

Monday 25th January 2010

BAPEN's response to increase in reporting of malnutrition in hospital

Malnutrition in Hospital – BAPEN responds to statistics on increased reporting

BAPEN is the charity that developed the 'MUST' screening tool that is being used increasingly by hospitals to identify those being admitted into hospital already malnourished - and BAPEN welcomes that increase in screening. If malnutrition is not recognised through using a quick screening tool on admission then it is possible that it will not be treated.

That increase in use of screening tools for and recording of malnutrition will mean that numbers identified and recorded will inevitably go up.

BAPEN's own survey data (BAPEN, NSW07, NSW08 www.bapen.org.uk) shows that between 1 in 3 and 1 in 4 of all people of all ages admitted into hospital every year are ***already malnourished***; they do not suddenly become malnourished by stepping across the threshold of that hospital. What is vital is that those at risk are identified ***on admission*** and an appropriate nutritional care plan is implemented - whether that is help with eating, special diet provided, sip feeds to boost nutritional status, or complex tube feeding into the stomach or vein.

Once malnutrition is identified and a plan implemented, each patient should be monitored, screened again and the plan adjusted as appropriate whilst in hospital - but the story does not stop there.

Malnutrition will have built up over a period of time due often to an underlying disease condition which may mean that appetite is suppressed, or that food cannot be taken / swallowed or that the body cannot utilise that food properly. Malnutrition may be due to other reasons such as immobility, depression (with older people caused perhaps by a bereavement) social isolation - or in many cases a complex mix of all these factors.

Malnutrition cannot always be 'reversed' in hospital - the hospital stay is often too short to address a condition that has built up over time - or the patient is not well, appetite is suppressed and therefore does not feel like eating.

Some patients seriously ill or injured but not malnourished on admission to hospital may experience weight loss and consequent nutritional vulnerability during their stay which even with good nutritional care may result in malnutrition. These patients too must be

identified and treated appropriately in hospital and followed up so that any vulnerability is corrected as soon as possible.

What is vital is that all nutritional care and treatment started in hospital is continued when the patient is discharged back home under the care of their GP and community services, or to another care setting. The score recorded on each patient via a screening tool such as 'MUST' on admission, and ideally on discharge, should be part of the patient's notes that are handed on.

All patients in hospital must receive the nutritional care appropriate to their needs - with 'food first' yes of course if it can be eaten and utilised and that should be appetising and nourishing to tempt often poor appetites, with help with eating as required and access to snacks and drinks.

Addressing malnutrition effectively requires a long-term solution which hospitals cannot provide. It requires a continuum of care and an effective flow of information from home to GP, from GP to hospital, from hospital back to GP or to the care home.

Currently that continuum of care and corresponding flow of information is lacking. But we have to start somewhere and hospitals, with their ability to screen and record and monitor patients whilst in their care, is a good place to start. Those hospitals that are already identifying, recording and addressing malnutrition must be congratulated and others urged to follow their example.

Recorded numbers of malnourished patients will rise as a result but it is essential that hospitals are not vilified in public for this rise. It is an inevitable consequence of malnutrition beginning to be identified and addressed more appropriately.

Rhonda Smith

For and on behalf of BAPEN

www.bapen.org.uk

01264-710428 / 07887-714957

rhonda.smith@bapen.org.uk