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The Newsletter of the ***British Association for Parenteral & Enteral Nutrition***
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BAPEN
Advancing Clinical Nutrition

The British Association for Parenteral & Enteral Nutrition

is a multi-professional association and registered charity established in 1992. Its membership is drawn from doctors, dietitians, nutritionists, nurses, patients, pharmacists, and from the health policy, industry, public health and research sectors.

Principal Functions

Enhance understanding and management of malnutrition

Establish a clinical governance framework to underpin the nutritional management of all patients

Enhance knowledge and skills in clinical nutrition through education and training

Communicate the benefits of clinical and cost-effective optimal nutritional care to all healthcare professionals, policy makers and the public

Fund a multi-professional research programme to enhance understanding of malnutrition and its treatment

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'MUST' puts malnutrition on the map

Television presenter and health campaigner, Lynn Faulds Wood, far right, chaired the hugely successful media launch of the 'Malnutrition Universal Screening Tool, 'MUST' in early November at the Royal College of Physicians and headed an eminent panel of speakers [from left] Professor Jeremy Powell-Tuck, Dr Angela Madden, Lynne Colagiovanni, Professor Marinos Elia, Professor Alan Jackson and Frank Ursell.

Lynn Faulds Wood's personal perspective on bowel cancer treatment and weight loss provided a powerful conclusion to the media launch of 'MUST' which was successfully webcast. It has been viewed independently by over 500 professionals and communicators and is archived for on-going review at www.bapen.org.uk/webcast

The British Dietetic Association (BDA) supports the 'MUST' wholeheartedly and is continuing to work with the Malnutrition Advisory Group (MAG) to ensure nutritional screening becomes embedded in practice. Dr Angela Madden, Chair of the Research Committee, represented the BDA at the media launch and pressed home this message. Copies of the 'MUST' and its accompanying explanatory booklet are being distributed with a forthcoming issue of Dietetics Today.

Care homes are being inspected on their food, nutrition and meals policy and practice; screening is expected to be in place to ensure that those unable or unwilling to eat, or already under-nourished, are identified and appropriate medical care put into place. Frank Ursell, Chief Executive Officer (CEO) of the Registered Nursing Home Association (RNHA) confirmed his organisation's support of 'MUST'. All RNHA members will shortly receive a copy of the Tool.

Chair of a Founder Group of BAPEN the National Nutrition Nurses Group (NNNG), Lynne Colagiovanni confirmed that nurses in hospitals, in the community and in care settings were the front line professionals who will deliver nutritional screening. "We accept that responsibility and look forward to the support of our dietetic colleagues in driving home implementation to the benefit of all." All NNNG members will shortly receive copies of the Tool

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BAPEN

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Chairman's Report 2002 - 2003

Since my last piece for In Touch, more than 600 of you participated in our annual meeting in Telford. I am happy to be considered biased, but I thought the event went very well indeed, with a high standard of scientific presentations, focused educational and review lectures, and a nice mix of multi-disciplinary contributions of all sorts. I believe that the two-day format has worked and that we are on the right road for the future. What is more, for the first time the annual meeting will have returned a financial profit too. Many congratulations are due to the Programme Committee and all those who helped the meeting to take shape.

Special congratulations are also due to Vera Todorovic, our newest Lennard-Jones medallist, well known of course to readers of In Touch in her editorial capacity, and a stalwart of BAPEN since its earliest days.

We are making progress with the BAPEN Themes for 2004. Nutrition Teams are to be tackled primarily from the standpoint of setting achievable standards, as Pat Howard and I outlined in the closing session of the Telford meeting.

The greater involvement of BAPEN in the community will be approached though ever closer collaboration with industry, and the November launch of the 'MUST' will prove a tremendously productive entrée and subsequent lever for this. BAPEN members should not forget our individual and collective role in promulgating 'MUST' and all that it stands for.

I fear that I have upset the Trustees by my comments in a previous issue of In Touch, in appearing to suggest that they were under-performing in some way. This was certainly not my intention. My comments followed on from discussions in Council around the requirements of the Charity Commissioners, which make it clear that the legally defined charitable trustees of an organisation are necessarily those with a responsibility for the day-to-day running of that organisation.

We had come to the conclusion that this was not a role we should be expecting of our existing Trustees, who we need to take a strategic and guiding stance, and on whom we should not expect to place too great a personal responsibility. Any change is of course dependent on widespread agreement, and all of these aspects will form part of our collective review of the governance of BAPEN.

We are working on an updating of the constitution as I described before. A provisional draft has been circulated to Council and to the Trustees for comments, and a second draft, taking into account comments received, will be available on the website shortly ..

The constitution should represent the vision of as many of BAPEN's members as possible, and in asking for your contributions to this process I should like also to take the opportunity to wish everyone a happy and fruitful 2004.

Dr Alastair Forbes
Chairman BAPEN

‘MUST’ puts malnutrition on the map

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"BAPEN is extremely proud of the development of the 'MUST' and the contribution it will make to improving clinical outcomes for patients and those in the community," stated Professor Jeremy Powell-Tuck, BAPEN Council member, at the 'MUST' media launch. "We all congratulate Marinos Elia and the MAG members on this significant achievement. BAPEN will be pressing the appropriate authorities to ensure that nutritional screening becomes embedded in policy and practice as quickly as possible."

Massive Press Coverage

A highly successful launch resulted in massive coverage on TV, radio and in the newspapers – and healthcare professionals flocked to the BAPEN Symposium to have first sight of the ‘MUST’ materials.

Malnutrition in the UK was top line news on BBC and independent television and radio and in the newspapers on 11 November, 2003 thanks to a concerted media campaign and the commitment of BAPEN and MAG members.

Such coverage has helped to establish malnutrition in the minds of healthcare professionals and the public as a key health issue.

“MUST” at BAPEN

Supported by the British Dietetic Association (BDA), nurses’ organisations, including the NNNG and the Royal College of Nursing (RCN) and the Registered Nursing Home Association (RNHA), the ‘MUST’ also enjoyed a successful launch to healthcare professionals at the BAPEN Symposium.

Over 600 delegates received their ‘MUST’ pack, which contained a copy of the Tool and supporting documents. Many also attended Round Table Surgeries where they were able to discuss implementation issues with MAG members.

‘MUST’ materials are currently being distributed widely to nursing, dietetic and care home professionals.

Additionally, the ‘MUST’ itself, The MUST Explanatory Booklet and the Executive Summary of The ‘MUST’ Report are now available to download from the BAPEN website, www.bapen.org.uk

Printed copies of these, plus the full Report, are available to purchase from the BAPEN office.

Rhonda Smith
BAPEN Media Co-ordinaror

‘MUST’ – 6 page full colour flowchart with BMI chart, weight loss table and alternative measurements.
£2 per copy

The ‘MUST’ Explanatory Booklet – 32 pages, two-colour guide to using the ‘MUST’. Ideal for training.
£5 per copy

The ‘MUST’ Report – 140 pages, fully referenced report. £20 per copy

All prices quoted inclusive of post & packing in UK. For overseas orders add £5 for receipt of all three documents.

Samuel - a child of courage

"The best bit was collecting my medal," said Samuel Bell, aged 5, who has been named a Child of Courage and accepted his Award from 2003 Fame Academy winners Alex Parks and Alistair Griffin.

Samuel, who is on Total Parenteral Nutrition (TPN), walked up on his own to collect his medal at the star-studded Christmas-themed ceremony in Westminster Abbey on 10 December 2003. The event, hosted by Anthony Andrews, was organised by Woman’s Own magazine and featured many TV stars including those from Coronation Street and Eastenders.

Awards for bravery and extraordinary courage

12 children collected awards for bravery, having earned this special accolade for overcoming ill-health or demonstrating extraordinary courage in the face of danger.

A Reception at Downing Street, where the children and their families met Tony and Cherie Blair, was also a great success - with little Leo being brought down to play with the children!

Raising awareness about artificial nutrition

Carolyn Wheatley of Patients on Intravenous and Naso-Gastric Nutrition Therapy (PINNT), who attended the Westminster Abbey ceremony, said: "It was a humbling experience seeing all those oh so brave children. I feel very privileged to have been part of it – and without doubt Samuel’s win has raised the profile of artificial nutrition. He took great pride in showing off his rucksack and feeding kit to many celebrities and guests!"

Samuel’s story is unique; he is the only person in the UK to have total intestinal Hirschsprung’s disease. Samuel’s family are active members of

Samuel meets Santa at Harrods

PINNT (Patients on Intravenous and Nasogastric Nutrition Therapy) and now run the Scottish group of this UK-wide patient support organisation.

A magical trip to Harrod’s to meet the real Father Christmas – Simon Cowell had stood in at Westminster Abbey the day before! – rounded off an extraordinary trip for Samuel and his family, a trip that not so long ago his family would not have believed possible.

Highlights from the BAPEN Annual Meeting

The 13th Annual BAPEN meeting, held at the Telford International Centre, hosted two days of presentations to well over 600 delegates. This short report aims to present just some of the topics covered during this highly successful meeting which included six main sessions, three key note lectures and 62 original contributions given as oral presentations or posters.

'MUST' the 'Malnutrition Universal Screening Tool'

The launch of the 'Malnutrition Universal Screening Tool' ('MUST') took centre stage at the meeting and was hailed as a real breakthrough by BAPEN Chairman, Alastair Forbes.

"I am proud of the work that BAPEN is doing in enhancing understanding of nutrition among healthcare professionals, policy makers and the public," he said.

'MUST' is a five step screening tool for use in hospitals, the community, nursing and residential care settings. Supported by the British Dietetic Association, the Royal College of Nursing and the Registered Nursing Home Association, the 'MUST' is designed to screen adults for risk of malnourishment, and identify under-nutrition or obesity.

The tool also contains management guidelines to aid the development of care plans which can then be tailored using local policy guidelines and driven by the individual needs of patients.

The five steps of 'MUST'

- Step 1 - Measure height and weight and get a BMI score (chart provided)
- Step 2 - Note percentage unplanned weight loss and score (tables provided)
- Step 3 - Establish acute disease effect and score
- Step 4 - Add scores from Steps1, 2 and 3 and obtain overall risk score
- Step 5 - Use guidelines and/or local policy to develop care plan.

Multidisciplinary care and responsibilty

This tool was developed by the Malnutrition Advisory Group (MAG) a Standing Committee of BAPEN and is designed to promote multidisciplinary care and responsibility with consequent improvements in clinical outcome. BAPEN and MAG tested the tool for user-friendliness, validity and reliability.

The 'MUST' package consists of the 'MUST' itself, with chart, tables and guidance on alternative measurements if BMI cannot be obtained; The 'MUST' Explanatory Booklet, a guide to using the 'MUST'; and The 'MUST' Report, the full evidence base on screening for malnutrition and use of the 'MUST'.

Information and training

BAPEN will be providing information, dissemination and training opportunities throughout 2004 to ensure that 'MUST' becomes embedded into practice and increases the identification of people at risk of malnutrition – in all health and care settings as well as in the community.

'MUST' and early screening in the elderly

'MUST' has already been used in a survey by Claire King and colleagues Oral Communication (OC54) who investigated the prevalence of malnutrition amongst patients referred for district nurse care.

Use of 'MUST' in this group of patients indicated a higher than average risk of malnutrition, with a statistically significant increase in prevalence of risk in those older than 65 years compared with those under 65.

The importance of early nutritional screening, particularly in the elderly, was also highlighted by a new study by Jackie Eddington et al from Abbott Laboratories (OC17) who showed prevention of malnourishment is the key to improving outcome – in already malnourished, elderly patients providing nutritional supplements after hospitalisation may be too late.

For more details on 'MUST' please contact BAPEN office or visit the website www.bapen.org.uk.

Mike Stroud - an Unexpected Bonus

Mike Stroud's epic "Seven by Seven by Seven" marathon achievement in which he accompanied Sir Ranulph Fiennes on a gruelling schedule of seven marathons in seven days on seven continents has brought an extra bonus to BAPEN.

A letter arrived at the BAPEN Office with this simple message: "I have wanted to recognise Mike's astonishing achievement in the seven consecutive marathons by a donation to a charity which I know he would approve of, and which needs money even more than the British Heart Foundation he and Ranulph Fiennes supported. I therefore enclose a cheque to BAPEN."

The donor particularly requested anonymity

Mike Stroud, a seven marathon man

Telford International Centre – November 2003

The Way Forward

Nutritional support teams and screening

A major emphasis in BAPEN has always been on the need for multidisciplinary team work and several presentations were aimed at different aspects of this topic.

In a study on the impact of a nutritional support team (NST) on the gastrostomy services of a district hospital, *Edwards et al* (OC60) were able to show that screening by such a team had identified 65% of patients as unsuitable for the gastrostomy for which they had been referred. "We have found that multidisciplinary NST working, including carers and patients where possible, provides a safe, high quality, equitable service for patients in both the primary and secondary health care setting," commented Edwards.

In another study in nursing home patients, screening reduced referrals for enteral feeding by a massive 80%. *Muriel Gall and colleagues (*OC41) found that by developing a multidisciplinary decision-making pathway, supported by training, they were better able to ensure the appropriateness of referrals for home enteral feeding.

Under-utilised talents and ad hoc organisation

Clinical nutrition support teams (CNSTs) currently appear to be organised in an ad hoc manner in the UK with no consistent standards of service, said *Pat Howard*, who outlined BAPEN's activity in this area and its attempts to improve such inconsistencies. BAPEN proposes to identify key areas of CNST activity in which standards could be set, together with identifying skills which such teams can collectively be expected to have and key tasks they are likely to undertake.

As a result, BAPEN hopes to develop an appropriate organisational structure to support CNSTs both locally and nationally, and in this way, all patients referred to CNSTs in future years should receive an explicit, consistent and high quality service.

One way such teams may operate more cost effectively would be to use the talents of dietitians and pharmacists more widely. A study reported by *Kristine Farrer* (OC8) showed that a dietitian and pharmacist can competently prescribe and clinically manage TPN for a cohort of surgical patients. In this study, a total of 243 clinical decisions were made, the majority of which made a significant improvement to patient care (53%) and none of which were judged as unsafe.

> *"We have found that multidisciplinary NST working, including carers and patients where possible, provides a safe, high quality, equitable service for patients in both the primary and secondary health care setting."*

Further information about BAPEN 2003 can be found on the BAPEN website www.bapen.org.uk

Malnutrition in Obesity

Outcome and screening in obese patients

UK statistics suggest that obesity is increasing dramatically and that figures have roughly doubled since the mid 1980s with 17% of men and 21% of women currently classed as obese (BMI >30 kg/m2).

Whilst malnutrition in obesity may seem unlikely, such hospitalised obese patients may present particular problems and as Professor Marinos Elia outlined, there are different metabolic responses to both injury and starvation between obese versus lean individuals.

Although obesity may give survival benefit in situations of starvation it does not appear to confer the same benefits following injury when metabolic response is exaggerated in these individuals.

Such observations, said Professor Elia, highlight the need to interpret the clinical relevance of metabolic responses in order to predict outcome in obese and lean individuals. As well as predicting clinical response from models of metabolic response, it is important that obese individuals undergo proper nutritional screening, prior to or after surgery.

Current screening definitions, however, mean that many obese patients will be classed as having little or no risk of under-nourishment after injury, said *Isobel Davidson and Sara Smith* from Edinburgh in their presentation on Nutritional Assessment in Obesity.

This could be a problem since it may negate any further monitoring and, as a consequence, clinically significant weight loss may go unrecorded and increases in morbidity and prolonged rehabilitation could result.

Intestinal failure and feeding strategies

Feeding obese patients can also present problems. *Professor Jeremy Powell-Tuck* discussed the management of short-term intestinal failure in obese patients, where appropriate energy requirements can be difficult to calculate.

Although several guidelines exist, very few units have the resources to offer routine indirect calorimetry for artificially fed obese patients. One approach in critically ill patients, in whom it may be difficult to assess body weight or ideal body weight, is to intentionally under supply energy.

Although this is associated with severe negative nitrogen balance in early studies in patients with multiple trauma, recent studies of such hypo-caloric feeding have given more encouraging results and should be considered – the most recent of these was a study undertaken by Dickerson and colleagues reported in Nutrition 2002 18; 241-246

Claire Gurton
BAPEN Symposium Rapporteur

Highlights from the BAPEN Annual Meeting

Nutrition and Metabolism in Critical Care

Cytokines and hormones - new therapeutic interventions

Critical illness is associated with various different degrees of malnutrition and these may be associated with particular biochemical changes, such as the release of specific cytokines and acute metabolic responses that result from hormonal changes.

Lyle Moldewer from Florida presented up to date information on specialised proteins or cytokines which play an important role in the critically ill patient, since it is the pattern of cytokine production that will determine whether or not the patient displays a strong immunological response to injury, trauma and/or infection.

Modulation of cytokine response is currently under investigation and appears to have the potential to improve outcome. However, much more research work is needed before such theories can be put to the test in critical illness.

Frank Weekers discussed the acute metabolic responses that occur in critical illness which are thought to be adaptive and to help healing in wounded tissue.

It has now become clear that these acute stress responses are not persistent throughout the course of critical illness and as these adaptive responses wane, destructive metabolic processes can take over.

Research has indicated that the lack of certain pituitary hormones associated with later illness may be the cause and can be reversed by administering the relevant hypothalamic releasing substances.

As a result, said Dr Weekers, there is now the possibility of developing therapeutic interventions that would interfere with the cachexia of prolonged critical illness.

Are patients who are receiving nutritional support being fed properly?

Malnutrition affects both surgical and critically ill patients with 43% of ICU patients being considered as malnourished. Although this may be the result of many factors, are patients who are receiving nutritional support being fed properly?

This was the question posed by *Clare Reid* in her presentation on the nutritional requirements of surgical and critically ill patients.

Although indirect calorimetry is the gold standard for assessing energy requirements, this is rarely used in everyday clinical practice and various surveys have attempted to produce guidelines for the energy requirements of various different groups of surgical patients.

The optimal energy requirements for critically ill patients are more difficult to assess, and although 25kcal/kg/day may be an acceptable target intake for many, septic or trauma patients may need more - if we fail to give adequate energy, or conversely give too much, we can significantly alter the outcome and prognosis of these severely ill individuals.

Following on from this theme, *Tony Murphy* looked at a way of evaluating the energy requirements of hospital patients based on a ml/kg approach to commercially available Parenteral Feeds (PN) feeds.

For these calculations the actual body weight is used for underweight patients and an adjusted body weight, equal to ideal plus 50% of the difference between ideal and actual, is used for obese patients.

Based on these results an average patient with BMR of 25kcal/kg may need between 21-41 ml/kg of PN feed depending on the commercial feed used.

Are guidelines always followed - enteral feeding in ICUs?

Patients who are critically ill may go through a starvation period prior to illness or during illness and are often malnourished on admission to intensive care units. In these patients, enteral feeding has been shown to improve outcome, but are guidelines for use always used? *Andrew Milestone* and colleagues from London (OC12), presented an original audit from their hospital which showed some generally encouraging findings. However, some adjustments to practice were needed since in 62% of their patients there was a delay in starting enteral feeding and guidelines were not followed (unjustifiably) on 22% of patient days.

...most patients require no more that 2-2.5 Litres of water and 60-100 mmol of sodium per day to prevent a positive fluid balance.

Don't overlook fluid and electrolytes

The appropriate prescribing of fluid and electrolytes post-operatively can decrease morbidity and mortality and is just as important as other nutritional needs in critically ill and surgical patients, said *Dileep Lobo* in his key note presentation (Nutrition Society Cuthbertson Medal Lecture) on the physiological and clinical aspects of fluid and electrolytes.

He discussed the relatively inefficient physiological response to salt excess by the body and said that salt and water overload could have considerable adverse effects.

He recommended that excessive maintenance fluids should not be prescribed once the need for resuscitation has passed and that most patients require no more that 2-2.5 Litres of water and 60-100 mmol of sodium per day to prevent a positive fluid balance.

Claire (med writer)

Telford International Centre – November 2003

Nutrition & Palliative Care

BAPEN recognises that nutrition in palliative care is often under appreciated with needless patient suffering the result. To draw this to the attention of its members, one of the major themes of this year's meeting was the critical role of nutrition in palliative care.

This lively session covered the philosophy of palliative care, the benefits and burdens of end-of-life feeding and both the clinical and legal aspects associated with the decision to stop nutritional support.

The first presentation was given by *Kathryn Hopkins*, a Macmillan Nurse Consultant in Palliative Care, who highlighted the fact that palliative care does not just involve those with malignant disease but also now involves patients with COPD, CHD, dementia and chronic progressive neurological diseases.

She said that palliative care is all about addressing the quality of life and death in equal measure. It not only involves a holistic approach to management but a multidisciplinary team effort. She felt that palliative care should be an essential part of the clinical practice of every healthcare worker and that all should be aware of the social, spiritual, psychological and medical nutritional needs of the patient and his/her family and carers.

Kate Pickering from Leicester picked up on the importance of the needs of the patient and family in her presentation on the benefits and burdens at the end of life. People need to feel love, to feel that they are significant and to have some certainty in their lives she said, and these are the very things that hospitalisation denies.

These needs can also be seen in the context of food and feeding where mealtimes involve social interaction and nurture and are predictable. If a decision is taken to start parenteral nutrition, it can take away these positive aspects of food and feeding, and often leave patients feeling more isolated and insignificant than before.

After discussing the pros and cons of both nasogastric feeding and PEG tubes from the patient's perspective she concluded that, at present, the benefits do not outweigh the burdens in patients where death is inevitable.

> People need to feel love, to feel that they are significant and to have some certainty in their lives

When to stop feeding?

In patients where withdrawal of nutritional support could in itself hasten death, when to stop feeding is a difficult question. Epidemiological data show that the UK lags behind other European countries and the USA in its use of TPN. This may suggest that we are not providing optimal nutritional support for our terminally ill patients with malignant diseases.

However, as *Alastair McKinlay* highlighted, by using two very different case studies, our use of TPN in the UK may mean that we are thinking more carefully about the decision of when to use TPN than other countries.

> ...nutritional care should be adaptive...as the disease,treatment and needs of the patient change

The decision making process is complicated and should involve several factors associated with the patients expectations, understanding and social circumstances, the disease and its response to therapy and the nutritional status of the patient at diagnosis.

Moreover, nutritional care should be adaptive and capable of evolution as the disease, treatment and needs of the patient change; whilst TPN for malignant bowel obstruction may be indicated to maintain status prior to therapy and/or surgery, it may have no obvious benefit in patients with advanced untreatable disease. Thus, to make the decision about when to stop feeding, the team must have a clear understanding of all aspects of the decision making processes.

The withdrawal of nutrition and hydration can have serious legal consequences and Barrister *Charles Foster* ended this session on palliative care by summarising the current state of the law on this matter.

The landmark case of Bland vs Airedale Health Authority relied on the fact that nutritional support was being omitted and also made the question of the patient's 'best interests' the touchstone for responsible decision-making. The Bolam test is currently used to decide whether or not the patient's best interests have been responsibly assessed, which involves using a reliable expert witness.

However, the European Convention on Human Rights suggest in Article 2 'the right to life', in Article 3, the right to 'human and non-degrading treatment' and in Article 8, the right to 'respect for private and family life'.

These articles are in conflict with the case of Bland and the Bolam test and thus Mr Foster believes it is only a matter of time before such arguments increasingly intrude into the professional lives of all those involved with TPN.

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If you have a food or nutrition related project or an article relevant to clinical nutrition that you would like to discuss or publish details about, then contact the editors to find out what you need to do.

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Journal Watch - A Nurse's View

2003 has been an exciting time for nurses, no, really it has! A new journal 'Gastrointestinal Nursing', (RCN publishing) hit the racks earlier this year. Although a year is a very short time in the life of a new journal, the content is relevant to nurses with an interest, or expertise, in gastroenterology, and most of the articles are related to nutrition support.

The October edition (vol. 1, no.8) contained a review of the use of probiotics in gastroenterology, (Hart et al 2003) and a 'day in the life' interview with Pam Rogers (formerly a nutrition nurse specialist). Pam now combines her knowledge in gastroenterology, liver and nutrition as a specialist paediatric GI nurse.

The National Nurses Nutrition Group (NNNG) has been involved with the Nutrition Supplement of the Nursing Times for the past few years, and decided to up the profile, resulting in a very informative supplement (18 - 24 November 2003).

The supplement was chosen to re-launch the NNNG with a tie line of 'Good Nutrition Needs Nurses' in an editorial by Lynne Colagiovanni, Chair of the NNNG. All of the editorial panel are NNNG members.

Kate Pickering (2003) had a very informative article, outlining the BAPEN 'Administering drugs via enteral feeding tubes' working party publication. Although the official launch was earlier this year, straightforward articles such as this will help to imbed knowledge into current practice. I would recommend that all nurses involved in the administration of medications by enteral tubes read this article.

The Malnutrition Advisory Group (MAG of BAPEN) had a double page spread in this same issue of the Nursing Times to coincide with the 'MUST' press launch. This gives a brief overview of the 'MUST' tool and its development (MAG 2003). I hope that the Nursing Times continue to maintain interest in the 'MUST' tool as it gains momentum to improve its acceptability amongst nurses.

Finally, a research article by Bourgault et al (2003) published in Nutrition in Clinical Practice investigated the use of prophylactic pancreatic enzymes to reduce feeding tube occlusions, a subject close to my heart. Some of the fine bore tubes that we use in clinical practice are very precious, because they are placed surgically, endoscopically or radiologically. Blockages can be detrimental to the patient, they miss essential nutritional support and re-insertion of tubes can be costly (time and resources).

95 patients, involving 101 tubes, (intragastric or post pyloric) were randomised into receiving pancreatic enzyme or water every 4 hours. The results showed that the occlusion rates and time to occlusion were significantly less in the enzyme arm, (p value < 0.04). 10 / 101 tubes occluded (2 from the enzyme arm and 8 control), which is a lower occlusion rate than has been reported in the literature before.
The authors report that the use of pancreatic enzyme is a relatively cheap option to prevent occlusion in fine bore feeding tubes. They further suggest that prophylactic use of pancreatic enzyme should be standard practice.
I think that the 'blanket' use of pancreatic enzyme is probably not necessary but I will be looking into this further especially with the 7fg surgically placed jejunostomy tubes used locally. Once occluded these are difficult to salvage, The use of pancreatic enzymes may minimise the occlusion rate and anything that will prolong the life of these tubes is beneficial.

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Andrea Cartwright
National Nutrition Nurses Group

Out of the ordinary

Vera Todorovic was awarded the John Lennard-Jones Medal for outstanding services to clinical nutrition at the BAPEN Symposium 2003.

Chairmanship of BAPEN's Communications Committee is just one of the jobs that demonstrates Vera's commitment to BAPEN and clinical nutrition. As a member of BAPEN Council, Vera contributes to the on-going development and business of the charity, whilst her membership of the PEN Group of the British Dietetic Association keeps her in the forefront of developments in the field of clinical nutrition. Vera also serves on the Malnutrition Advisory Group (MAG) , being a central contributor to the development of the 'Malnutrition Universal Screening Tool' ('MUST').

And all this whilst she fulfils her considerable duties as Consultant Dietitian in Clinical Nutrition for Doncaster and Bassetlaw Hospitals NHS Trust. She is also an Executive Committee member of Bassetlaw PCT!

Additionally, this is a commitment that has continued for many years – a commitment that is certainly out of the ordinary! – and fulfilled with great humour, grace and charm.

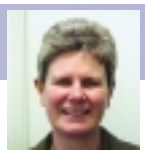
The only answer ever is Yes!

"Whenever there's a job to do, the only answer ever from Vera is 'yes!'" says Pat Howard, Honorary Secretary of BAPEN who was centrally involved in the voting process for the John Lennard-Jones Medal. "Vera is permanently positive and a great Ambassador for clinical nutrition. She thoroughly deserves this accolade from her peer professionals and colleagues."

Professor John Lennard-Jones congratulates Vera Todorovic on her success

The John Lennard-Jones Medal is available annually but is not routinely awarded. Nominations are received by the BAPEN Officers with a vote taking place among Council members. Previous recipients of the Medal include Pat Howard, Carolyn Wheatley, Professor David Silk and Professor Marinos Elia.

Nutrition and Catering Framework for Wales



In May 2002 the Welsh Assembly Government (WAG) published a Nutrition and Catering Framework following the Improving Health in Wales plan. This document incorporated 'Standard 23', being the 23rd in a list of mandatory standards on which Welsh Trusts must report to WAG.

A different approach

The catalyst for the Framework was, of course, the English Better Hospital Food project, led by our English colleagues. However, as in Scotland latterly, WAG allowed a different approach to be taken. The Framework revised an existing standard for Catering, including 19 areas for assessment on a range of issues from hygiene, purchasing, screening, food service and nutritional quality.

For the purpose of writing the Framework an All Wales Nutrition and Catering Group was created. Representatives from Welsh professional groups created a lively mixed bag of views with Assembly staff courageously attempting to keep us to a very tight timescale.

Putting nutrition high on the agenda

Consulting with their colleagues the group aimed to set common standards while allowing Trusts some flexibility on how to achieve them. The goal was to put nutrition high on the agenda, but the team felt strongly that a particular focus should be on malnutrition and the responsibilities of all staff to achieve better outcomes.

The necessity for a co-ordinated approach from staff features high in the Framework and each Trust must name a Board Director to take lead responsibility for nutrition, catering and food hygiene.

The framework process

Examples of the process in respect to menus are the requirement for there to be a certain number of choices available at mealtimes, a range of dishes to meet dietary needs and preferences of care groups served, replacements if meals are missed, choice of portion size, and a limit on the length of time between meals.

However, the type of catering service and timing of the principle meal of the day are left to teams to arrange, according to local operational needs. The Framework requires introduction of risk screening as well as procedures for full nutrition assessment. Menus should be of known nutritional value in line with Nutrition Guidelines for Hospital Caterers (Department of Health 1995)

Focus on malnutrition

Untried and untested as yet is the attempt to use 'food first' in the supplementing of patients with poor appetite. A nutrition support snack should be available to those who are unable to meet their nutritional needs through the menu. A standard has been suggested of minimum 10g protein and 250 Kcalories. Again implementation will be in accordance with local policy.

The other specified nutrition standard is set for meal replacements. These must achieve a minimum of 15g protein and 350 Kcalories. This is to be aimed at patients who have missed a meal during admission or because of a procedure or treatment due to being unwell at the time of their last meal.

Targets set for 2002 were

- 100% of inpatients to be given nutrition screening on admission
- All inpatients to receive a suitable nutritional alternative when a meal has been missed
- Where required inpatients are assisted in eating their meals
- Trust multidisciplinary teams to produce an action plan for implementation of Standard 23

Limited motivation

The assessment method so far has been by self scoring and there are currently no plans to audit externally. Dietitians in Wales feel that until external assessment is imposed there will be limited motivation for compliance.

Trusts have set up implementation groups usually chaired by a nurse (the named lead responsible to the Assembly is generally a nurse) but some have dietitian or medical staff chairing.

An ongoing All Wales Catering Framework/Nutrition Advisory Group is suggested in the Framework and the All Wales Dietetic Advisory Committee strongly recommend that this be implemented along with full funding for the Standard.

Welsh representation for joint initiatives

Recently a representative for Welsh dietitians attended a joint planning meeting of the British Dietetic Association, Hospital Caterers Association and Better Hospital Food. This is a positive step towards promoting joint initiatives in the UK. We hope the recent EU Resolution on Food and Nutritional Care in Hospitals will be a useful driving force in Welsh politics.

Julie Nedin, Caroline Hawkes
On Behalf of the All Wales Dietetics Advisory Committee

ESPEN 2004

BAPEN

Advancing Clinical Nutrition

The 13th BAPEN Annual Meeting will be held
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Redditch, Worcestershire, B98 7LG
Tel No. +44 (0) 1527 518777 Fax No. +44 (0) 1527 518718.
email.association@sovereignconference.co.uk

Forthcoming Conferences & Events

United Kingdom Dates

5 Mar 2004	Critical Care United National One Day Sharing Event	The International Convention Centre, Birmingham For details please email: maxjones@blueyonder.co.uk
15-19 Mar 2004 on Human Nutrition	Intercollegiate Course	Chilworth Manor, Southampton. Course Organiser: Janice Taylor, Institute of Human Nutrition, Southampton General Hospital, Tel: 023 80796317, Fax: 023 80794945, email: jmt1@soton.ac.uk
20-21 Mar 2004	British Society of Gastroenterology Scientific Meeting 2004	Glasgow, Scotland For further information, please contact: British Society of Gastroenterology, 3 St Andrews Place, Regents Park, London NW1 4LB Tel: 020 7387 3534 Fax: 020 7487 3734 Email: bsg@mailbox.ulcc.ac.uk
1 April 2004	Trent Inaugural Regional BAPEN meeting	Dr Jeremy Nightingale Consultant Gastroenterologist Tel: 0116 2586324 Fax: 0116 2586985 email: jnight@globalnet.co.uk
28 Apr-1 May 2004	International Coeliac Disease Symposium	Waterfront Hall, Belfast. For further details please contact: Happening, 65 Eglantine Avenue, Malone Road, Belfast BT9 6EW Tel: 028 9066 4020 Fax: 028 9038 1257 email: jayne@happen.co.uk
29-30 Apr 2004	Hospital Caterers Association Conference & Exhibition 2004	Hilton Brighton Metropole, Contact Nicola Price Tel: 01425 485040 www.hospitalcaterers.org
6 - 7 May 2004	National Nutrition Nurses Group Meeting	Bass Brewery, Burton on Trent, Contact: Dawn Bromley, Tel: 01473 704218
6 - 7 May 2004	Primary Care 2004	National Exhibition Centre, Birmingham. For details contact Sterling Events Tel 0151 709 8979 Fax: 0151 709 0384 email: pc2004@sterling events.co.uk
3 June 2004	SW Regional BAPEN Meeting	Contact Dr John Lowes Tel: 01803 654865 Fax 01803 654896 email: john.lowes@sdevonhc-tr.swest.nhs.uk
10 June 2004	Enterocutaneous Fistula Study Day	London & North West. Contact Dr Simon Gabe. Tel: 020 8235 4177 Fax: 020 8235 4001 email: s.gabe@ic.ac.uk
7-11 June 2004	21st PEN Group Clinical Update	Queen Margaret University College, Edinburgh For further information please visit: www.peng.org.uk
15-17 June 2004	Food Allergy & Intolerance Centre for Nutrition and Food Safety	University of Surrey Contact Miss Mercedes Romano Tel: 01483 686413 Fax: 01483 686481 email: m.romano@surrey.ac.uk
15-17 June 2004	BDA 2004 Annual Conference	Thistle Hotel, Glasgow, For further information please contact Sovereign Conference Tel: 01527 518 777 email: association@sovereignconference.co.uk
5-8 July 2004	Nutrition Society Summer Meeting & Association for the Study of Obesity	Trinity College, Dublin. For full details visit www.nutritionsociety.org
18-22 July 2004	Nutrient Interaction with Gene Expression	SECC, Glasgow. Contact Nutrition Society Meetings administrator, PO Box 485, Tring Hertfordshire, HP23 6YT Tel: 01422 825568 email: e.costin@nutsoc.org.uk
13-17 Sept 2004	Intercollegiate course on Human Nutrition	Course Organiser: Dr Carolyn Summerbell, Reader in Human Nutrition, School of Health and Social Care, University of Teeside,Tel: 01642 342769 email: G.Thompson@tees.ac.
Oct 19 2004	London Intestinal Failure Day	London . Contact Dr Simon Gabe. Tel: 020 8235 4177 Fax: 020 8235 4001 email: s.gabe@ic.ac.uk

International Dates

26-29 May 2004	13th European Congress on Obesity	Prague, Czech Republic. For details visit www.eco2004.cz
28-31 May 2004	14th International Congress of Dietetics	Chicago, USA. For further details visit www.internationaldietetics.org/icd.asp
19-22 June 2004	International Society of Renal Nutrition and Metabolism 12th International Congress	Venice and Padua. For further information, please contact: Marianne Vennegoor, 3 Cottage Grove, Surbiton, Surrey KT6 4JH (please include stamped addressed envelope) email: mayennegoor@aol.com Or www.nutrition.metabolism-2004.it
3-7 July 2004	2nd World Congress of Paediatric Gastroenterology, Hepatology and Nutrition	Paris, France. For further information, please contact: Colloquium, 12 Rue de la Croix, Faubin, France www.wcpghan2004.com
11-14 Aug 2004	2004 Nutrition Society of Australia Annual Scientific Meeting	Brisbane, Australia. In association with the International Congress of Clinical Nutrition For more details and contact details visit www.nsa.asn.au/ and www.wccn2004.com.au
11-14 Sept 2004	26th ESPEN Congress	Lisbon, Portugal. For further information please visit www.espen.org
15-18 Sept 2004	3rd Congress of the European Union Geriatric Medicine Society	Vienna. For further information Tel: +33 1400 71121 or email: congress@mfgroupe.com

Food & Nutritional Care in Hospitals!

The Council of Europe report "Food and Nutritional Care in Hospitals: how to prevent undernutrition" was published in November 2002. Readers will remember that this report was produced by an expert committee chaired by Professor Lars Ovesen from Denmark and made up of colleagues from 15 member states within the Council of Europe.

I am delighted to report that the Committee of Ministers at their meeting on 12th November 2003 adopted the resolution containing the recommendations of the report. These recommendations will be music to the ears of BAPEN colleagues – they are wide reaching and touch upon every aspect of nutritional care in hospital. There are five broad areas addressed:

1. Nutritional assessment and treatment in hospitals including:
   - Nutritional risk screening
   - Identification and prevention of causes of undernutrition
   - Nutritional support
   - Ordinary food
   - When to withhold or withdraw artificial nutrition support

2. Nutritional care providers including
   - Responsibilities for nutritional care in hospitals
   - Communication
   - Education and nutritional knowledge at all levels

3. Food service practices including
   - Organisation of hospital food service
   - Contract food service
   - Meal service and the eating environment
   - Food temperature and hygiene
   - Specific improvements in food service

4. Hospital food including
   - Hospital menus and diets on medical indications
   - Meal patterns
   - Monitoring of food intake
   - Informing and involving the patient

5. Health economics including
   - Cost effectiveness/benefit
   - Food service and waste

A very broad agenda, I am sure you will agree, and an excellent framework around which to develop nutritional care services in hospitals and other institutions. At the time of writing it is not clear how the member states and the UK governments in particular will implement the resolution. Undoubtedly this is a great step forward and will help us greatly.

Rick Wilson
BDA representative on the Better Hospital Food Panel

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