

Trust Ref Number: B30/2018

1. Introduction and Who Guideline applies to

- 1.1 This clinical guideline provides advice and information on how to refer an adult inpatient across the Leicester Royal Infirmary, Leicester General Hospital and Glenfield Hospital to the UHL Dietetic and Nutrition Service via ICE.
- 1.2 Adult inpatients include patients over the age of 16 years old or those over the age of 19 years old in special education.
- 1.3 It is intended for use by all staff groups with access to the ICE referral system.
- 1.4 Adult inpatients and their relatives/carers can self-refer by discussing with the nurse in charge of their care to facilitate an ICE referral if appropriate. These referrals will be assessed on a case by case basis discussion with the managing healthcare team for confirmation of appropriateness of the referral.
- 1.5 This guideline does not cover UHL Dietetic and Nutrition Service referrals for:
 - Outpatients
 - · Neonatal and paediatric patients
 - Critical care
 - Parenteral Nutrition
 - Adult dysphagic patients requiring a modified consistency diet as this should be under the instruction of a Speech and Language Therapist
 - Special dietary requirements for religious and cultural needs
 - Please refer to your ward catering folder and Catering Assistant for information
 - Dietary likes/dislikes
 - Please refer to your ward catering folder and Catering Assistant for information
 - 1.6 The UHL Dietetic and Nutrition Service for adult inpatients is provided Monday to Friday 8:00am to 4:00pm (excluding bank holidays). Please note some post holders will adopt flexible job plans around patient and service needs.

2. Guideline Standards and Procedures

- 2.1 To refer an adult inpatient use the electronic ICE referral form and ensure all referrals meet the referral criteria detailed in flow chart 1.
- 2.2 Some adult inpatient wards/units should make a Dietetic referral, regardless of the MUST score, see flow chart 1.
- 2.3 Verbal referrals made face to face/via answerphone message/ward rounds/written in medical notes will need to be supported with an electronic ICE referral.
- 2.4 Response to referral standards are set as:
 - Urgent referrals will be seen within 1 working day of receipt referral
 - Routine referrals will be seen within 2 working days of receipt of referral
 - Please note we are not a 7 day service- working hours are Monday Friday 8am-4pm
- 2.5 Urgent referrals include all those referred for enteral feeding and inherited metabolic conditions. All other referrals will be classed as routine.

2.6 The following flow chart details the procedure to follow to make an ICE refer to the UHL Dietetic and Nutrition Service for an adult inpatient:

Flow chart 1: UHL Dietetic and Nutrition Service Procedure and Referral Criteria for Adult Inpatients

Nutritionally screen all patients on admission using the Malnutrition Universal Screening Tool (MUST) and rescreen weekly



Refer patients who:

- Have a MUST score of 4 or more
- Have a deteriorating MUST score
- MUST score 1-3 that have not improved with first line nutritional care after 3 days
- Require prescribable oral nutritional supplements and/or modular nutritional products for therapeutic diets e.g. crohn's disease (excluding patients on defined nutritional pathways e.g. liver disease, #NOF and ERAS)
- Require an enteral feeding assessment/ regimen
- Require dietary manipulation beyond therapeutic diet menus available in the catering folder



All patients in the following areas should be referred regardless of MUST score:

- Intensive care patient
- Patients with grade 3, 4 and unstageable pressure ulcers (on admission and hospital acquired)
- Bone marrow transplant patient
- Pancreatic cancer patients
- Head and neck cancer patients
- Gastro-oesophageal cancer patients
- Cystic Fibrosis
- Primary Ciliary Dyskinisia



Referrals will be rejected if:

- No MUST score is provided on the referral
- MUST score 1-3- ward nursing staff to implement first line oral nutritional care, review after 3 days by ward staff and if no improvement then submit an ICE referral to the ward Dietitian
- Referral reason cited as poor appetite with no food record charts completed highlighting poor food intake e.g. <50% meals consumed
- Patients requiring first line nutritional support in the first instance
- Food preferences and self-imposed diets not supported by clinical diagnosis
- Cultural and religious dietary requirements e.g. kosher, halalal, vegan with no impact on nutritional status- refer to ward catering folder
- Bowel preparation diet



Rejected referrals will be communicated verbally with ward staff and documented on Nervecentre in Nutrition & Hydration. If appropriate the patient can be re-referred with MUST score included or a reason for omitting MUST score in reason for referral

3. Education and Training

- 3.1 Training is available to support the use of this guideline and procedures via the UHL Dietetic and Nutrition Service.
- 3.2 Ward nursing staff will need to be able to:
 - Refer a patient to the ward Dietitian via ICE
 - Accurately complete the 'MUST' nutritional screening tool
 - Implement an appropriate nutritional care plan according to the MUST score, including initiating first line oral nutritional care plans and referral to the ward Dietitian when appropriate
 - Monitor patient's nutritional progress, and review nutrition care plan as necessary
 - Advise and assist patients to manage different diseases / conditions treated by diet treatment
 - Discharge planning including nutritional care for patients
- 3.3 The information within this guideline is referenced in nutrition training provided across the Trust:
 - Ward staff have access to two nutrition study sessions bookable via HELM, these are provided by the dietetic practice learning lead post holder- Session A: "Nutritional Screening and First Line Nutritional Care"; Session B "Nutritional Interventions and Monitoring"
 - E learning on HELM 'Nutritional Screening: A MUST for hospital patients'
- 3.4 Results from nutrition audits; the nursing metrics nutrition metrics, and the CQUIN unintentional weight loss audit may highlight areas of the trust where further training in nutritional screening and nutritional support would be beneficial, at present this can be delivered by the Dietetic practice learning lead post holder.

4. Monitoring Compliance

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency	Reporting arrangements
Appropriateness of adult inpatient referrals	Scorecard	Head of Service- Dietetics and Nutrition	,	Dietetic and Nutrition Service Business/Quality and Safety meeting CSI CMG Assurance report Monthly meetings as indicated
Response times to adult inpatient referrals	Scorecard	Head of Service- Dietetics and Nutrition	•	Service Assurance report to CSI CMG Exec team CSI CMG Metrics

5. Equality Analysis Assessment

- 5.1 The Trust recognises the diversity of the staff and local community it serves. Our aim therefore is to provide a safe environment free from discrimination, harassment and victimisation and treat all individuals fairly with dignity and respect and, as far as is reasonably possible, according to their needs
- 5.2 As part of its development, an Equality Analysis on this policy have been undertaken and its impact on equality have been reviewed and no detriment was identified

EDI Statement
We are fully committed to being an inclusive employer and oppose all forms of unlawful or unfair discrimination, bullying, harassment and victimisation

It is our legal and moral duty to provide equity in employment and service delivery to all and to prevent and act upon any forms of discrimination to all people of protected characteristic: Age, Disability (physical, mental and long-term health conditions), Sex, Gender reassignment, Marriage and Civil Partnership, Sexual orientation, Pregnancy and Maternity, Race (including nationality, ethnicity and colour), Religion or Belief, and beyond.

We are also committed to the principles in respect of social deprivation and health inequalities.

Our aim is to create an environment where all staff are able to contribute, develop and progress based on their ability, competence and performance. We recognise that some staff may require specific initiatives and/or assistance to progress and develop within the organisation.

We are also committed to delivering services that ensure our patients are cared for, comfortable and as far as possible meet their individual needs.

6. Supporting references (maximum of 3)

None

7. Kev Words

Referral, Dietitian, Dietetic Service, Nutrition

CONTACT AND REVIEW DETAILS				
Guideline Lead (Name and Title): Eleanor Scott, Speciality Clinical Lead	Executive Lead: Lisa Lane, Head of Nursing			
Details of Changes made during review:				