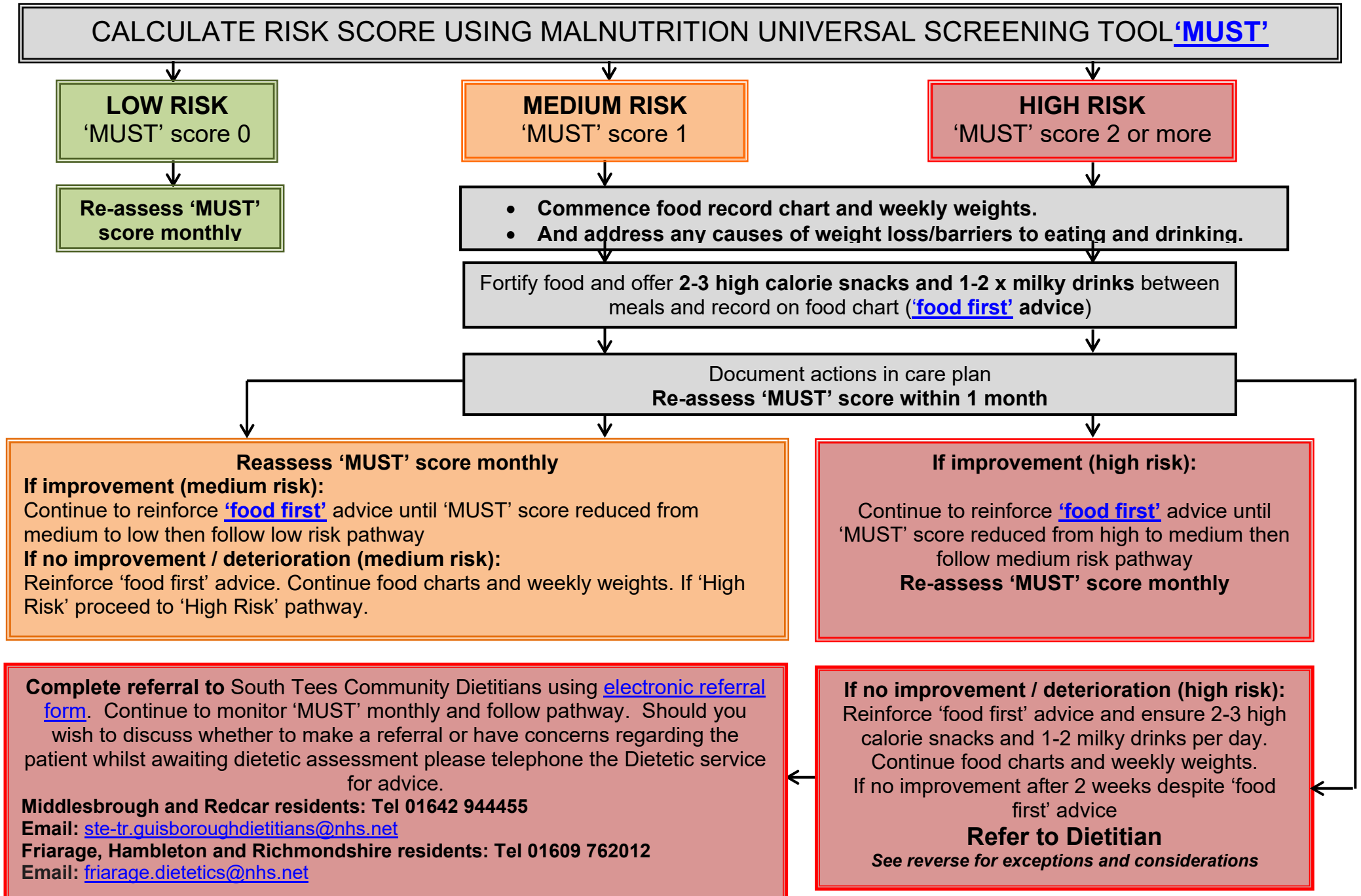


South Tees Pathway for the Management of Undernutrition (Nursing/Care Homes)



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Considerations:

The following factors may have an impact on nutritional status and need to be considered. Where possible consider treatment plan or actions required to manage underlying condition and/or refer to other relevant specialist services (e.g Social Services / Speech and Language Therapy / Dental Practitioner) as required:

- Dysphagia / poor dentition / chewing difficulties
- Mental / physical state / long term illness
- Smoking / drinking / substance abuse
- Pain / nausea / constipation

Exceptions:

Patients identified at medium or high risk of malnutrition who have any of the following conditions may need to be referred directly to the dietitian and should not be given the standard dietary advice prior to any discussion with a Registered Dietitian:

- Patients with high potassium and / or high phosphate levels as a result of kidney disease.
- Patients with a suspected eating disorder (refer directly to the mental health team – *Tees Esk and Wear Valley*)
- Patients with malabsorption disorders i.e. residents with high output stomas, prescribed Creon, Nutrizym22.
- Palliative care patients who are in the last year of life
- Patients with food allergies / dietary restrictions
- Patients that need a modified texture diet and fluids
- Patients that require artificial nutrition (tube feeding)

Low BMI:

If the patient is not losing weight, but their normal BMI is stable at 18.5-20, giving them a MUST score of 1, consider - is this BMI normal for this patient and therefore no concern? If no concern, rescreen monthly.