University Hospitals of Leicester NHS
NHS Trust

# Nutrition and Hydration in Adult Inpatients Policy

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| **Trust Lead:** | Charlotte Rubio – Nurse Specialist |
| **Board Director Lead:** | Julie Hogg – Chief Nurse |
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## CONTENTS



### REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW

V1 – November 2023

### KEY WORDS

Nutrition, Hydration, Food Chart, Red Tray, Making Mealtimes Matter

## 1 INTRODUCTION AND OVERVIEW

1.1 Maintenance of adequate nutrition and hydration is vital to health and preventing the deterioration of the acutely unwell patient.

1.2 The purpose of this policy is to highlight the processes, requirements, roles and responsibilities concerning nutrition and hydration care that enables all patients to receive nutrition and hydration in a form that is acceptable to them and meets their needs. It is intended to reinforce the importance of nutrition and hydration of all adult inpatients and signpost healthcare professionals to supporting policies and guidelines within the trust that support best practice.

1.3 This document sets out the University Hospitals of Leicester (UHL) NHS Trusts Policy and Procedures for ensuring adult inpatients receive adequate nutrition and hydration.

1.4 The Care Quality Commission (2017) states “People must have their nutritional needs assessed and food must be provided to meet those needs. Preople’s preferences, religious and cultural background must be considered when providing food and drink”.

1.5 The therapeutic role of food and fluid within the healing process cannot be underestimated. The service of food and beverages is an essential part of treatment. The importance of food to aid recovery should be highlighted to patients and relatives, and all steps should be taken at mealtimes to optimise food and fluid intake.

1.6 It is estimated that approximately 34% of adult patients admitted to hospital are malnourished or at risk of malnutrition (BAPEN 2014). Despite being recognised nationwide as a cause for concern, 45% of hospital patients will become dehydrated upon admission, suggesting that more needs to be done to prevent dehydration (Hooper 2015). All patients have nutritional requirements that need to be met to prevent malnutrition and to aid recovery.

1.7 The ward environment, presentation of food and drinks, the timing and content of meals are important elements in encouraging patients to eat well. The importance of mealtimes needs to be emphasised and ward-based staff given the opportunity to focus on the nutritional and eating requirements of patients at mealtimes and to improve the mealtime experience.

## 2 POLICY SCOPE

2.1 This policy applies to all medical and nursing staff, healthcare assistants, housekeepers, facilities staff and allied health professionals involved in the care of adult inpatients.

2.2 This policy does not apply to the administration of enteral or parenteral nutrition or those patients who require fluid resuscitaion. Please refer to the appropriate UHL policies for information and guidance on these topics.

2.3 This policy relates to all adults patients within the trust except for those in the last days of life which are covered by Guidance for the Care of Patients in the Last Days of Life (B1/2014)

2.4 Adult patients are classified as being over 18 years of age or those over 19 years of age in special education.

## 3 DEFINITIONS AND ABBREVIATIONS

- **Dehydration** – A state in which deficiency of fluids causes a measurable adverse effect on function and clinical outcome.
- **Hydration** – the process of replacing water in the body
- **Malnutrition** – a state in which deficiency of nutritents causes a measurable adverse effect on body composition, function or clinical outcome.
- **Nutritional Care** – A term used to ensure appropriate nutritional intake. This includes the setting, food, fluids and procedures.
- **Nutritional Screening** – An agreed tool that can quickly identify a patient's nutritional risk.
- **Nutritional Support** – An active measure put in place to improve nutritional status.
- **Oral Nutrition** – Food taken by mouth and includes food and drinks, additional snacks and oral nutritional supplements.

## 4 ROLES

- **Chief Nurse –** The executive lead for this policy and is responsible for ensuring systems and resources are in place to facilitate implementation and compliance of this policy.
- **CMG Clinical Director and Heads of Nursing** are responsible for the distribution of this policy and ensuring compliance and monitoring processes for relevant staff groups within their CMG.
- **Matrons and Ward Leaders** have a responsibility to ensure that this policy is implemented within the areas and to monitor compliance with audit and ensure all staff groups are educated to the required level, whilst keeping up-to-date with current practice.
- **All Medical Staff** are responsible for the effective assessment of patients nutrition and hydration throughout their stay, including monitoring blood results, the use of diuretics and fluid balance charts.
- **All Registered Nurses (RN)** are responsible for:
    - Being aware of the importance of nutrition and hydration.
    - Effectively assessing patients nutrition and hydration throughout their stay and implementing and monitoring the appropriate nutritional care plan with referral to a Dietitian if required..
    - Ensuring the patient receives the correct menu for their needs, cultural preferences or therapeutic diet.
    - Ensuring those patients who require support to eat and drink recieve their meals on a red tray and jugs of water with a red lid.

- Bringing any concerns regarding a patients nutrition or hydration to senior staff in a timely manner.
- Monitoring fluid intake

- **Dietitians** are responsible for nutritional needs assessment, initiating and adjusting the dose of oral nutritional supplements in accordance with UHL policy (Initiation and adjustment of nutrition and diet ACBS products by Dietitians. REF B31/2018)
- **Health Care Assisitants/Unit Support Workers** are responsible for supporting the RN and Allied Health Professionals (AHPS) with their role in maintaining the patients nutrition by assisting with the provision of food and oral fluids and accurately documenting food and fluid intake and bring any concerns to the RN as soon as possible.
- **Housekeepers** are responsible for ensuring patients are offered drinks and snacks throughout the day, that patients have clean water jugs and glasses and provide support to Nursing staff to ensure mealtimes are a positive experience for patients.
- **Catering assistants** are responsible for collecting patient food orders, serving food during mealtimes and working with ward staff to ensure a positive mealtime experience.

## 5. POLICY IMPLEMENTATION AND ASSOCIATED DOCUMENTS

### 5.1 Nutritional Screening and Assessment

All patients must be screened using the Malnutrition Universal Screening Tool (MUST) on admission, on transfer to a different ward, on a weekly basis or following a significant change in medical condition for their nutritional risk. Full guidelines for nutritional screening and implementing a first line oral nutritional care plan can be found in the Nutritional Screening and First Line Oral Nutritional Care Policy (REF B26/2015). Nutritional screening and assessment should be used to inform the nutritional care plan and include:

- Weighing patients twice weekly on scales that are calibrated regularly.
- Assessment of the patients ability to eat and drink.
- Monitoring physical appearance e.g., skin, mouth and eyes.
- Assessment of any ongoing losses such as gastrointesyinal losses from vomit, stoma, fisula or wounds.
- Patients spiritual/religious beliefs are documented to ensure staff are aware of those patients who are fasting. Consideration would be based on individuals needs and impact fasting may have on continuing healthcare needs.
- Patients who have an increased risk of choking or an impaired swallowing ability should be identified and referred to the Speech and Language Therapy Team via ICE.
- Acknowledgement of any special menu requirements due to allergies, intolerances or patient preference.

## 5.2 Nutrition Care Plans

- Identified actions as a result of nutritional screening should be documented on a nutrition care plan and communicated to relevant staff.
- Should a patient score 0 on the MUST assessment, a basic nutrition care plan should be in place.
- Should a patient score 1 on the MUST assessment, a first line nutritional care plan should be implemented.
- Should a patient score >4 on the MUST assessment, a referral should be sent to the Dietetic and Nutrition Service. Guidelines for referrals can be found in the **Dietetic and Nutrition Adult Referral Policy (B38/2018).**
- Patients identified as as requiring support should have a red tray at mealtimes and a jug of water with a red lid.
- Care plans should be updated weekly or as the patients condition changes.
- Patients being monitored by the ward team should have food and fluid charts accurately completed. See Appendix 5 **Standards for the completion of Fluid Balance charts**

## 5.3 Red Tray System

The red tray system is a visual way of highlighting patients assessed as requiring assistance at mealtimes and/or nutritional support within the ward area. A trustwde system is in place to ensure patients requiring a red tray receive their food on one and the additional support that this indicates. This system is initiated when when patients are assessed as requiring assistance or support with eating and drinking More information can be found in the **Making Mealtimes Matter Guidance (B43/2006).**

## 5.4 Menus

- There are standard (adult and renal) menus and special diet support menus (modified texture, modified fibre, peanut and tree nut free) available for patients. Copies of the most up-to-date menus should be available in each ward area.
- Supplies of paper standard menus are provided by Catering Services. Supplies of special diet support menus are available in the ward catering folder can be copied as needed to be given to patients.
- Menus are coded for common dietary requirements e.g., vegetarian, vegan, gluten free, high energy and healthy eating.
- Paper copies of menus should be available at each bed space during the patients stay.
- Food allergen data is held in the ward catering folder. Patients being supported by Dietitians may have information leaflets to help inform choices. This should be considered when assisting patients to choose food, drinks and snacks.
- In the event of no suitable menu being available, contact Catering Services and refer to ward Dietitian.

## 5.5 Mealtime Environment

The following actions should aim to improve the meal experience. **The Making Mealtimes Matter Guidance** can be referred to for full details including the implementation of a mealtime coordinator.

- Allowing patients mealtimes to be free from unnecessary and avoidable interruptions.
- Creating a quiet and relaxed environment in which patients are afforded time to enjoy meals.
- Recognising and supporting the social aspects of eating.
- Providing an environment conducive to eating that is welcoming, clean and tidy.
- Limiting ward-based activities, both clinical and non-clinical to those that are relevant to mealtimes or essential at that time.
- Focussing ward activities into the service of food, providing patients with support throughout their mealtime.

## 5.6 Promoting Good Hydration

Hydration of the patient is as important as ensuring adequate food intake and the Trust is committed to ensuring that where appropriate patients are encouraged to take a range of fluids through the day and intake is documented in their care plans and fluid balance chart. If patients are unable to take or tolerate oral fluids, alternative provision must be discussed with the clinical team.

- Patients must be encouraged to participate and take ownership of their hydration as much possible. This is beneficial to the patient and can improve compliance with monitoring fluid intake and improve accuracy of fluid balance charts
- The patient must be kept informed of any fluid restrictions or requests for increase in fluid intake so they can take an active role in their own hydration.
- It is the responsibility of the RN/AHP to ensure carers/relatives are aware of the need for fluids and the role they play in supporting patients to drink.

## 5.7 Drinks Provision

All patients, unless medically contraindicated will have a jug of fresh water on their bedside table. Cordials are available if patients prefer. Jugs and glasses are to be refreshed at least twice daily.

Hot or cold drinks from the drinks trolley should be offered at least 7 times per day. An example of drinks given throughout the day can be found in Appendix 4.

Oral fluids must also be documented on the patients' food or fluid balance charts.

## 5.8 Access to food and drinks out of hours

Snacks will be available on the ward at all times. For patients who have missed a meal service, snack bags are available from Catering.

If the snack bags are not suitable due to dietary requirements, contact catering for a suitable alternative.

Drinks trolleys on wards can be used out of hours to provide hot and cold drinks as required.

### 5.9 Mealtime Coordinators

This role has been developed to ensure patients receive the best possible experience at mealtimes.

A mealtime coordinator can be a Registered Nurse or Healthcare Assistant. Their role will be to understand which patients require support before, during and after meals: ensuring focus is on the patients nutrition and hydration and assisting to minimize distraction.

A detailed description of roles and responsibilities can be found in the **Making Mealtimes Matter Guideline (B46/2003).**

### 5.10 Supporting patients with special dietary needs

The following are key policies and guidance in the trust which provide guidance for ward staff for inpatients with specific diseases and conditions requiring specialist food and drink care plans.

- Guideline for the Nutrition and Diet Management of Adult Inpatients with Diabetes (B56/2019)
- Policy for the Dietary Management of Adult and Paediatric Neutropaenic Patients (B28/2008)
- Clinical Guideline for the Nutritrion and Dietary Management of Adult Inpatients with Chronic Liver Disease.
- Clinical Guideline for the Nutrition and Dietary Management of Adult Bariatric Surgical Patients (C56/2015)
- Pancreatic Enzyme Replacement Therapy (PERT) (B10/2019)

## 6 EDUCATION AND TRAINING REQUIREMENTS

### 6.1 In UHL Education and Training recommendations for Nutritional care are covered as follows:

- Nutrition Training for Registered Nurses, Healthcare Assistants and Housekeepers at Trust induction.
- MUST assessment Training (E-Learning via HELM)
- Nutrition Study Days A & B
- House keeper Nutrition Training (incorporates sessions on maintaining hydration)
- Nutrition Link Nurse Training (incorporates sessions on maintaining hydration)
- Care Certificate Training

**6.2** To undertake the additional role of being a Nutrition Link Nurse, Registered Nurses and Healthcare assistants in a clinical area must complete the e-learning on MUST, attend Nutrition study Days A & B and attend a minimum of 2 link Nurse update sessions per year. There is an expectation that information provided to the staff on the link days is cascaded to the ward team.

## 7 PROCESS FOR MONITORING COMPLIANCE

| Element to be monitored | Lead | Tool | Frequency | Reporting arrangements |
|---|---|---|---|---|
| Patients have nutrition needs met. | Matron/Ward Sister | Matrix A&A | Monthly | Scorecard |
| Patients have hydration needs met | Matron/Ward Sister | Matrix A&A | Monthly | Scorecard |
| Review of incidents as a means of monitoring effectiveness | Lead Nutrition Nurse | Datix | Quarterly | Report to Nutrition & Hydration Committee |
| Adherence to Making Mealtimes Matter Guidance | Matron/Ward Sister | Matrix A&A | Monthly | Scorecard |

## 8 EQUALITY IMPACT ASSESSMENT

8.1 The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.

8.2 As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

## 9 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES


- BAPEN (2014) Nutrition Screening Surveys in Hospitals in the UK, 2007-2011.
- BAPEN (2021) Survey of Malnutrition and Nutritional Care in Adults from Malnutrition Action Group
- BDA (2023) British Dietetic Association
- Clinical guideline for the nutrition and dietetic management of adult inpatients with chronic liver disease (B19/2017)
- Clinical guidelines for the nutrition and dietary management of adult bariatric surgical patients (C56/2015)
- Dietetic Adult Referral Policy (B30/2018)
- DoH (2010) Essence of care benchmarks for food and drink.
- Guideline for the management of adult patients with high output stomas (B12/2005)
- Guideline for the nutrition and diet management of adult inpatients with diabetes (B56/2019)
- Guidelines on Fluid & Electrolyte Management in the Children's Hospital (C6/2015)
- Hooper.L (2015) Clinical symptoms, signs and tests for identification of impending and current water-loss dehydration in older people. Published online 2015 Apr 30. doi: 10.1002/14651858.CD009647.pub2

- Hospital hydration best practice tool kit – www.nrls.npsa.nhs.uk
- NHS England (2022) National Standards for Healthcare Food and Drink
- NHS England 2015-2018 Guidance - Commissioning Excellent Nutrition & Hydration
- NICE (2012) Quality standard 24 nutritional support in adults.
- NICE (2017) Clinical Guideline: Nutritional Support in adults. Oral nutrition support, enteral tube feeding and parenteral nutrition.
- Nutrition screening and First Line Oral Nutritional Care Policy (B26/2015)
- Pancreatic enzyme replacement therapy (PERT) (B10/2019)
- Policy for the dietary management of adult and paediatric neutropenic patients (B28/2008)
- Pre-operative fasting guidelines for adults and children (B27/201)
- RCP (2002) A Doctor's Responsibility. Royal College of Physicians: London Milton Keynes General Hospital NHS Trust, Red Tray ProjectAge Concern (2010), Still Hungry to be Heard.
- Ward kitchen policy (B27/2004)

## 9 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIEVING AND REVIEW

Review details must be described in the Policy and must give details of timescale and who will be responsible for review and updating of the document.

The updated version of the Policy will then be uploaded and available through INsite Documents and the Trust's externally-accessible Freedom of Information publication scheme. It will be archived through the Trust's PAGL system

These guidelines are based on the **Making Mealtimes Matter** philosophy, in accordance with the NHS Mandatory Foods Standards 2022 and Nutrition and Hydration Digest, 3rd edition (2023).

## 1. Introduction and Background

1.1 The therapeutic role of food and fluid within the healing process cannot be underestimated. The service of food and beverages is an essential part of treatment. The importance of food to aid recovery should be highlighted to patients and relatives, and all steps should be taken at mealtimes to optimise food intake. Food, even if it is of the highest quality is only of any value if the patient eats it.

1.2 There are many national reports highlighting the importance of providing good nutritional care and support for the patient including Still hungry to be heard (Age concern UK 2010), Essence of care benchmarks for food and drink (DoH 2010) Nutritional support in Adults QS24 (NICE 2012), CQC Hospital food plan – food and drink strategy 2015.

1.3 Malnourished adults account for about 30 per cent of hospital admissions and with prolonged length of hospital stay, 35 per cent of care home admissions, (BAPEN 2021). Certain groups of patients, such as the elderly, have dietary and eating requirements that need to be met to prevent malnutrition and to aid recovery. Nutritional screening using the MUST tool will highlight those patients who need a nutritional support care plan, and for whom enhanced mealtimes will be especially advantageous.

1.4 The Ward environment, presentation of food and the timing and content of meals are important elements in encouraging patients to eat well. The importance of mealtimes needs to be emphasised and ward-based staff given the opportunity to focus on the nutritional and eating requirements of patients at mealtimes and improve the meal experience. Carers are given open visiting, during mealtimes supported by the '**Stay With Me'** concept in the trust that supports and welcomes a designated family member or carer of patients with dementia to remain in the hospital outside of visiting hours, to provide essential reassurance and support.

1.5 These guidelines are designed to support all staff involved in providing nutrition and hydration to patients during their hospital stay. It should also be used to provide guidance to staff on improving the patient's mealtime experience and implementing the **'red tray'/'red lid' system** for those patients assessed as requiring nutritional support within their Ward or department areas.

1.6 The **red tray system** is a visual way of highlighting patients who require assistance at mealtimes. There is now a trust wide system to ensure patients requiring a red tray receive their food on one – **see Appendix 2.** This system is triggered when patients are assessed as requiring assistance or nutritional support, a **red RT in a Circle** is drawn onto the white board behind the head of the patient's bed; this is a visual communicate to catering staff that they need to order a red tray on the electronic tablet when they are taking the patients meal order.

1.7 It is important that patients have an appropriate menu to enable them to make their meal choices. Paper copies of the standard menu can be obtained from catering or found in the ward catering folder kept in the ward kitchen. Each bed space should have a fresh menu once it has been cleaned and prepared for a new patient. This menu should be for the duration of their hospital stay and it should be thrown away on discharge. For those patients that require a different menu from the standard menu staff can obtain a copy from the ward catering folder or

the catering department. Patients under the care of a Dietitian may have additional diet sheets to assist them with meal choices.

1.8 There are **3 mealtimes** each day, breakfast, lunch and evening meal and **3 snacks** available between meals - See Appendix 3. These are all important for the patient to meet their nutritional needs over the course of each day. Choices available at snack time are listed on the patient snack menu – copies of this are available in the ward catering folder and from catering. Snack menus should also be visible in picture and written format on the ward drinks trolley.

1.9 Patients' lunch and supper are ordered prior to the meal service time, this is an important step in ensuring the mealtimes are as effective as they can be. Patients with communication difficulties need to be accounted for and measures put in place so that the catering assistant can still log the patients order– the use of a patient weekly meal planner can assist with this. Patients opting not to order food should be highlighted to the nursing team by the catering assistant. A system should be established by each individual ward when patients are not on the ward to ensure a meal or snack box is ordered for them and will then be provided on their return to the ward.

## 2. Scope

2.1 This guidance applies to all healthcare staff who have contact with patients' at mealtimes including those on a bank and honorary contract. Optimising nutritional intake at mealtime will involve staff of all grades working on the ward.

2.2 Staff who are responsible for planning patient clinical activity such as tests, investigations and clinical interventions that could impact on patient mealtimes (Medical, Allied Health Professionals) and Catering staff who are ordering the meals and heating them at ward level.

## 3. Recommendations, Standards and Guidance Principles

### 3.1 The principles of this guidance aim to improve the meal experience by

a) Allowing patients mealtimes to be enhanced from unnecessary and avoidable interruptions.

b) Creating a quiet and relaxed atmosphere in which patients are afforded time to enjoy meals, limiting unwanted traffic through the patient bay area/ward during mealtimes, e.g., estates work and linen deliveries.

c) Ensuring that the ordering of food has been properly conducted from appropriate standard or support menu. It is important that the patient's requirements and preferences are clearly communicated, and the full choice of options is offered.

d) Recognising and supporting the social aspects of eating.

e) Providing an environment conducive to eating, that is, welcoming, clean and tidy.

f) Limiting ward-based activities, both clinical (i.e., drug rounds) and non-clinical (i.e., cleaning tasks) to those that are relevant to mealtimes or 'essential' to undertake at that time.

g) Focusing ward activities into the service of food, providing patients/clients with support at mealtimes.

The amount and type of support can vary but could include:

- Preparation of the tray – undoing packaging, cutting up food, providing appropriate utensils.
- Positioning the meal so that the patient is as comfortable as possible, adjusting table
- heights etc.

- Positive encouragement and prompting
- Supporting patients to cut their food into bite sized pieces.
- Feeding the patient, ensuring there is time for them to eat what they can of the meal at their own pace, consider amounts given at a time, and offer a drink at intervals.

h) Emphasising to all staff, patients, and visitors the importance of mealtimes as part of care and treatment for patients.

i) Ensuring all patients that are at risk of malnutrition (with a MUST score of 1+) or need assistance with eating or drinking have their meals served on a Red Tray (or equivalent alert system) and a Red Lid (or equivalent alert system) is used for their bedside water jug. This will help facilitate staff to recognise visually those patients in need of support and those who need their fluid and nutritional intake monitoring and recording at all times.

j) The ward needs to have a clear system for ensuring all patients needing a red tray are served their meal on one – the number of patients and thus trays required will vary at each mealtime. See Appendix 1 for Trust Wide Process for Red Tray System.

k) Red trays should not be cleared away until the amount the patient has eaten is accurately recorded on the food record chart.

## 3.2 Specific Nursing and Midwifery Roles and Responsibilities

Nursing and Midwifery Staff have responsibilities regarding their Clinical areas as follows: See Appendix 1 and 2.

### a) Matrons are responsible for ensuring:

The Enhancing Patient Mealtimes Guidance for best practice are fully implemented and promoted within their areas of responsibility.

### b) Ward/Unit Sister/Charge Nurse is responsible for ensuring:

- The Enhancing Patient Mealtime Guidance are implemented in their area.
- Nursing staff make food a priority during mealtimes so that all attention is on serving meals, helping and encouraging patients to eat and observing the amount of food consumed.
- Non-mealtime related tasks are reduced to a minimum during mealtimes.
- Medical and allied health professionals are asked where possible to refrain undertaking clinical tasks at the patient's bedside so that the emphasis is solely on nutritional care and enjoyment of the meal.
- Carers, family, and friends are welcomed and supported to visit and offer support at mealtimes especially for patients identified as requiring additional support. This applies to all meals including breakfast. While socialising during mealtimes should be encouraged, privacy should be offered to those patients who have difficulties with eating, if they wish.
- Allocation of the mealtime coordinator role to a member of staff daily.

### c) Mealtime coordinator

This role has been developed to ensure patient receive the best possible experience at mealtimes.

The role will be designated to one member of staff each day. This can be a Registered Nurse, Healthcare Assistant or Housekeeper.
Their role will be to understand which patients require support before, during and after mealtimes, ensuring focus is on patient nutrition and assisting to minimise distraction. Appendix 2 sets out duties of the mealtime coordinator for before, during and after mealtimes.

### d) Individual Staff are responsible for ensuring:

- Patients have a nutritional risk assessment and patients receive adequate nutrition and hydration during their hospital stay.
- Food and fluid balance charts are filled in accurately.
- Ward tasks, including clinical investigations are, where possible organised to maximise the number of staff in clinical areas to deliver and assist with the patient meals (including consideration of staff breaks).
- Staff wash their hands and don a disposable apron prior to serving meals or assisting patients to eat.
- Awareness of the Patient's nutritional status e.g., Nil by Mouth, Free Fluids etc. They should know if the patient has special dietary requirements or are on a therapeutic diet, and this should be clearly communicated to the catering staff ordering patient meals. It is good practice to highlight patients' particular nutritional requirements on the board with the mealtime assistance symbol.
- Weekly meal planners are completed in conjunction with patients, family members and carers of those patients that lack/ have fluctuating capacity.

### e) Preparation for Mealtimes

To maximise the mealtime experience ward staff are required to prepare themselves, the environment and their patients. Individual patient preference must be respected.

The following principles should be adopted by all clinical areas:

- Interruptions e.g., Ward Rounds, cleaning, documentation, therapy, patient transfers etc. should only happen in exceptional circumstances.
- Clinical activities at the bedside should be limited to those that are relevant to patient mealtimes or essential at that time (medications which need to be taken prior to e.g. insulin during or after meals e.g some antibiotics)
- Bed tables and eating areas must be cleared of items not conducive to mealtimes e.g. urine bottles, and bed tables cleaned prior to meal serving.

### f) Patient Preparation

- Ensure the patient is offered the use of toilet facilities prior to the meal.
- All patients must have the opportunity to wash their hands themselves or to have assistance if unable to do so themselves.
- The patient should be assisted to sit in an appropriate and comfortable position to facilitate ease of eating. Adjust table height or position, bed position, etc when needed.
- The patient should be supplied with appropriate feeding aids. (Occupational Therapy will undertake an assessment of patient need.)
- Ensure spectacles and hearing aids are in use where needed.

### g) Meal Service

- Patients should be provided with appropriate cutlery and condiments.
- Patients who have been identified as requiring additional support at mealtimes for example:
  - Those patients who require their daily intake of food and fluids recorded on a food chart and fluid balance chart.
  - Those patients who need assistance with eating (ranges from removal of lid or cling film to needing full assistance) should have their food served using the red tray and have a red lid placed on their water jug. Those patients should also be identified as needing support at handover and within the nursing records (For more details see flowchart in appendix 1).
- Independence should be promoted, however assistance and encouragement, cutting up food, assisting with feeding should be provided as required on the ward at mealtimes.
- Patient dignity must be maintained.
- All patients should be offered as appropriate:
  - A smaller portion size if required at the point of ordering the patients meal.
  - Therapeutic diet – to treat/alleviate disease, e.g., renal, allergy diet.
  - Special diet – for cultural, e.g., vegetarian and/or religious purposes, e.g., Kosher.
  - Modified consistency diet – for patients with dysphagia, e.g., easy to chew, pureed diets.
  - Test/investigation diet, e.g., bowel preparation diet.

At the end of the mealtime the tray is not to be removed by domestic or ward staff until directed by nursing staff. Food record charts should be completed before red trays are cleared away and documentation on fluid balance chart of any refreshment.

## 4. Education and Training

4.1 The roles, responsibilities and expectations of staff in supporting patients at mealtimes should be discussed at local induction. Patient nutrition is included in the Trust wide HCA Induction Programme, Preceptorship Programmes for Nurses and Midwives, Nutrition Link Nurse Training, Housekeeper Training and Nutrition Study Day A&B.

4.2 Any education and training need in supporting patients at mealtimes must be identified by the Line manager at local induction or through appraisals and actioned through the individuals Personal Development Plan.

## 5. Monitoring and Audit Criteria

| Element to be | Lead | Method | Frequency | Reporting arrangements |
|---|---|---|---|---|
| Adherence to Protected Mealtimes | Matrons<br><br>Facilities | Nursing Quality Metrics<br>Food Audit | Monthly | Clinical Management Group Board / Quality and Safety Meetings, actions will be monitored through this meeting by CMG Head of Nursing |

## 6. Legal Liability Guideline Statement

Guidelines or Procedures issued and approved by the Trust are considered to represent best practice. Staff may only exceptionally depart from any relevant Trust guidelines or Procedures and always only providing that such departure is confined to the specific needs of individual circumstances. In healthcare delivery such departure shall only be undertaken where, in the judgement of the responsible healthcare professional' it is fully appropriate and justifiable - such decision to be fully recorded in the patient's notes.

## 7. Supporting Documents and Key References


BAPEN (2021) Survey of Malnutrition and Nutritional Care in Adults from Malnutrition Action Group

BDA (2023) British Dietetic Association

DoH (2010) Essence of care benchmarks for food and drink.

Hospital hydration best practice tool kit – www.nrls.npsa.nhs.uk

BAPEN (2014) Nutrition Screening Surveys in Hospitals in the UK, 2007-2011.

RCP (2002) A Doctor's Responsibility. Royal College of Physicians: London Milton

Keynes General Hospital NHS Trust, Red Tray ProjectAge Concern (2010), Still

Hungry to be Heard.

NICE (2017) Clinical Guideline: Nutritional Support in adults. Oral nutrition support, enteral tube feeding and parenteral nutrition.

NICE (2012) Quality standard 24 nutritional support in adults.

NHS England (2022) National Standards for Healthcare Food and Drink

The NHS England 2015-2018 Guidance - Commissioning Excellent Nutrition & Hydration

Nutrition and Hydration Digest, 3rd edition (2023)

Royal College of Nursing - Nutrition and Hydration Essentials – www.rcn.org.uk


## 8. Key Words

Making Mealtimes Matter, Mealtimes, Red Tray, Red Lid

# PROCESS FOR RED TRAY SYSTEM.

The red tray system as a very visual way to highlight patients assessed as needing assistance with feeding (and / or nutritional support). The process described below defines a trust wide process for ensuring this happens:

A Patient on the ward is assessed as needing assistance at mealtimes

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The need for assistance is recorded in the nursing documentation/ patient notes and **A RED 'RT' in a circle is written onto the white board behind the patient's bed:**


Wards will also use a magnetic symbol on their central board for further communication – the sign behind the bed should be used in all ward areas as it will communicate need to catering staff.

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As each lunchtime / evening meal is ordered by Catering staff, they check the white board behind the bed to see if the red symbol is present.


If the red symbol is present a red tray is ordered on the tablet and the meal choice is then taken

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When requested the red tray will be highlighted on the printed menu slip produced in the main kitchen for each meal order

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The menu slip is used to place each meal choice on a tray in the main kitchen – when a red tray is indicated on the slip the meal choice will be put on a red tray

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The meal with the correct coloured tray goes up to the ward where it is heated, put back on the correct tray and then given to the correct patient on the ward

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Assistance is provided to all patients who receive their meals on a red tray

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Once the meal is finished, the food record chart will be completed before the tray is cleared away. Record any fluid intake on fluid balance chart.

**Appendix 3**

University Hospitals of Leicester NHS Trust

## In-Patient Management of Mealtimes

### Mealtime Coordinator Duties

The mealtime coordinator is a key role of any mealtime process and ensures a meal service is delivered effectively and patients are supported where required. This role ensures that all necessary safety and quality arrangements are in place before, during and after meals and supports co-operation between catering/ facilities staff and the multi- disciplinary teams in order to improve the patient's mealtime experience.

- The nurse in charge will nominate an appropriate member of staff as mealtime coordinators to lead/facilitate the management of each mealtime.
- The mealtime coordinator should have a thorough understanding of the catering and meal ordering processes for their respective areas.
- The ward manager will have a process and documented system in place to record the nominated mealtime coordinator and this be retained for audit purposes.

**Duties Before Mealtimes**

- Wear a badge to ensure identification at mealtimes.
- Ensure the ward environment is clean and tidy in preparation for mealtimes.
- Ensure toilet and handwashing/wipes have been offered and assistance given when required for all patients.
- Identify those who require special diets including food allergies or intolerances, or special diets for medical reasons.
- Ensure any special equipment required for eating and drinking is available and offered.
- Identify those patients who require a modified texture diet.
- Brief all team members of patients requiring assistance and any therapeutic texture modified, or special dietary requirements.
- Ensure relatives /carer are given the opportunity to participate in the mealtime service if patients require assistance and if the patient agrees.
- Ensure all staff/relatives/carers practice hand hygiene and follow IP guidelines.

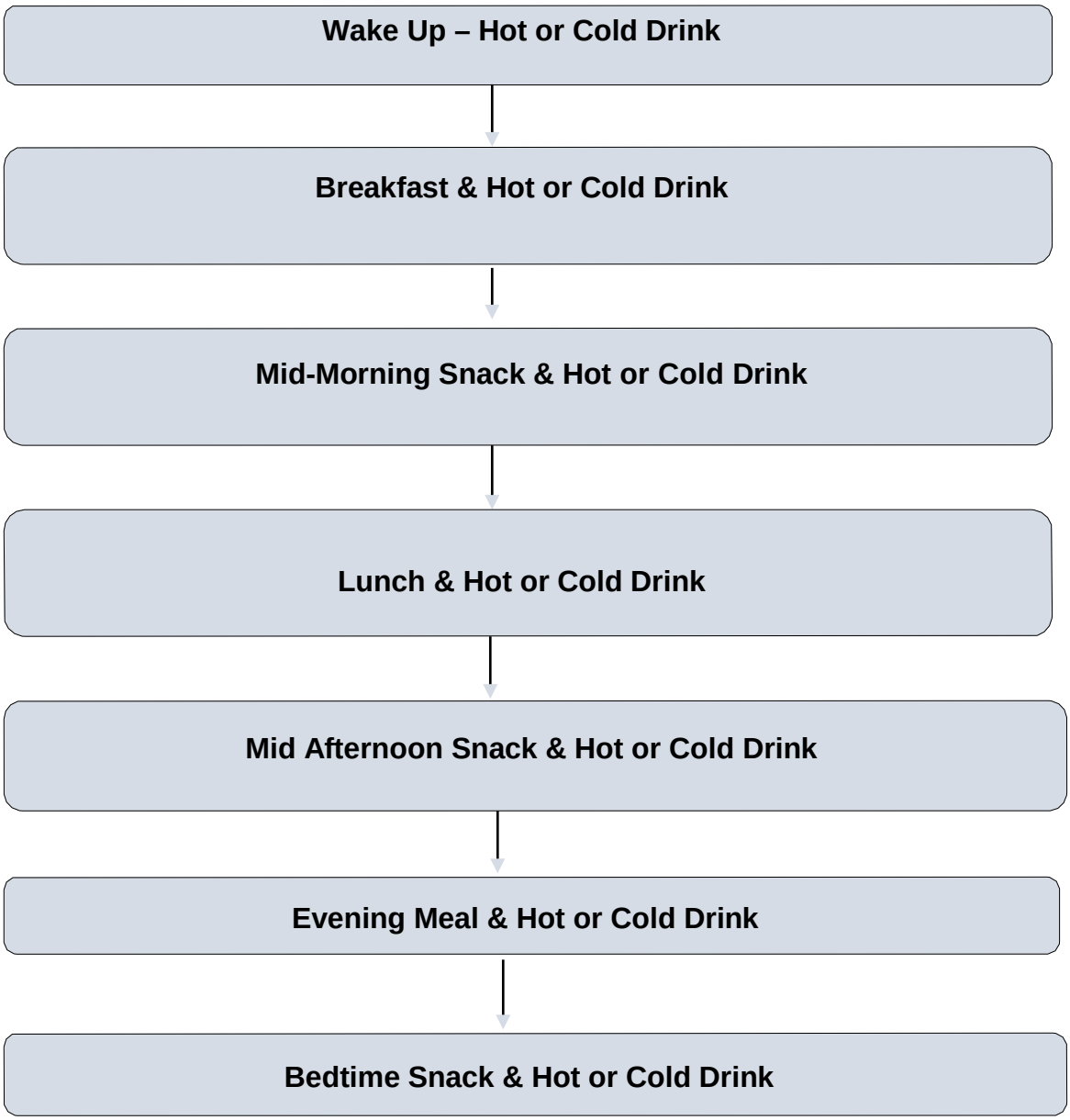
**Duties During Mealtimes**

- Reduce unnecessary noise and distraction.
- Ensure all staff involved in mealtimes are focused on their role in the mealtime experience and not undertaking other activities.
- Ensure the right meal choice is provided for the patient.
- Ensure that support and assistance to eat and drink is provided to identified patients with physical difficulties including swallowing difficulties.
- Ensure texture modified diets are of the correct texture as advised by the Speech and Language Therapy Team.

**Duties After Mealtimes**

- Ensure support for toilet and handwashing/wipes have been offered/ assisted for all patients after meals if required.
- Ensure that food and fluid balance charts are accurately and completed.
- Report any nutritional issues or concerns observed during mealtimes to the nurse looking after the patient.
- Provide feedback to facilities if there are any catering issues that require attention before the next meal service.
- Ensure that when a patient misses a meal, arrangements are made to ensure patient is provided with a meal that meets their needs.
- Ensure patients are supported to comment or complain about the nutritional care, food and fluid provided and this is escalated to the Nurse in Charge or Catering Services.

# UHL Daily Food & Drink Provision



**Standard For The Completion Of Fluid Balance Charts In Adult Patients**

University Hospitals of Leicester NHS
NHS Trust

## Standards for the documentation of fluid intake

### When to commence a fluid balance chart

- When IV fluids, enteral or parenteral nutrition is commenced or oral fluid intake is deemed inadequate
- When a urinary catheter has been inserted to monitor urine output
- Post-operatively if a patient has drains insitu
- When a patient has fluid losses from wounds or stoma
- When a patient is receiving blood products
- Following direction from the medical team

### Oral Fluids

- Each measure of oral fluid must be documented on the fluid balance chart once taken. Wherever possible, patients should be encouraged to keep a log of their own intake which can then be documented by staff on the Nervecentre chart.
- Hospital cups and beakers vary in size.
  Generally:
  - Glass = 200mls
  - Mug = 200mls
  - Jug = 750mls
  - Beaker = 200mls
- Other fluids, such as oral contrast must also be documented on the fluid balance chart.

### Intravenous (IV) and Subcutaneous (SC) Fluids

- All IV, SC fluids and blood products must be documented on the fluid balance chart. This also includes:
  - Drugs infused via a syringe driver
  - IV Drug boluses
  - IV flushes
- Where fluids are delivered via an infusion pump, the rate of infusion must be documented hourly.
- It is essential that IV solutions not delivered via infusion pump are monitored and accurately recorded so they run to time.

### Nutrition

This includes parenteral nutrition, via a central line and enteral tube feeding via nasogastric tube, gastrostomy tube or jejunostomy tube.

- All feeds given via infusion pump must be documented hourly on the fluid balance chart.
- All flushes or drugs administered via enteral feeding tubes must be documented on the fluid balance chart.

The total input will be added as the chart is completed on Nervecentre.

## Standards for the documentation of fluid losses

### Urine (in patients without a urinary catheter)

- All patients without a urinary catheter must have access to equipment that facilitates the measuring of urine output. This may include urine bottles, bedpans or disposable jugs.

- Patients should be encouraged to make a note of their own urine output which can then be documented by staff on the fluid balance chart on Nervecentre.

**Urine (for patients with an hourly catheter bag)**

- The urine in the upper measuring chamber must be recorded on the fluid balance chart every 4 hours, once this is emptied into the main chamber it can be discarded and not measured again.

**Urine (for patients with a single chamber catheter bag, urostomy bag or flip flow valve)**

- Urine must be recorded when the bag is emptied. This must be done at least every 6 hours. If the amount recorded is less than 0.5ml/kg/hr, the medical staff should be informed to review the patient.

**Drains**

- If a patient has more than one drain in situ, these must be numbered and the corresponding number entered into the fluid balance chart.
- Drainage must be measured at least 4 hourly and documented on the fluid balance chart,
- Nil drainage must also be documented at least every 4 hours.
- For closed system drains e.g. redivac or chest drains, the drainage must be measured every 4 hours. Only fluid drained in the previous 4 hours should be documented and not the total volume of the drain each time.
- Once the drain is removed, any excess leakage must be collected in a drainage bag and documented on the fluid balance chart.

**Vomit**

- All patients experiencing nausea or vomiting must be provided with a vomit bowl, tissues and mouth care
- All vomit must be measured and recorded in mls on the fluid balance chart.

**Nasogastric (NG) Tube Output**

- For NG tubes that are on free drainage, the bag should be emptied at least 4 hourly and documented on the fluid balance chart.
- For NG tubes requiring aspiration, the frequency of the aspiration will be dictated by the patients condition or the medical team. All NG tube aspirate must be documented on the fluid balance chart.
- In Critical Care settings – where currently paper charts are used and not Nervecentre, and aspirate that replaced following aspiration, an **R** should be written next to the amount replaced as per local policy. The volume replaced should not be included in the running total.

**Bowels/Stoma Output**

- The stoma contents must be emptied as required, and recorded in mls on the fluid balance chart

**Additional Losses**

- In some circumstances patients have additional large losses from leaking wounds or oedema. These must be measured as accurately as possible and documented on the fluid balance chart.

**<u>When to discontinue a fluid balance chart</u>**

- When IV fluids, enteral or parenteral nutrition is discontinued and oral intake is deemed adequate
- 24hrs after removal of a urinary catheter providing urine output and fluid balance has been acceptable

- 24 hrs after the patient has stopped receiving blood products
- When the patient is medically optimised for discharge
- When the patient is near end of life
- Following direction from the medical team