

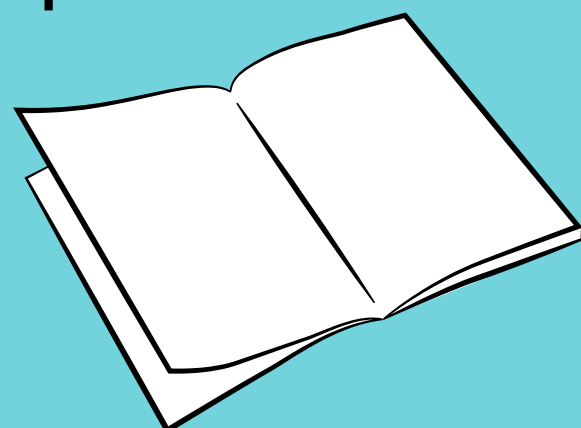
# A patient example of a nutrition discharge based on the proposed dietetic pathway

1

On admission, patient was placed nil by mouth. MUST > 2 referred for dietetic Input, dietetic review led to nasogastric (NG) feeding for 5 days until Speech & Language Team recommended a modified diet. After a few days patients' swallow improved and NG feeding stopped and oral supplement drinks were prescribed alongside diet. One week later, the patient was discharged from the dietitian as she managed well with ward level care. Soon after, the patient was deemed medically optimised for discharge. Nurse scored MUST 0, due to patient was eating and drinking adequately, patients weight was stable and the body mass index (BMI) suggested an overweight category (26kg/m<sup>2</sup>).

2

By chance ward dietitian noted that the patient had her bags packed and remembered the patient from previous assessments. Dietitian asked: "Is it time for home?" Patient replied: " Yes it is, however I still have no appetite, but I know I have to eat, but I have no idea what I will be cooking at home." The dietitian saw **red flags** immediately and decided to go through some practical advice .....





# Impact:

TIPS

Written advice given with some practical tips around reduced appetite, smaller meals, frequency of snacking, nutritional values and a word on hydration. Turns out that its the patient's husband who cooks and brings the shopping home... so we faceted him, as he will be managing all mealtimes at home... They were both pleased that they can get helped from AGEUK Salford, to take the pressure of things at first (Hospital After Care (HAC)...

**Feedback included the following comments:**

**This has been the best advice I have recieved througout my whole admission, it will make all difference**

**I now feel like I will manage at home, I know I wont be ready to eat 3 meals a day for while, but I know now that's ok**

**I always wondered what people meant by food fortification, it really makes sense now, my husband will add the suggested ingredients to his shopping list**

**The leaflets are great, I did get one through the post once I think, but its so much easier to understand if someone talks it through...**



# Discharge info used:

**Saving lives, Improving lives** **NHS**

## Discharge info

Salford Care Organisation  
Northern Care Alliance NHS Group

Greater Manchester Nutrition & Hydration

### Losing weight is not a normal part of ageing

Notice any of the following signs?

- I've lost weight without trying
- I've got a poor appetite
- I find it hard to keep warm
- Loose dentures
- Thin arms or legs
- Loose ring or watch
- Loose collar or clothes
- Loose belt
- Loose shoes
- I feel tired all the time
- It's difficult to get to the shops
- It's difficult to cook just for one

If so, download the Eat, Drink, Live Well booklet from: [www.ageuk.org.uk/salford/about-us/improving-nutrition-and-hydration/our-resources/](http://www.ageuk.org.uk/salford/about-us/improving-nutrition-and-hydration/our-resources/) or call 0161 788 7300 to request a copy in the post.

**Paperweight** helping light malnutrition

**GMCA** Greater Manchester Clinical Audit

**NHS** in Greater Manchester

### Stay Hydrated

Stop Infection, Drink More!

Aim for 6-8 drinks per day, unless advised otherwise by your GP

Do not wait until you feel thirsty to have a drink

Choose drinks that you like and are likely to finish

Drink more in the morning if you worry about getting up at night

Please follow @GMNan4H

### Eat, Drink, Live Well

Top tips to improve your appetite

- Can you eat more?
- Try snacks between your meals

# Based on proposed dietetic discharge pathway:

