Nutrition and Dietetic Service

A guide to the Use of the MUST (Malnutrition Universal Screening Tool) for Community Nurses

Nutrition and Dietetic Service
Old Johnstone Clinic
1 Ludovic Square
Johnstone
01505821823

Updated 2012
Contents

1. Introduction
2. MUST Guidance Notes
3. MUST Tool
4. Nutritional Support Pathway – Local policy
5. Nutritional Support : First line dietary advice
6. Food intake Chart
7. Ideas for Finger Food Meals
8. Use of Oral Nutritional Supplements (ONS)
9. First line advice for other dietary conditions:
   Healthy eating
   Diabetes
   Weight Management
   Constipation
   Iron deficiency anaemia
10. Dietetic Referral Criteria and referral Form

updated 2012
Introduction

MUST (Malnutrition Universal Screening Tool) is a nationally used, validated tool to help identify nutritional risk in groups of people who may be at risk of nutritional problems.

The MUST screening tool has already been implemented in various settings across Renfrewshire over the last few years, and it is planned that it will be rolled out to further settings in the future. This year, it has been agreed to roll out the use of MUST and a related local care pathway for all community / district nurses.

This work aims to ensure a clinically effective and equitable means of proactively screening patients nutritionally.

It also promotes the recommendations of:
- Food Fluid & Nutrition Standards
- Quality Improvement Scotland

The roll out of MUST and the care pathway to community / district nurses has involved:
- development of the local care pathway for nurses,
- identification and development of other useful resources
- development and delivery of training associated with this for all community / district nurses in Renfrewshire

This pack contains the MUST tool, the local care pathway and other resources that will enable nurses to use MUST and the care pathway.

Please note that additional copies of resources can be obtained from Renfrewshire CHP’s website at [www.chps.org.uk/renfrewshire](http://www.chps.org.uk/renfrewshire)

This work has been supported by funding from Bright Ideas
‘MUST’ Guidance Notes

Malnutrition, used here to mean under nutrition, affects at least 2 million people in the UK, detrimentally affecting their health, well being and ability to work. Malnutrition is under recognised and under treated. It leads to disease, delayed recovery, increased visits to GP and increases the frequency and length of hospital stay. Adoption of a screening tool which would detect malnutrition would improve nutritional care and guide action in all care settings.

MUST is a valid, reliable, and easy to use, and with cautious interpretation, can be applied to all adult patients.

Purpose of these guidance notes
These notes are to enable the consistent use and interpretation of ‘MUST’ (Malnutrition Universal Screening Tool).

What is ‘MUST’
The Malnutrition Universal Screening Tool (‘MUST’) has been designed to help identify adults who are underweight and at risk of malnutrition, as well as those who are obese. It has not been designed to detect deficiencies in or excessive intakes of vitamins and minerals.

When should MUST be used?
MUST is designed to be used for all patients and thereafter for review of patients as indicated by the pathway.

Who should fill out the MUST tool?
The tool should be filled out by a member of staff who has full access to the patients:
- Current Height & Weight
- BMI (Body Mass index)
- Previous weight (preferably over several weeks or months)
- Previous and current dietary intake either by observation, discussion with patient / relatives / other staff or by use of weekly food intake charts.
- Any medical condition affecting dietary intake

What preparation is required prior to using the MUST?
- Obtain copy of MUST assessment tool – from website [www.chps.org.uk/renfrewshire](http://www.chps.org.uk/renfrewshire). Also available in MUST Folder.
- Have all appropriate patient information as above.

Using MUST
Complete assessment tool:-
- Step 1 Obtain score for BMI
- Step 2 Obtain score for weight loss
- Step 3 Obtain score for Acute Disease Effect (Note that this refers to an ‘acute’ episode of illness where there is NO nutritional intake for several days, it does not apply to patients with small intake of food or drink or those with chronic disease affecting food intake)

What next?
Follow the Local Community Nutritional Support Pathway to decide the appropriate action that should be taken.
When should I request advice from Dietitian?
The Local Community Nutritional Support Pathway will guide you to when you should refer a patient to the dietitian. However if you have concerns regarding a patient you can telephone the dietetic department for further advice on 01505 821823

What about patients who are not underweight but have other dietary concerns?
MUST can be used for all patients to assess the need for dietary advice
Advice is available for conditions other than weight loss / poor appetite including (see appropriate section in MUST folder);
- General Healthy Eating
- Weight management
- Constipation
- Iron deficiency anaemia
- Diabetes

What if I follow the Nutritional support pathway and it advises me to refer patient to Dietitian?
- The Nutrition and Dietetic service can accept electronic referrals through the SCI Gateway for staff who have access to this or you can complete a copy of the Nutrition and Dietetic Service Referral Form included in the MUST folder and send to Old Johnstone Clinic. This form can be completed by a Community Nurse or General Practitioner. It is important that all parts of the form are completed otherwise the referral will be returned to the referrer and this will delay treatment for the patient.
- If referring to community dietitian referral form should be sent to Old Johnstone Clinic. If referring to RES / MATCH Dietitian form should be sent to Single Point of Access at Abbey House.
- Continue to provide 1st line Dietary advice until you are contacted by the dietitian.

What will the Dietitian do when referral received?
- The referral will be checked to ensure that all the necessary information has been included and the patient will be placed on a waiting list for assessment.

Who do I contact if I am unsure whether referral is required or what has been previously agreed with dietitian?
If you need advice contact

Nutrition & Dietetic Service
Old Johnstone Clinic
1 Ludovic Square
JOHNSTONE
PA5 8EE
01505-821823

Single Point of Access
Abbey House
8 Seedhill Road
Paisley
TEL 0141 889 3575
A full copy of the MUST screening tool can be downloaded from the following website:-

www.bapen.org.uk/pdfs/must/must_full.pdf
Body weight calculations in amputees:

For amputations, increase weight by the percentage below for contribution of individual body parts to obtain the weight to use to determine Body Mass Index

<table>
<thead>
<tr>
<th>Body Part</th>
<th>% of body weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upper Limb</td>
<td><strong>4.9</strong></td>
</tr>
<tr>
<td>Upper arm</td>
<td>2.7</td>
</tr>
<tr>
<td>Forearm</td>
<td>1.6</td>
</tr>
<tr>
<td>Hand</td>
<td>0.6</td>
</tr>
<tr>
<td>Lower Limb</td>
<td><strong>15.6</strong></td>
</tr>
<tr>
<td>Thigh</td>
<td>9.7</td>
</tr>
<tr>
<td>Lower Leg</td>
<td>4.5</td>
</tr>
<tr>
<td>Foot</td>
<td>1.4</td>
</tr>
</tbody>
</table>

Table reproduced from Manual of Dietetic Practice

*Fourth edition published 2007 by Blackwell Publishing Ltd*
Patient identified as requiring nutritional support via MUST screening

NB For Care Home Patients follow care pathway held in care home MUST folder

- **Non Nutritional factors present**
- **MUST score 0** – Low Risk
  - Swallowing Difficulties – consider referral to Speech & Language Therapy
  - Problem with chewing refer to dentist
  - Limited Social Support problems with food preparation / shopping – refer to home support or other social services
  - Other medical condition requiring dietary change e.g Diabetes, constipation – consider referral to Community Dietitian
  - Little clinical concern Referral to Nutrition and Dietetic Service inappropriate. Repeat screening: Community – annually for special groups e.g over 75’s

- **MUST score 1** – Medium risk
  - Request dietary intake recorded for 7 days. Involve if necessary family, carer or home care
  - Follow 1st line dietary advice and check weight weekly. Continue to record food intake chart if possible
  - Intake good or improved, Weight steady or increased
  - No Improvement in eating, weight continues to decrease

- **MUST score 2 or more** – High Risk
  - Clinical concern: Treat unless detrimental or no benefit is expected e.g Other medical condition requiring dietary change e.g Diabetes, constipation
  - Weight loss<5% with or without acute medical condition over last 3 months OR weight loss 5-10% over last 3 months with no acute medical condition
  - Swallowing Difficulties – consider referral to Speech & Language Therapy
  - Problem with chewing refer to dentist
  - Limited Social Support problems with food preparation / shopping – refer to home support or other social services

- **Inadequate intake**
  - Reinforce First Line Dietary Advice
    - Re-assess every 2-3 months
  - Refer to Community Dietitian
  - Refer to RES dietitian via SPOA
  - Weight loss 5-10% in last 3 months with acute medical conditions
  - 0R weight loss with acute medical condition
IDEAS TO TRY

✓ Buy in foods that you enjoy.
✓ Try to eat something every few hours even if it is only a small snack
✓ Eat with family or friends if possible
✓ Take a walk before your meal
✓ Take milk, milky drinks or ordinary fizzy juices, fruit juices instead of just tea & coffee
✓ Try to make food appetising and serve smaller portions. You can always have seconds if you are still hungry.
✓ Use convenience foods which require little preparation or share cooking with family / friends
✓ Small amounts of alcohol can stimulate your appetite - check with your GP it is ok to do this.
✓ Keep a store cupboard of easily prepared foods e.g tinned meat and fish, UHT or long life milk, dried potato, packet soups, tins or instant puddings

WEIGHT RECORD

Date ___________ weight _______

Date ___________ weight _______

Date ___________ weight _______

Contact Name & Tel No.______________________________

Produced by the Nutrition and Dietetic service, Causeyside Street, Paisley PA1 1UR  May 2008
**HOW TO ADD EXTRA NOURISHMENT TO YOUR FOOD**

1. It is not advised to take the high sugar foods marked with * regularly if you have diabetes.
2. If you have been advised to take a MODIFIED CONSISTENCY e.g soft, moist diet ensure you continue to take the CORRECT CONSISTENCY for food and fluids when fortifying food and drinks (use thickeners if prescribed)

<table>
<thead>
<tr>
<th>WHAT?</th>
<th>WHY?</th>
<th>WHEN?</th>
</tr>
</thead>
</table>
| **MAKE FORTIFIED MILK**
1 pint of full cream milk with 4 tablespoons of dried milk powder added | • Nutritionally almost equivalent to 2 pints
• Significantly increases energy & protein content without more volume. | Use a pint over the day in hot drinks, cereals, porridge, milk shakes and puddings |
| **PORRIDGE & CEREALS**
Add honey*, sugar*, dried fruit, double cream or yogurt | • Adds extra calories
• Good alternative if you have gone off cooked meals & sandwiches. | You can take these any time, not just at breakfast e.g. mid morning, supper |
| **MAIN or COOKED MEALS**
Add butter, margarine, cream or cheese to potatoes. Add grated cheese over vegetables, in sauces or to scrambled egg.
Add mayonnaise, salad cream & salad dressings generously
Add butter, margarine or a creamy sauce to vegetables. | • Adds extra calories
• Adds taste to meals
• Helps increase vegetable intake to prevent constipation, help your resistance to infection and wound healing. | Add these if quantity eaten at meal times is a small portion.
Try to have 1-2 vegetables each day in meals and soups |
| **SMALL MEALS and SNACKS**
Try small sandwiches with cold meat, cheese or tuna, toast with cheese or cheese spread, yoghurts, mousses, scone, cake, cereal bar, milky drink, toast & banana, cheese & biscuits | • It is often difficult to get enough in at meal times.
• Easier to eat than main / cooked meals. | Choose snacks if you cannot finish main meals or just cannot face them.
Aim for 3 small meals and 3 snacks daily |
| **SOUPS & PUDDINGS**
Soups - add fortified milk, double cream, or cheese. Puddings - make with or add fortified milk, add evaporated milk, double cream, honey*, or jam*. Offer small carton of custard or rice pudding as a snack. Add stewed or tinned fruit | • Increases energy & protein content.
• Even average portions of soup & pudding have good nutritional value if fortified.
• Easier to take than a large meal.
• Fruit & vegetables can prevent constipation, help increase resistance to infection and wound healing. | Choose these if you cannot eat a main meal.
You can take soup and pudding twice a day.
Choose soups with plenty vegetables and pulses like lentils
Aim for 2-3 portions of fruit a day e.g mashed banana, tinned fruit, ‘smoothies’ |
| **DRINKS**
Add fortified milk to tea & coffee
Make Ovaltine, Horlicks or hot chocolate with fortified milk.
Choose fruit juice or diluting juice with added Vitamin C and aim for 1-2 glasses a day
Build Up or Complan type drinks can be useful | • Cups of tea & coffee alone have little nutritional value.

**It is important to ensure you drink enough fluids over the day – 6-8 cups or mugs are needed.** | Take drinks between or after meals, do not take just before or with meals as this can mean you eat less.
Add sugar* or honey* to drinks to increase energy content. |
<table>
<thead>
<tr>
<th></th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Breakfast</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Mid-am</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Lunch</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Mid-pm</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Evening meal</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Mid evening</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Bedtime</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please record all food and drink taken including any oral nutritional supplements e.g Fortisip, Fortijuice and also any ‘extras’ added e.g butter to potatoes, dried milk powder added to milk, cream to puddings.
Finger foods are useful for people who prefer to feed themselves, but find it difficult to use cutlery or tend to wander during meal times. This leaflet will help maintain independence while ensuring an adequate food intake.

- **Aim for 3 small meals & 3 snacks a day.**
- You may need to let food cool for a few minutes before eating.
- Try to keep snack foods handy e.g on coffee table or bedside cabinet so you can help yourself frequently throughout the day.
- Take finger food snacks, milk & milky drinks between meals & at supper time to supplement food intake over the day.
- Some finger foods may be too hard or dry, therefore soften them by dipping them into sauces or gravy for savoury foods and cream, evaporated milk or milk pudding for sweet foods.
- Include a glass of fresh fruit juice and 1 pint of milk / milky drinks daily and ensure other fluids are taken regularly throughout the day. Aim for 6-8 mugs or glasses of e.g. tea, coffee, squash, water.

**BREAKFAST IDEAS**
- Chopped fruit or fruit juice
- Toast fingers, bread or rolls with butter & cheese / cheese spread / jam / smooth peanut butter or meat paste.
- Cereal bars / breakfast bars.
- French Toast & slices of tomato.
- Chopped egg & toast fingers.
- Toast fingers or rolls with small pieces of bacon or small sausages.
- Bowl of dry breakfast cereal served with a separate drink of milk or fruit juice.

**SMALL MEAL IDEAS**
- Quartered sandwiches with various fillings e.g. cheese, egg, cold meat, meat paste, smooth peanut butter, pate, tuna or salmon mayonnaise.
- Tortilla wrap - tortillas with above fillings rolled up & cut into pieces.
- Soup in a cup with bread or a roll to dip.
- Potato wedges & cheese with chopped salad vegetables.
- Fish fingers or fish cakes with bread & butter and cherry tomatoes.
- Chicken drumsticks or chicken goujons or pork pie or scotch eggs or spring rolls with salad vegetables & bread & butter.
- Platter with cheese cubes, bread fingers, mini scotch egg, salad vegetables, boiled egg & quiche.
- Snack pizza slices with chips or potato croquettes.
- Toasties with cheese & ham or tomato.
- Hot dog roll chopped into 2-3 pieces.
- Sliced meat, new potatoes & vegetables.
- Meatballs & pasta shapes.
SNACK IDEAS
• Chopped fruit, e.g. apple wedges, grapes, strawberries, melon, orange segments, banana chunks, dried fruit. (could dip into cream or yoghurt)
• Pancake / scone / malt loaf / crumpet fingers / fruit loaf or ginger bread cut into pieces with butter & jam.
• Bread sticks / cheese fingers & dip.
• Crisps, popcorn, prawn crackers (could have with dip).
• Crackers or Oatcakes & cheese / cheese spread.
• Biscuits e.g. Digestive, Hob Nobs, custard creams.
• Small squares of chocolate.
• Dried fruit or nuts.
• Jelly cubes (made from ordinary jelly & moulded in an ice-cube tray)
• Toast (same as breakfast).
• Soft cereal bars.
• Fruit or yoghurt ice-lollies.

PUDDING IDEAS
• Ice-cream cone (with flake if liked).
• Cake or fruit loaf.
• Tinned or fresh fruit (apple slices, pineapple, banana, strawberries, grapes or cubed fruit is a bit easier to pick up)
• Individual fruit pies.
• Jelly cubes.
• Meringues with cream & fruit
• Waffles with fruit & syrup (could have cream to dip)
• Yoghurt milkshake
• Scotch pancakes or fruit crumpets with jam & cream
Use of Oral Nutritional Supplements

A drug is not prescribed unless its function is known, what effect it should have on the body, possible side-effects and what the outcome is likely to be. Newly commenced medications are reviewed and it is often expected that they will be stopped once a satisfactory outcome is achieved, if patient complains of problems, or if the drug is not achieving what it is intended to do - the same should apply to Oral Nutritional Supplements (ONS) and they should always be used as part of a treatment plan.

Appropriate Prescribing of Oral nutritional Supplements

- In some instances a patient may be unable to achieve their nutritional requirements from a fully fortified diet as outlined in the ‘Eating to Feel Better’ first line advice leaflet even with encouragement from family and carers. When this happens it may be recommended to prescribe an oral nutritional supplement.
- For some patients it can be appropriate to prescribe a small supply of supplements over a short period of time when they experience poor food intake as a result of an acute period of illness if they are unable to achieve their nutritional requirements from a fully fortified diet
- Nutritional supplements may be indicated for those receiving active treatment for palliative care where supplements could improve clinical / nutritional outcome and quality of life. MUST and the Nutritional Support Care Pathway should still be used for this group of patients. Where treatment has been withdrawn and a patient’s condition is deteriorating the Dietitian can be contacted to discuss whether further advice or nutritional supplements are required.

What is inappropriate prescribing?

- Prescribing supplements not suitable to a patient’s condition – various different types of supplement are available for specific circumstances or specific conditions
- Repeated prescribing for long period of time without review
- Prescribing before first line dietary advice (fortifying diet) is tried (unless in exceptional circumstances)
- Prescribing supplements without clear instructions on how to use them and for how long
- Prescribing without regular review to monitor nutritional intake, supplement compliance, changes to weight and continued need for nutritional supplements
- It may be inappropriate to use or suggest nutritional supplements in those who are terminal, especially in the last few days of life. Normal food that the resident enjoys should always be encouraged as much as possible. The aim should be to minimise stress at meal times.
- It has been shown that nutritional supplements have little or no value in those whose weight is stable with a BMI 20-25 or those who are overweight BMI >25

What are the risks of inappropriate prescribing?

- Nutritional supplements can in many situations simply replace food and which is of no benefit and may actually result in the patient getting less nutrition
- They may result in a further reduction in appetite if used inappropriately and food intake is reduced
- They could result in drug-nutrient interactions, which could reduce both the effectiveness of the drug and the supplement
- Some can cause side-effects such as diarrhoea, nausea and vomiting

Monitoring the use of Oral Nutritional Supplements

Patients being prescribed nutritional supplements should ideally be referred to and reviewed by a dietitian in order that they can monitor the patient’s progress. However in some cases e.g. nutritional supplements are required long term or if a patient declines input from the dietitian, other health professionals might be required to monitor their use. Monitoring would involve regular assessment of:

- Weight, BMI and MUST score
- Dietary intake
- Compliance with the recommended amount of supplements prescribed per day

Discontinuing Oral Nutritional Supplements

Long term use of supplements is not recommended. In general, discontinuing supplements should be considered if:

- a satisfactory outcome is achieved – e.g. weight / BMI / MUST score have improved, patient has a good appetite, patient is eating well
- If problems are reported / identified e.g. supplements are not tolerated
- An improvement in weight / BMI / MUST score over a period of time has not been achieved – the supplement is not achieving it’s aim

The dose of supplements can be reduced gradually (if necessary) until they are stopped and the patients weight, BMI, MUST score and dietary intake should be monitored again after a period of time (e.g. 1-3 months depending on level of risk)
First Line Advice for Other Dietary conditions

If MUST screening identifies no concern with residents appetite or weight but patient has another condition requiring dietary modification the attached leaflets may be useful for First line Advice before referring to the Dietitian.

_Leaflets Included_

Healthy Eating
Diabetes
Weight management
Constipation
Iron deficiency anaemia
General healthy eating leaflets can be downloaded from The British Dietetic Association website using the link below:

http://www.bda.uk.com/foodfacts/index.html#healthy_eating

Choose ‘Healthy Eating / Information Sources for the ‘Getting the Balance right / Eatwell plate’ fact sheet
Here are some meal ideas that can be enjoyed by all the family

**Breakfast**
- Branflakes, Weetabix or reduced sugar muesli with banana and semi-skimmed milk.
- Granary/High fibre or wholemeal toast and boiled or poached egg.
- Porridge with semi-skimmed milk and a small glass of orange juice.

**Lunch**
- Lentil soup, bread roll and a banana.
- Baked beans on toast. Yoghurt and an apple.
- Cold meat and tomato sandwiches. Fresh fruit.

**Main Meal**
- Lean mince with potatoes and vegetables.
- Stir-fry chicken and vegetables, basmati rice.
- Pasta with tomato and vegetable sauce.
- Breaded fish (oven baked) with oven chips, and vegetables.

**Between Meals**
If you are still hungry a portion of fruit between meals is a healthy snack.

Compiled by Dietitians, Renfrewshire Community Healthcare Partnership, 2009

Food and diabetes page 1
Food and Diabetes

The foods you eat affect your blood glucose (sugar) levels, so it is important to eat the correct balance of foods to stay healthy.

Here are some tips to help you control your diabetes:

♦ Eat regular meals including breakfast, lunch and evening meal.

♦ Include starchy foods such as bread, cereals, potatoes, rice or pasta at every meal. High fibre varieties are best because they fill you up for longer and they go into your bloodstream more slowly.

♦ Include a variety of fruit and vegetables and pulses (such as beans, peas and lentils) every day – Aim for 5-a-day.

♦ Remember when you increase your fruit and vegetables and fibre intake, do so gradually, to avoid bloating and flatulence.

♦ Cut down on fried and fatty foods such as cheese, chips, pies, butter and margarine. Semi-skimmed milk, reduced fat cheese and low fat spreads are better alternatives and help to reduce weight and cholesterol.

♦ Include oily fish such as salmon, mackerel and sardines to help protect your heart.

♦ Increase your activity by doing things you enjoy such as walking, swimming, dancing and gardening.

♦ Eat less sugar. It is not necessary to avoid sugar completely, however, foods and drinks that contain a lot of sugar can make your blood glucose rise too quickly therefore –

♦ Use diet or sugar free drinks and avoid adding sugar to drinks and food.

♦ Change to low sugar and sugar free foods such as sugar free jelly and fruit tinned in juice (not syrup).

♦ Use only a little salt in your cooking and avoid adding salt at the table.

♦ There is no need to buy special ‘diabetic foods’, as they can be expensive, have a laxative effect and will not help you lose weight.

♦ If you drink alcohol, take it in moderation.

♦ If you are overweight, losing weight can help to control your diabetes. Even a small weight loss will make a difference.
How Much Weight Could I Lose?

Small changes can really make a difference. This list shows how much weight you could lose in a year by cutting down on high fat/high sugar foods.

<table>
<thead>
<tr>
<th>Cut this out each day:</th>
<th>In 1 year you could lose:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 tablespoon of oil</td>
<td>23lbs (10kg)</td>
</tr>
<tr>
<td>1oz butter or margarine</td>
<td>23lbs (10kg)</td>
</tr>
<tr>
<td>2 teaspoons sugar in 6 daily cuppas</td>
<td>25lbs (11kg)</td>
</tr>
<tr>
<td>1 iced cake</td>
<td>21lbs (9.5kg)</td>
</tr>
<tr>
<td>2 thinly buttered cream crackers</td>
<td>16.5lbs (7.4kg)</td>
</tr>
<tr>
<td>1 buttered scone</td>
<td>27lbs (13kg)</td>
</tr>
<tr>
<td>1 chocolate biscuit</td>
<td>13.5lbs (6kg)</td>
</tr>
<tr>
<td>1 packet crisps</td>
<td>14.5lbs (6.5kg)</td>
</tr>
<tr>
<td>1 chocolate bar</td>
<td>30 lbs (13.6kg)</td>
</tr>
<tr>
<td>1 packet boiled sweets (50g)</td>
<td>17 lbs (7.7kg)</td>
</tr>
<tr>
<td>1 glass cola</td>
<td>12.5lbs (5.5kg)</td>
</tr>
<tr>
<td>1 large measure spirits</td>
<td>11.5lbs (5kg)</td>
</tr>
<tr>
<td>1 glass wine</td>
<td>11lbs (5kg)</td>
</tr>
<tr>
<td>1 pint beer/lager</td>
<td>16lbs (7kg)</td>
</tr>
<tr>
<td>3 plain biscuits</td>
<td>20lbs (9kg)</td>
</tr>
<tr>
<td>Average portion chips</td>
<td>31lbs (14kg)</td>
</tr>
<tr>
<td>1 slice cheddar cheese (if eaten in addition to meals)</td>
<td>17lbs (8kg)</td>
</tr>
<tr>
<td>1/3pint(200ml)full fat milk (if taken in addition to that required for tea/cereal)</td>
<td>13lb (6kg)</td>
</tr>
</tbody>
</table>

© NHS greater Glasgow & Clyde
Produced by the Nutrition and Dietetic Department, Renfrewshire CHP October 2010

Eatwell Plate reproduced by permission from The Food Standards Agency

Trim Without Tears page 1

- Fill yourself up with plenty of starchy filling foods such as bread, potatoes, rice and pasta.
- Try to eat 5 portions of fruit and vegetables every day.
- Don’t miss meals – it only leads to nibbling later in the day.
- Aim for a steady weight loss of 1-2lbs per week.
- Why not keep a food diary to help show where you could make changes.
What can I Eat?

Start the day with breakfast, for example:
- high fibre cereal, low fat milk and banana or
- 2 slices toast with low fat spread, reduced sugar marmalade and glass of fruit juice or
- roll with low fat spread and tomato with a carton sugar free yoghurt.

Have one snack meal, for example:
- cold meat and tomato sandwich or
- lentil soup and crusty bread or
- grilled bacon in a roll and an apple.

Include one main meal daily, for example:
- mince, potatoes and carrots or
- chicken stir fry with rice or
- mushroom omelette with salad and crusty bread or
- oven baked fish with broccoli and potatoes.

Foods to Fill You Up

- Have a cereal for breakfast – preferably high fibre e.g. branflakes, weetabix, porridge
- Eat more bread – especially wholemeal and high fibre.
- Include bread, potato, pasta or rice at each meal.
- Try to include 5 portions of fruit and vegetables daily. Salads, green vegetables, frozen vegetables, vegetable soups as well as apples, oranges, kiwis, bananas etc can all be included.

Sugar Tips

- Cut out sugar added to tea, coffee or cereals.
- Tea with lemon instead of milk may help cut out the sugar.
- Break the habit of having biscuits and cakes with tea or coffee by changing your drink! Try sugar free soft drinks and flavoured water or fruit / herbal teas.
- Choose fresh fruit or bread instead of cakes and biscuits.
- Only eat sweets and chocolate occasionally.

Fat Facts

- Try a low fat spread instead of butter or margarine and remember to spread it thinly.
- Use vegetable oils sparingly – they have the same calories as butter or lard.
- Instead of pies and sausage rolls for a snack meal choose sandwiches, filled rolls and homemade soups.
- Avoid frying – try grilling or baking in the oven instead.

What if I get hungry between meals?

Why not have a tomato or banana sandwich, soda scone, potato scone or fruit instead of biscuits or crisps. Low calorie chocolate drinks or soups are useful.
Diet to Ease Constipation

• Being constipated is enough to make anyone feel miserable – it is uncomfortable, causes bloated and can result in you spending long sessions in the toilet.

• Although laxatives and other medication may be prescribed it is essential that your diet contains sufficient dietary fibre and fluids.

• This leaflet gives advice on the types of foods that will increase the fibre in your diet.

• The attached Fibre Counter will help you check how much fibre you are taking – check this initially and then gradually increase as required. Never increase fibre content of the diet suddenly, changes should be made over a period of a few weeks to prevent bloating and discomfort.

WHAT IS FIBRE? Fibre is the part of cereals, fruit and vegetables which is not digested and passes through the body without being absorbed. It absorbs liquid which provides a soft bulk that is easy to pass when we go to the toilet.

WHY EAT FIBRE? Fibre in the diet helps to keep the bowels moving regularly and so prevents constipation. It also adds bulk to the diet, making us feel full for longer and so helps to control appetite. Too little fibre also seems to be related to other bowel disorders including piles and diverticulitis. In addition to the high fibre foods it is important to take extra fluid to help the fibre to swell. Try to take at least 6-8 mugs of fluid daily.
**Which Foods are High in Fibre?**

There are different types of fibre which have different effects on the body. It is therefore important to try to choose foods every day from each of the groups listed below.

**Starchy Foods**

Try to include generous portions from this group at every meal.
- Bread, especially wholemeal and high fibre white. Try to take 3-6 slices daily.
  - Fruit loaf and wholemeal / fruit scones
- Wholegrain breakfast cereals e.g. weetabix, branflakes, porridge
- Rice and pasta, especially the brown varieties
- Wholegrain biscuits e.g. digestive, oatcakes, wholegrain crackers
- Potatoes – keep the skins on where possible – a baked potato with skin has twice as much fibre as one without

**Pulses, Legumes and Seeds**

These include peas, beans, lentils and nuts. All kinds are suitable – fresh, frozen, tinned or dried
- Soups – lentil, pea and ham
- Baked beans on toast
- Chilli with kidney beans
- Peanut butter on bread
- Add beans and peas to mince or stews
- Sprinkle seeds e.g. sunflower onto cereals or stews

**Fruit & Vegetables**

Try to include at least 5 portions daily

Include one or two helpings of vegetables with meals e.g. carrot, cabbage, turnip, salad
- Add salad to sandwiches
- Add carrot, onion, mushrooms or peppers to mince or stews
- Include plenty of vegetables in soup e.g. lentil, broth
- Put chopped fresh fruit into yoghurt, milk puddings or cereals
- Make fruit salad and provide a handy snack – chop a variety of fruit, put in a bowl and keep moist by adding a sugar free fizzy drink

**Don’t Forget the Fluids!**

- Aim for at least 6 – 8 mugs of fluid per day (The total minimum recommendation of fluid is 1500mls daily)
- Recommended fluids include water, flavoured water, fruit juices, squash, milk, tea and coffee.
**Fibre Counter Chart**

Use this table to record the food eaten in one day. Estimate quantity of each food and calculate the fibre content using the list on the chart.

**N.B. Some foods do not contain any fibre e.g. chicken, meat, fish, milk, cornflakes, white rice**

<table>
<thead>
<tr>
<th>Meal</th>
<th>Food eaten</th>
<th>Quantity</th>
<th>Fibre content</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

You should aim to get………..g of fibre per day

Remember to include 6-8 mugs of fluid daily.
Useful tips

- Include a source of haem iron at meal times whenever possible i.e red meat, tinned fish, dark poultry meat.

- Take foods containing vitamin C along with iron containing foods e.g. fruit, fruit juice and vegetables.

- Take a breakfast cereal fortified with iron every day.

- Avoid taking tea or coffee with iron containing foods as they can reduce the absorption of the iron.

- If your doctor has advised you to take iron tablets try to have a glass of fruit juice at the same time to help absorption.

INCREASING THE IRON IN YOUR DIET

Iron is needed to make healthy blood cells and we need to eat some every day.

There are 2 types of iron:

**Haem iron** is the more easily absorbed type and is found in red meat, oily fish and dark meat from poultry.

**Non-Haem iron** is not so easily absorbed and is found in cereals, pulses and some vegetables. Absorption of iron from these foods can be increased by taking a source of vitamin C along with them e.g. fruit juice, tomatoes, citrus fruit, or green leafy vegetables.
MEAL IDEAS

Breakfast
Branflakes, milk & glass of grapefruit juice
Prunes & yoghurt, wholemeal toast & orange juice
Cornflakes, milk and glass of tomato juice

Snack Meal
Lentil & tomato soup with wholemeal bread
Baked beans on wholemeal toast & glass of fruit juice
Corned beef & tomato sandwiches
Sardines on toast & fresh fruit salad

Main meal
Mince, potatoes and peas
Liver casserole, potatoes and broccoli
Spaghetti Bolognaisse with
Chicken drumsticks, sweetcorn and potatoes
Potato & spinach curry with boiled rice and salad

What should I eat?

Red Meat e.g. Mince, stew, chops, lamb, liver*, liver pate*, kidney, black pudding, corned beef.

Poultry - Dark meat of chicken and turkey.

Fish - Tinned sardines, pilchards, fish paste, clams & oysters.

Breakfast cereals with added iron e.g. Branflakes, Cornflakes, Cheerios.

Dried fruits e.g. Prunes, raisins, apricots, dates.

Bread especially wholemeal and brown.

Egg yolk

Beans and pulses including baked beans, kidney beans, butter beans, lentils, soya beans, tofu and chickpeas

Spinach, kale and spring greens

Chocolate (milk & plain)

Treacle and liquorice.

Increasing the Iron in your diet page 2
South Clyde Nutrition & Dietetic Service
Referral Guidance

Background
The Health Professions Council (HPC) allows dietitians to accept referrals from any health or social care professional. However, prior to assessing and advising a patient the dietitian must have all the relevant information to ensure compliance with the HPC Standards of conduct, performance and ethics.

1. Method of referral / Where to send referral

Preferred method of referral:
The Nutrition and Dietetic Service accepts electronic referrals through the SCI Gateway. This type of referral provides the dietitian with the information requested above and is the preferred method of referral from General Practitioners.

Other methods of referral
Referrals to the Nutrition & Dietetic Service can also be made in writing to:

Nutrition and Dietetic Service
Old Johnstone Clinic
1 Ludovic Square,
Johnstone PA5 8EE

(Standard referral forms can be obtained from this address or by telephoning 01505 821823)

Urgent referrals for Housebound patients
Please note that if the referral is for a housebound patient and it is considered that a “lack of dietetic intervention will lead to condition deteriorating to potentially life threatening status” or hospital admission then an urgent referral should be made via ASERT (the Adult Service Request Team) on 0141 207 7878. (see ‘appointment category’ below for guidance on urgent outpatients)

Obesity Management referrals
Please note we are unable to accept out patient referrals for adults who require advice to manage their obesity. These patients should be referred to the Glasgow and Clyde Weight Management Service (GCWMS). If your patient would be unable to attend outpatient / clinic appointments even with the use of the NHS patient transport service (which is available for patients who are referred to the GCWMS), please contact us to discuss their case before referring.

2. Acceptance of Referrals

All referrals received by the Nutrition & Dietetic Service are screened by a dietitian who will check to ensure that the referral is appropriate for the Nutrition & Dietetic Service and that it contains all required patient information as indicated overleaf. Once the referral has been checked and accepted, the dietitian will confirm the priority of the patient and place on our waiting list for the first available appointment.

For written referrals, referrers can opt to receive notification that their referral has been received and accepted by the service on the referral form.

Referrers using the SCI gateway can ascertain if the referral has been received by the service using the icon within the gateway. If you wish, you can also phone the service to confirm that the referral has been received and accepted.
Appointment category - You can indicate a preferred appointment category which the service will use to help inform a final decision on the patient’s priority. To help you do this, it may be helpful for you to know that urgent is defined as “lack of dietetic intervention that will lead to a condition deteriorating to potentially life threatening status” and routine is defined as “lack of dietetic intervention that will lead to compromised nutritional status”

3. Detail to include on referral

The following information is mandatory for all referrals. If any of this information is not available the referral should state this and include reason why it is not available, or contact the service on 01505 821823 to discuss this, otherwise referral will be returned to the referrer requesting the missing information.

- Date
- Name, address and post code of patient
- 10 digit Community Health Index (CHI)  
  (this can be obtained from GP records)
- Type of appointment required i.e. out-patient or domiciliary (if patient is house-bound only)
- Any known risk factors for lone working, e.g. alcohol/drug use, violence
- Details of referring person
- Details of GP
- Diagnosis and reason for referral
- Previous medical history
- Current medication

Additional information is also required for some patients:

- Blood results e.g. HbA1c or blood glucose for diabetes, U’s & E’s for liver problems, EGFR for renal problems or iron level for anaemia.
- Height, weight & BMI, weight history - required for overweight or underweight children, adults with unexplained weight loss or other conditions where weight is significant e.g diabetes, lipid alteration
- Relevant social information e.g lives alone, receives community meals, wheelchair user, literacy or speech problems, hearing impairment
- MUST score (Malnutrition Universal Screening Tool) and details of any first line advice already carried out should be provided for patients referred for nutritional support and / or unplanned weight loss

4. Rejected Referrals

Referrals will only be rejected if a dietitian identifies that essential information is missing. In order to ensure effective and efficient dietetic assessment and treatment for your patient we will return the referral along with a request for the information required. It is important to highlight that the patient will not be placed on our waiting list until completed referral is returned.

If you are unsure if your patient would benefit from dietary intervention or you would like to discuss where your referral should be sent please contact us on 01505 821823 to discuss with the dietitian.

April 2012
Patient Referral to Nutrition and Dietetic Service

All Fields are mandatory, however if any of the requested information is not available please either indicate reason or contact us on 01505 821823 to discuss before referring.

<table>
<thead>
<tr>
<th>Date:</th>
<th><strong>Appointment Category:</strong> routine ☐ or urgent ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>see referral guidance for definition of urgent patient</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient Name:</th>
<th><strong>Appointment Type:</strong> out-patient ☐ in patient ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>*housebound patient ☐ day patient ☐</td>
</tr>
</tbody>
</table>

*If patient is housebound is there any lone working risk when visiting at home? Yes ☐ No ☐ Not Known ☐ |
If YES give details

<table>
<thead>
<tr>
<th>Address:</th>
<th><strong>Postcode:</strong></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>10 digit CHI Number:</th>
<th><strong>Patient Telephone Number:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><em>This can be obtained from GP or Hospital notes and must be included in referral</em></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Referrer Name:</th>
<th><strong>GP Name:</strong></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
<th><strong>Postcode:</strong></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Telephone Number:</th>
<th><strong>Telephone Number:</strong></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Designation/ Job title:</th>
<th><strong>Referrer’s Signature:</strong></th>
</tr>
</thead>
</table>

| Do you require notification that the service have received and accepted this referral? | Yes ☐ No ☐ |

<table>
<thead>
<tr>
<th>Diagnosis and Reason for Referral</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Height:</th>
<th>Weight:</th>
<th>BMI:</th>
<th><strong>MUST Score:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>(for those at risk of malnutrition)</td>
</tr>
</tbody>
</table>

Details of any 1st line advice or intervention already carried out:-

Previous medical and weight history:

Current medication:

**Relevant blood results:**
*See referral guidance*

Any additional relevant information e.g social factors, psychiatric or mental health issues

Please send to The Nutrition and Dietetic Service, Old Johnstone Clinic, 1 Ludovic Square, Johnstone. PA5 8EE April 2012