65.1 IDENTIFYING ADULT PATIENTS AT RISK OF UNDER NUTRITION AND DEHYDRATION

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This guideline replaces guideline 150 Protocol for the Use of Red Trays for Nutritionally at Risk Patients.

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1. Introduction

1 in 4 hospital patients are admitted into British hospitals malnourished (BAPEN 2012) and others go onto be nutritionally compromised due to ill health or prolonged admission. Good nutritional care is paramount to recovery and improved outcomes. Recognising that we care about nutritional needs also demonstrates our compassion and instills public confidence into a health system that has received national criticism and caution post Francis report. It is therefore imperative that patients at risk are identified early and treatment starts to improve their nutrition and hydration. There is evidence to suggest that using the Red Tableware system such patients are identified more easily. This can lead to improved nutritional care and reduce the risk of malnutrition and complications associated with a delayed hospital stay. (Age Concern 2006).

Definition of terms

- Malnutrition is often used synonymously with “under nutrition”. However it has been defined as a “state of nutrition in which a deficiency, excess or imbalance of energy, protein or other nutrients, including minerals and vitamins, causes measurable adverse effects on body function and clinical outcome” (RCP 2002). Therefore it must be acknowledged that whilst a patient may appear clinically obese, if they have lost weight and score over 1 on MUST (or equivalent on Spinal Nutrition Screening Tool) then they should have the appropriate plan of care.
- Red tableware – this refers to the red tray, red jug and beaker that will be used to identify patients at risk of under nutrition or dehydration.
- Nutrition screening – nutrition screening tools used in this Trust for adults are the Malnutrition Universal Screening Tool (MUST) and the Spinal Nutrition Screening Tool (see Trust Nutrition Policy – guideline 172).

2. Purpose

The purpose of this guideline is to identify patients at risk of under nutrition and dehydration. This will ensure that:

- Patients are given extra help and support at mealtimes and their hydration is reviewed.
- Relatives and other members of the multidisciplinary team recognise that these individuals are at a high risk of under nutrition/dehydration and act accordingly.
- The importance of speedy and accurate nutritional screening vulnerable patients is highlighted so that they can have their nutritional needs met.

Ward staff prioritise the provision of food and nutrition at mealtimes.

- Nutrition and hydration is recognised as an important part of their treatment.
- A holistic culture is adopted where nutrition and hydration are not ‘dealt with’ at three mealtimes a day but over a 24/7 period.

3. Implementation

Within 24 hours of admission the patient should be weighed and have a nutritional risk screening carried out (Ref Trust Nutrition Policy). General adult wards should use MUST (Malnutrition Universal Screening Tool BAPEN 2003). Spinal wards use the Spinal Nutrition Screening Tool.
If the patient score is a medium risk (1) or above, red tableware should be allocated to them throughout their stay. Weekly weights and MUST should be repeated weekly.

Refer patient to a dietician if they continue to lose weight or if there are any concerns regarding their dietary intake.

If the patient does not drink at least 1.2 litres daily (Ref NHS Choices 2013), have bloods checked for clinical signs of dehydration and refer to the medical team to consider intravenous/subcutaneous therapy.

The red tableware should remain on the patient’s bedside table for the length of their stay. A poster indicating its use should be put above the individual patient’s bed (see Appendix One).

Where possible, mealtimes should be a social occasion and thought should be given to how that can be achieved on the ward.

All food and drink will be placed on the red tray.

A red tray indicates that someone is at risk of under nutrition and is an important part of their clinical treatment. **It is the responsibility of the ward nurse to ensure that the tray is kept clean.** It should be wiped down with detergent wipe or put in the ward dishwasher where appropriate. **On no account should it leave the ward.**

Red tableware is not to be used to highlight patients who have infections and are in side rooms. Unless an infected patient is at risk of undernutrition or dehydration it is not necessary for them to have red tableware.

The red jug and beaker indicates that someone is at risk of dehydration or needs help with drinking and is part of their clinical treatment. **It is the responsibility of the ward staff to ensure that patients have their beakers filled at all times and given help as necessary.** How much the patient is drinking should be documented on the food and fluid chart.

**The ward domestic/hostess does not clear or remove the red tray.**

After meals and tea rounds, the trained nurse responsible for patients in his/her area with red crockery will:

a. Ensure the patient has eaten and had a drink.

b. Record food and fluid intake on the chart.

c. Give supplement/fortified drink as indicated.

- Patients who have red tableware should have this clearly indicated in their medical notes and it should be clearly indicated on the SBAR form or ward transfer form
- If a patient is transferred to another ward/hospital it should be handed over to the receiving unit that the patient has a red tray.

4. **Cleaning**

- The red jug and beaker should be cleaned and refilled at the same time as the standard jugs and glasses by the ward host but they should check with the nurse looking after that patient before removing it for cleaning and refilling.

- If a ward does not have a dishwasher, the red jugs should be sent down to the central kitchen to be cleaned and then returned to the ward. Patients on these wards should have two red jugs and beakers allocated to them so that they have a red jug/beaker at all times. It is up to the individual ward how they ensure that they have their red tableware returned to them.
• Red trays should never leave the ward but should be checked and cleaned after every use.
• If a red tray is in an isolation room, it should stay in that room until the patient has been discharged and then cleaned as per infection control policy for infected items, i.e. cleaned with Chlor-Clean before being cleaned/re-processed through a dishwasher.

5. Availability
Red trays are available through e-Procurement (see Appendix Two).

6. Consultation and ratification
The consultation for this guideline will include:
- Matrons
- Catering managers
- Trustwide Nutrition Steering Committee
- Infection Control

7. Monitoring the effectiveness of the guideline
The effectiveness of the guideline will be audited annually through observational audit.

8. References
Council of Europe Resolution on Food and Nutritional Care in Hospitals November 2003
Organisation of Food and Nutritional Support in Hospital. (2007) BAPEN www.bapen.org.uk
Hungry to be Heard (2006) Age Concern England
Water and Drinks (2013) NHS Choices
Available at http://www.nhs.uk/Livewell/Goodfood/Pages/water-drinks.aspx
Accessed 28.06.13

See also: Guideline 172 Nutrition Policy

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Buckinghamshire Healthcare NHS Trust
RED TABLEWARE IN USE HERE

This person requires extra help with eating and drinking and all food and fluid intake recorded. The tray is to be removed BY NURSING STAFF ONLY.
Appendix Two: Ordering Details for Red Tableware

**RED TUMBLER**
http://www.nisbets.co.uk/polycarbonate-tumbler/CB778/ProductDetail.action

**RED JUG**
http://www.nisbets.co.uk/kristallon-polycarbonate-jug/CE281/ProductDetail.action

**RED LID FOR JUG**
http://www.nisbets.co.uk/kristallon-polycarbonate-lid/CE285/ProductDetail.action

**TRAYS (3 sizes)**
Small (345 x 265mm)
http://www.nisbets.co.uk/kristallon-tray/DP213/ProductDetail.action

Medium (415 x 305 mm)
http://www.nisbets.co.uk/kristallon-foodservice-tray/P504/ProductDetail.action

Large (450 x 350 mm)
http://www.nisbets.co.uk/kristallon-foodservice-tray/P510/ProductDetail.action