resident's food and fluid intake

What are the resident's current eating habits?*			Eats all of meals and snacks				
e.g. how are they eating at the moment?		Eats more than half of meals and snacks					
		Eats less than half of meals and snacks					
		Eats very little e.g	g. teaspoons				
On average how much fluid does the resident drink daily?*			More than 2000ml				
			1500- 2000ml				
			1000- 1500ml				
		1	Less than 1000ml				
Note: if the resident has a poor fluid intake encourage fluid rich foods. Fluid rich foods may include: full fat yoghurts, jellies, ice cream, pureed stewed fruits and custard. Please check whether patient requires thickened fluids beforehand.							
Does the resident have a texture modified	No, resident has a normal diet (IDDSI Level 7 regular or easy to chew)						
diet?*	Yes, a soft & bite-sized diet (IDDSI Level 6)						
	Yes, a minced & moist diet (IDDSI Level 5)						
	Yes, a pureed diet (IDDSI Level 4)						
	Yes, a liquidised diet (IDDSI Level 3)						
Does the resident have thickened fluids?*		No, resident has normal fluids (IDDSI Level 0 thin fluids)					
	Yes, slightly thick fluids (IDDSI Level 1)						
	Yes, mildly thick fluids (IDDSI Level 2)						
	Yes, moderately thick fluids (IDDSI Level 3)						
Yes, extre			nely thick fluids (IDDSI Level 4)				
Does the resident have any food allergies?*	Yes	No	Not Sure	If Yes , please give details:			
Is the resident on prescribed oral nutritional supplements?*		No	If Yes , please specify name, amount recommended and who prescribed them?				

PLEASE CONTINUE TO COMPLETE SECTION F ON FOLLOWING PAGE.

Part F (final section): Details about the reason you are referring your resident (and support offered)

Please give details of the rea	son/s why you are referring the resident?*	
Please give details of wha resident's nutritional intake?	t you are already doing to improve the	
For what length of time have	e you tried the above?	
	egarding safeguarding, communication or ase detail in additional information below)	Yes □ No □
Has your resident consented	d to this referral?	Yes □ No □
Additional information:		

PLEASE remember to attach 4 days of food record charts to the referral

Please e-mail this referral form to <u>DieteticsReferrals@SomersetFT.nhs.uk</u>. **Please ensure emails are sent from a secure email account** e.g. NHS.net account. If you do not have a secure email account please send completed forms by post to the Somerset Community Dietitians using the address provided on the top right of this referral form.

Postal address:

Somerset Community Dietitians 1st Floor, Bridgwater House, King Square Bridgwater, TA6 3AR

Tel: 01278 447407



MUST Care Pathway for Care Homes in Somerset

MUST = 0 (low risk)

Re-screen monthly or if there is clinical concern

Examples of a clinical concern:

- unplanned weight loss (loose fitting rings/clothes)
- impaired swallow
- altered bowel habit
- prolonged illness
- · ongoing poor appetite
- apathy or depression

MUST = 1 (medium risk)

Food First Action Plan

- Commence food chart to establish oral intake and assess likes and dislikes
- Complete the <u>Nutrition Support Care Plan</u> booklet for resident to support with a Food First approach. This includes
 - a. Adding food toppers to all meals
 - b. Offering 2 nutrient dense snacks daily
 - Offering 2 homemade milkshakes or nutrient dense puddings daily
- Complete the Weekly Food First Prescription charts to document support offered

MUST = 2 (high risk)

Follow Food First Action Plan (as for MUST = 1)

Ensure GP is aware of malnutrition risk and notified of nutritional care plan

Re-screen monthly using MUST

Continue Food First Action plan for 4-8 weeks*. Re-screen sooner if concerned.

Continue Food First Action Plan if improvement

An improvement could be either of the following:

- · No further weight loss or slowing of weight loss
- Weight stable (note: a variation of 5% is considered normal)
- · Weight gain or MUST score improved

Continue Food First Action Plan and monitor monthly. Adapt care plan to suit needs of resident and continue to monitor monthly.

Re-screen using MUST after 1 month

MUST = 1

- Continue to support with a Food First Action Plan
- 2.Repeat MUST monthly
- 3. Adapt care plan to suit needs of resident. For example, if resident is feeling too full with the above, consider offering less milkshakes and snacks and continue to monitor weight and MUST score monthly.

MUST = 2

Refer to MUST of 2 actions. Continue Food First Action Plan for 4-8 weeks and/or refer to dietitians if appropriate.

Consider dietetic referral if no improvement

If no improvement, e.g. further weight loss (more than 5%) and you have supported resident with the Food First Action Plan for 8 weeks* consider a dietetic referral using the Community Dietetic Referral Form for Care Homes.

*Consider sooner referral if resident has progressive neurological condition e.g. MND or Parkinson's disease AND significant dysphagia or reduced oral intake. Additionally if you feel your resident has complex or conflicting dietary needs then refer sooner for dietetic support.



Webinar for Carers

Watch the 25 minute webinar 'Supporting and screening for malnutrition in care homes' which provides additional information to support with a food first approach and a person centred nutritional care plan.

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