



TEN TOP TIPS FOR IMPLEMENTING THE MALNUTRITION PATHWAY:

Nurses

Nurses play an important role in identifying, monitoring and managing patients with or at risk of malnutrition. Nurses have regular contact with patients who are at most risk of malnutrition including those who have chronic diseases, debility, social issues or are undergoing rehabilitation.

Community nurses are often the first line of care for many of these groups and can play a pivotal role in ensuring the best nutritional care is provided in the community for vulnerable groups by working closely with other community healthcare professionals to ensure nutritional screening and care pathways are in place.

Key considerations

1. On contact with patients be aware of subjective indicators of patient weight loss e.g.:
 - thin or very thin in appearance
 - loose fitting clothes/jewellery
 - history of recent unplanned weight loss
 - change in appetite, feeding or swallowing difficulties

See https://www.malnutritionpathway.co.uk/pcn/pcn_library/subjective_indicators.pdf

2. Build conversations about appetite, dietary intake and hydration into everyday patient contact.

See https://www.malnutritionpathway.co.uk/library/weight_diet_conversations.pdf

3. Identify ways to integrate nutritional screening and nutritional care into pathways of care and the electronic patient record, particularly when dealing with patients and patient groups whose condition creates nutritional difficulties and dietary issues and places them at high risk of malnutrition.
4. Take time to consider how the malnutrition pathway could be implemented, to be time and resource efficient by incorporating assessments into current practice i.e. can nutritional screening be carried out at every review, intermittently, an annual review, clinics for long term conditions (e.g. respiratory or COPD clinic), older persons health check, routine home visit, during yearly flu vaccinations. Consider beginning implementation in a smaller targeted patient group, this could be a practice priority group such as older people or those with respiratory disease such as COPD.
5. Identify key stakeholders to involve e.g. Integrated Care Board, Local Health Board, Local Commissioning Group, GP's, medicines management team, acute and Community Dietitians prior to implementing the pathway. Emphasise to Commissioners how the implementation of nutritional care can help to deliver the objectives of the long term plan - <https://www.longtermplan.nhs.uk/online-version/overview-and-summary>

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6. Flag high risk patients to GP, offer dietary advice at first opportunity and consider the need for oral nutritional supplements (ONS) based on risk category, patient's appetite and ability to modify diet. See information sheet on managing malnutrition with ONS for information on types of product available for specific patient groups <https://www.malnutritionpathway.co.uk/library/ons.pdf>
7. Ensure stakeholders are engaged and in agreement with the implementation of the pathway: is education required? Do they want to be kept updated with progress? Are they interested in being involved? If you are struggling to engage with stakeholders, consider whether a meeting to share headline information on the impact of not treating malnutrition would be of benefit, or offer training on malnutrition and the pathway.
8. Consider online training tools on malnutrition, such as:
 - The Managing Adult Malnutrition in the Community materials <https://www.malnutritionpathway.co.uk>
 - BAPEN Virtual Learning Environment (www.bapen.org.uk/e-learning-portal)
 - Royal College of General Practitioners (RCGP) website: <https://elearning.rcgp.org.uk/course/search.php?search=malnutrition>
9. If a patient is malnourished or at risk of malnutrition take action and create a nutritional care plan – examples of care plans for patients at high/medium/low risk of malnutrition have been developed in conjunction with the National Nurses Nutrition Group and are available via <https://www.malnutritionpathway.co.uk/careplans>
10. It may be appropriate to refer a patient (or their carer) to self-help resources including:
 - BAPEN 'self-screening' tool: (<https://www.malnutritionselfscreening.org>) – to identify if they, or the person they are caring for, are at risk of malnutrition with advice to act accordingly
 - Managing Adult Malnutrition in the Community patient information leaflets - which are available free to download at <https://www.malnutritionpathway.co.uk/leaflets-patients-and-carers> - leaflets are available for patients at high, medium and low risk of malnutrition

At any point in time more than 3 million people in the UK are at risk of malnutrition, most (~93%) live in the community. High risk groups include older people, those recently discharged from hospital, those with chronic disease, progressive neurological disease, those affected by cancer (before, during and after treatment), acute illness, frailty, undergoing rehabilitation or end of life/palliative care.

Clinical consequences of malnutrition include: impaired immune response, reduced muscle strength, impaired wound healing and increased falls. Malnourished individuals have more hospital admissions/readmissions, longer length of hospital stay and greater primary care healthcare needs, therefore identification and management is key.

The healthcare cost of managing individuals with malnutrition is three to four times greater than that of managing non-malnourished individuals. Therefore, it is cheaper to treat than not to treat malnutrition. Health economic analysis by NIHR and BAPEN shows that identifying and treating malnutrition according to the NICE guidance (CG32/QS24) can save at least ~£123,530 per 100,000 people.

Malnutrition may not always be apparent even when a patient is in front of you - the malnutrition pathway is a practical guide to support healthcare professionals in the community to identify and manage individuals at risk of malnutrition, including the appropriate use of oral nutritional supplements (ONS).

The guide was developed by a multi-professional consensus panel with expertise and an interest in nutrition, representing their respective professional associations. It is based on clinical evidence, clinical experience and best practice. For more information, a full list of references and to access free downloadable resources, please visit <https://www.malnutritionpathway.co.uk>