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| **09. Nutrition Needs Assessment & Support Plan** | |
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| **General Overview** | |
| **1. Weight** | The fluid intake is to be automatically calculated according to weight (See below). Add fluid intake monitor to ensure that when fluids are recorded a flag is created if the fluid intake is below the recommended intake.  Additional question: Does the recommended fluid intake need to be adjusted?  YES allow the fluid intake to be adjusted and go to question 2.  No go to question 2 |
| **2. Body Mass Index (BMI)** | **Questions 3, 4 & 5 have scores related to them (MUST). So add all scores and then outcome as below. Additional outcomes are detailed.**  **If BMI >30 score 0 and additional question:**  “Is a reducing/restrictive diet required to help reduce weight?” If YES option to upload diet plan and add task:  FOOD CHART then go to question 3.  **If BMI >20 score 0 and go to question 3**  **If BMI 18.5 to 20 score 1 and go to question 3**  **If BMI <18.5 score 2 and go to question 3**  **Question 3**  **Less than 5% score 0 and go to question 4**  **5-10% score 1 and go to question 4**  **or greater than 10% score 2 and go to question 4**  **Question 4**  **If YES score 2 and go to question 5**  **Total all scores.**  **If 0 LOW RISK Trigger Assessment Review monthly**  **If 1 MEDIUM RISK Add Task FOOD CHART and assessment review monthly**  **If 2 HIGH RISK Add Task PROFESSIONAL REFERRAL Add Task FOOD CHART and assessment review monthly** |
| **3. Has there been any unplanned weight loss in the past 6 months?**  **[choice of 3 - Less than 5% or 5-10% or greater than 10%]** |
| **4. Is the person acutely ill and there is likely to be no nutritional intake for more than 5 days?** |
| **5. Does this person require a specialist diet due to religion, culture or preference (e.g. Halal, vegan)?** | If YES Flag on main service user page.  If NO go to question 6 |
| **6.Is the person able to eat and drink independently?** | **If YES go to question 7**  **If NO dictional questions:**  Is this person fed via artificial means (e.g. PEG/PEJ)?  If YES add tasks ASSISTED FEEDING, FLUID CAHRT, FOOD CHART BOWEL FUNCTION, BIOCHEMISTRY  If NO go to next question  Does this person require intravenous/subcutaneous fluids:  If YES add tasks ASSISTED FLUIDS, FLUID CHART  IF NO go to next question  Does this person require their food to be cut up?  If YES add task FOOD PREPARATION If NO go to next question  Does this person require someone to be with them whilst they eat?  If YES add task MEAL TIME ASSISTANCE  Does this person require someone to be with them whilst they drink  If YES add task MEAL TIME ASSISTANCE  Go to question 7 |
| **7. Does the person have any swallowing difficulties?** | **If NO go to question 8.**  **If YES additional questions:**  Has this person been referred to SALT?  If YES option to UPLOAD SALT advice and go to next question.  If NO add task PROFESSIONAL REFERRAL and go to next question  Does the seating position need to be adjusted or monitored to prevent choking/aspiration?  If YES identify position:  add task MEAL TIME ASSISTANCE if not already added. If NO go to next question.  Does this person require a Soft Diet?  If YES Identify consistency:  **Food**  B = Thin Purée Dysphagia Diet  C = Thick Purée Dysphagia Diet  D = Pre-mashed Dysphagia Diet  E = Fork Mashable Dysphagia Diet  **Fluids**  Thin  Thick  Very Thick  and add task FOOD PREPARATION if not already added. If NO go to next question  Does this person require specialist cutlery/crockery?  If YES add task MEAL TIME ASSISTANCE and go to question 9, if not already added. If NO go to question 9. |
| **8. Does this person require specialist cutlery/crockery?** | **If YES add task MEAL TIME ASSISTANCE and go to question 9, if not already added. If NO go to question 9.** |
| **9. Is there is a need to monitor dietary intake using a food chart?** | **If NO go to next assessment.**  **If YES Add Task FOOD CHART and assessment review monthly** |
| **10. Is there is a need to monitor fluid intake using a fluid chart?** | **If NO go to next assessment.**  **If YES Add Task FLUID CHART and assessment review monthly** |