

For use by staff in care facilities

Nutritional Support Plan for Patient at Moderate Risk of Malnutrition

Patient Name:..... D.O.B:..... NHS No:.....

Baseline Assessment:

Date of initial screening:
Initial Weight if obtained (kg):
Initial Nutritional screening score:

Initial consultation *

Date..... Signed (staff member):

Aim of Nutritional Treatment:
Intervention: <ul style="list-style-type: none">• Advise a fortified diet• Advise 2 nourishing snacks in between meals per day• Advise nourishing drinks between meals Refer to 'Making the most of your food' or NAGE: 'Have you got a small appetite leaflet' <ul style="list-style-type: none">• Consider a Multivitamin/mineral tablet a day (over the counter)• If the patient is suffering from nausea, vomiting, constipation or diarrhoea, liaise with the GP and ensure effective drug treatment is prescribed and effects regularly evaluated

Review assessment at 4 weeks:

Date:..... Signed:.....

Weight at review:
Nutritional Screening Score:

Outcome:

Improvement Reinforce dietary advice until aim is reached, then discharge

No Improvement Reinforce dietary advice and re-screen in 4 weeks time

Deterioration of nutritional status Commence high risk care plan

*Refer to the Dietitian if: Rapid deterioration is anticipated
Specialist advice is needed