Policy No.: CG303

Nutrition and Hydration Clinical Guideline

Version No.: 1.0
Approval date: 12 February 2019

Government of South Australia
SA Health

Contents

Nutrition and Hydration Clinical Guideline

1. Introduction

To provide a framework for a coordinated and comprehensive approach to the management of the nutrition and hydration requirements of patients accessing health care services from any SA Health facility and services with the intent to:

- Ensure access to sufficient and appropriate types of food and fluids to meet nutrition and hydration requirements;
- Ensure a coordinated multi-disciplinary approach to the assessment, planning, delivery and monitoring of nutrition and hydration for patients;
- Establish a consistent approach to the management and support of patients' nutrition and hydration requirements from initial entry to transfer of care; and
- Maximise the health status of patients through the provision of nutrition and hydration supports aligned to their growth, function and needs including breastfed infants (1).

This Clinical Guideline ['Guideline'] is to be read and administered in conjunction with the *Nutrition and Hydration Clinical Directive.*

All SA Health employees, including contractors, students and volunteers, who provide services either directly or indirectly, relating to the nutrition and hydration of patients in any SA Health facility must adhere to this Guideline.

2. Background

The need for this clinical guideline (and associated clinical directive) has been identified through the statewide Nutrition and Dietetic Advisory Group (NDAG), with the support of Allied and Scientific Health Office, as it was noted there was no relevant policy in place to ensure food services within SA Health will be compliant with Version 2 of the NSQHS, coming into effect in January 2019. The development phase of the guideline was completed in December 2018 and the guideline recommended for endorsement by the NDAG as the relevant clinical expert committee on 14 December 2018.

3. Definitions

In the context of this document:

Admission means "the point of the journey at which a healthcare organisation acknowledges a person as a patient and accepts responsibility for his/her care (25)".

Advance Care Directive means a legal document written by a person 18 years and over with decision making capacity. It can record a person's wishes and instructions for future health care decisions, preferred living arrangements and other personal decisions. An ACD can also be used to appoint one or more adults to make these decisions for the person (a Substitute Decision-Maker). An ACD takes effect if a person has impaired decision-making capacity in relation to decision(s). An Enduring Power of Guardianship, Medical Power of Attorney and an Anticipatory Direction completed before 1 July 2014 are considered to be an ACD for the purposes of the Advance Care Directives Act 2013 until such time that a new Advance Care Directive is completed. Advance Care Directives from other jurisdictions are recognised.

Advance Care Plan means a non-statutory document which record a patient's wishes regarding future care and medical treatments in the event the patient's decision-making capacity is impaired. Advance Care Plans include but are not limited to the Palliative Care Plan, the Statement of Choices (Respecting Patient Choices) and forms from aged care facilities (Facility Form) in which a person's end-of-life care preferences are documented.

Artificial nutrition support means the administration of specially formulated nutrients, either orally or through a tube directly into the gastrointestinal tract (enteral nutrition) or into a vein (transparenteral nutrition) (25).

Care plan means "the documentation of items agreed to in the care planning process" (25)

Carers mean "people who provide unpaid care and support to family members and friends who have a disability, mental illness, chronic condition, terminal illness or general frailty. Carers include parents and guardians caring for children" (2).

Clinical handover means "the transfer of professional responsibility and accountability for some or all aspects of care for a patient, or group of patients, to another person or professional group on a temporary or permanent basis" (26).

Dysphagia means "a condition, a disorder or a symptom that may be genetic, developmental, acquired, functional or iatrogenic in origin. It can be caused by structural, physiological and /or neurological impairments affecting one or more stages of swallowing… This may present as a difficulty with sucking, drinking, eating, controlling saliva, protecting the airway or swallowing. As a consequence dysphagia may lead to asphyxiation or pneumonia, or failure to meet an individual's nutrition, hydration and social needs as well as impacting on development of oral and communication skills" (27) .

End-of-life means the stage of life where a person is living with, and impaired by, an eventually fatal (or terminal) condition, even if the prognosis is ambiguous or unknown. It may be the last one to two years of life.

Enteral nutrition means "a nutritionally complete liquid formula that is administered directly into the stomach or small intestine using a tube that is usually specifically designed for enteral feeding purposes (28).

Healthy mouth means a clean, functional and comfortable oral cavity, free from infection (29)

Malnutrition means "a state of nutrition in which a deficiency or excess (or imbalance) of energy, protein, and other nutrients causes measurable adverse effects on tissue/body form and function and clinical outcome" (25).

Nil-by- Mouth means "a patient care instruction advising that the patient is prohibited from ingesting food, beverage, or medicine. It is usually posted above the bed of a patient who is about to undergo surgery or special diagnostic procedures requiring that the digestive tract be empty or who is unable to tolerate food and fluids by mouth for some reason (30).

Nutrition assessment means "a comprehensive approach to gathering pertinent data in order to define nutritional status and identify nutrition-related problems. The assessment often includes patient/patient history, medical diagnosis and treatment plan, nutrition and medication histories, nutrition –related physical examination including anthropometry, nutritional biochemistry, psychological, social, and environmental aspects" (25).

Nutrition screening means "the process of identifying individual with characteristics commonly associated with nutritional problems, who may require comprehensive nutrition assessment and may benefit from nutrition intervention (25)".

Nutritional status means "the status of a person's health in relation to the consumption and utilisation of nutrients for energy, metabolism, normal organ function, healing and immune function" (25).

Oral hygiene means effective removal of plaque and debris to ensure the structures and tissues of the mouth are kept in a healthy condition (29).

Parenteral nutrition means "nutrition support that is infused intravenously into the bloodstream either via a peripherally inserted central catheter (PICC) or a central venous catheter(CVC). It is a nutrition formula that can contain amino acids, glucose, fat, electrolytes, vitamins and trace elements to meet a patient's complete nutritional requirements" (11).

Patient means any patient or resident requiring nutrition or hydration whilst accessing services within SA Health facilities.

Patient Clinical Record means a record of the patient's medical history, treatment notes, observations, correspondence, investigations, test results, photographs, prescription records and medication charts for an episode of care (2).

Personal environment means the immediate area in which a person receives care in an SA Health facility.

Protected mealtimes means periods of time when patients may eat their meals without unnecessary interruptions and when nursing staff and the ward team are able to provide greater levels of assistance and support to meet patient's nutritional requirements (31).

Swallow assessment means a comprehensive evaluation of the swallowing mechanism that leads to determination of the swallowing capability and informs a management plan. Swallowing assessments are conducted using clinical (non-instrumental) and instrumental procedures (e.g. modified barium swallow) (27) .

Swallow screen means a procedure that identifies those at risk of dysphagia rather than to measure the severity of dysphagia or guide management. It is a "pass/fail procedure to identify individuals who require a comprehensive assessment of swallowing function or a referral for other professional and/or medical services" (32).

Therapeutic diet means "a diet intervention ordered by a health care practitioner as part of the treatment for a disease or clinical condition manifesting an altered nutritional status, to eliminate, decrease or increase certain substances in the diet e.g. sodium, potassium (11)".

4. Principles of the standards

This Guideline is underpinned by the quality principles of patient-centred, safe, effective, accessible, efficient and equitable care aligning with the National Safety and Quality Health Service Standards (NSQHS) 2012 and 2016 (2) (3). This is delivered specifically by ensuring the following:

- High quality multi-disciplinary care is delivered utilising evidence based and best practice screening, assessment and clinical care processes;
- Patients and their carers are actively involved in shared decision making;
- Ethnicity, religion, belief, cultural, physical, sensory and developmental needs are taken into account when assessing the nutritional and hydration status and requirements of patients for the development, implementation, monitoring and communication of care plans;
- Food, drinks, meal-time environment and other supports provided facilitate meeting nutrition and hydration requirements and preferences in a safe manner;
- Food production and supply systems will continue to adapt to reflect current service and clinical requirements and industry best practice (4);
- There are arrangements for ensuring therapeutic and special formulated diets and oral nutrition support are provided in a timely manner, including food and drink of the appropriate texture and consistency;
- Existing clinical governance systems at the facility, Local Health Networks (LHNs) and State level are inclusive of consumer, clinical and corporate representation. They will guide and facilitate the development, implementation, evaluation and review of procedures, guidelines and protocols that underpin this guideline.

Breastfeeding is encouraged, supported and promoted within all SA Health facilities. When a breastfeeding mother is a patient (either as an inpatient or outpatient) the care plan is reflective of both the mother's and child's needs and wishes (5).

5. General

5.1 Governance

5.1.1 Local Health Network (LHN)

Each LHN should establish a process, if not already in place, via an appropriate committee or executive structure to support the implementation and operation of the Nutrition and Hydration Policy Guideline. Representation and/or consultation should be reflective of professions and groups invested in this area including:

- Safety and Quality
- Dietetics
- Hotel and Food services
- Speech Pathology
- Nursing/Midwifery
- Medical staff
- Pharmacy
- Patients/carers
- Corporate service
- Other health professions/representation as appropriate

The following functions should be observed:

- Oversight of the development, implementation and review of LHN/site specific procedures which align with the SA Health Nutrition and Hydration Policy Directive and Guideline;
- Dissemination and communication of relevant policies and procedures;
- Monitoring the implementation and assessment of performance of agreed activities and standards;
- Development and oversight of evaluation and audit processes;
- Oversight of staff training requirements and development/implementation of appropriate staff training programs to meet policy compliance; and
- Engagement with Department for Health and Ageing, including assuming an advisory panel role in relation to the development of tender guidelines/specifications for procurement of goods and services and ICT applications for food service.

5.1.2 Site/Facility Specific

Each LHN will consider establishing site/facility specific Nutrition and Hydration teams to assist with compliance with the Nutrition and Hydration Policy Directive and Guideline.

5.2 Patient and Carer Engagement

Patients and/or carers should be actively involved in the development and review of the nutrition care plan and meal and fluid options.

Communication with patients and/or carers should consider any communication, language and/or cultural requirements and adapt the method of communication accordingly, including the use of interpreters where indicated. Information must be available in a user-friendly format conveying the content in a meaningful and understandable manner. The Guide for Engaging with Patients and the Community Policy Guideline should be used in the development of information and materials (6). Patients and/or carers should be consulted to assist with the development and review of patient/carer information prepared by the organisation.

Patient and/or carer participation should be actively sought to assist with service review and development of strategies and activities (7).

5.3 Roles & Responsibilities

SA Health Chief Executive

is responsible for:

- Ensuring the management of nutrition and hydration of patients and residents of SA Health facilities is in accordance with this policy guideline.

SA Health Portfolio Executive

is responsible for:

- Establishing, maintaining and periodically reviewing the currency and effectiveness of the Nutrition and Hydration Guideline.
- Considering recommendations from LHNs and relevant discipline Advisory Groups for amendments to the guideline and other relevant documents such as menu and nutritional standards and diet specifications.

LHN Chief Executive Officers

are responsible for:

- Ensuring sufficient resources are allocated to enable the implementation and effective application of the Nutrition and Hydration Guideline across all areas within their area of control including adequate resourcing for education and training.
- Ensuring the day-to-day responsibility for establishing and monitoring the implementation of this guideline is delegated to the relevant senior managers.
- Ensuring that services delivered to SA Health patients, and purchased from providers other than SA Health, are in accord with this guideline.
- Ensuring that all relevant personnel from both clinical and corporate services are engaged with regard to review and selection of nutrition delivery services.
- Ensuring the health services within their area of control have systems in place which facilitate the effective management and notification of nutrition/diet related incidents (in accordance with the SA Health Incident Management Policy Directive and Guideline).

Chief Operating Officers, Directors, Heads of Service or Departments and other Senior Managers

are responsible for:

- Providing organisational governance and leadership in relation to the nutrition and hydration of patients within their organisation.
- Developing, implementing and monitoring local systems and procedures, including staff training and establishing mechanisms to engage patients and carers in these processes.

SA Health employees

are responsible for:

- Adhering to the principles and aims of this guideline and ensuring they operate in accordance with its associated guideline.
- Ensuring any incidents relating to the incorrect delivery of a diet/fluid and /or clinical incident relating to such is reported via the appropriate process.
- Acknowledging there is a duty of care for all health care providers and support staff to provide a safe environment for patients, specifically relating to the safe delivery, access to and administration of nutrition and hydration.
- Being aware of their roles and responsibilities in regard to the delivery of nutritional support and care to patients.

- Being appropriately qualified and have knowledge of key aspects of nutrition care relevant to their position and role.

6. Workforce Implications

Education and Training for Staff and Volunteers

Educational programs should be made available to the following staff:

- Operational staff, including patient support and food service/hotel staff
- Medical staff
- Nursing and midwifery staff
- Allied health staff
- Administrative staff
- Volunteers

Educational programs should include content on (15):

- The benefits of nutritional care for recovery;
- Malnutrition & dehydration - adverse effects, screening and management;
- Dysphagia- adverse effects, screening and management;
- The role of therapeutic diets in disease management;
- The management of enteral and parenteral feeds;
- The organisation's nutritional care processes, including how the food/meal service system operates and safe food storage and handling standards (4) ;
- Nutritional support strategies as a key element to patient care ;
- Staff roles and responsibilities in nutritional care;
- The role of patient and carers in the self-management of their diet.

Education and training should be provided by staff with skills and experience relevant to the delivery of nutritional care.

Staff should be provided with opportunities for relevant professional development activities.

All staff handling food either as part of meal preparation or delivery are required to complete safe food handling training. Training should be made available through a variety of mediums to maximise access to and efficiency of training programs.

7. Safety, quality and risk management

Risk Management and Reporting

Nutrition and hydration related incidents are to be recognised, identified and reported by any member of the multi-disciplinary care team via the SA Health Safety Learning System and discussed at risk management forums.

National Safety and Quality Health Service Standards

National Standard 1 Clinical Governance	National Standard 2 Partnering with Consumers	National Standard 3 Preventing & Controlling Healthcare-Associated Infection	National Standard 4 Medication Safety	National Standard 5 Comprehensive Care	National Standard 6 Communicating for Safety	National Standard 7 Blood Management	National Standard 8 Recognising & Responding to Acute Deterioration
☒	☒	☒	☐	☒	☒	☐	☒

8. Pathway / Protocol

9.1 Provision of Care: Assessment and Care Planning

9.1.1 Multi-disciplinary Care

Assessment and the development and implementation of care plans for patients with nutritional and swallowing issues should be a multi-disciplinary approach.

The following care groups may contribute to the delivery of coordinated care of a patient's nutrition and hydration requirements:

- nurses and midwives
- dietitians
- medical officers
- speech pathologists
- pharmacists
- allied health assistants
- occupational therapists
- patient support staff
- hotel service staff (including food services)
- patient's family and/or carers

9.1.2 Admission

For individuals admitted to an SA Health facility, the initial admission/ entry assessment will typically be undertaken by a nurse, midwife or doctor. The initial admission process should identify the appropriate diet and/or fluids that are safe and clinically indicated. This should include consideration of the patient's age, nutritional requirements, food allergies, presence and severity of dysphagia and the patient's oral status including presence and state of dentures, teeth, gums, mucosa and overall oral hygiene (see 4.4).

Health facilities should encourage and support breastfeeding in line with the Baby Friendly Hospital Initiative (BFHI) (8).

A patient's ability to manage meals independently and dietary or cultural requirements should also be identified at this time. Patients and carers should be engaged with this process to ensure all the information required for a complete assessment is available.

Alternatively, the need for an extended assessment or screening process to assess specific risks associated with safe and adequate hydration and nutrition intake should be identified and referrals made accordingly (see 4.3.3 and 4.3.4 and Figure 1) (9). Weight and height measurement on admission is a pre-requisite for conducting nutrition screening (10) (11).

9.1.3 Screening

Nutrition Screening

Nutrition screening is a key tool for the early identification of patients experiencing, or at risk of, nutritional problems. Inadequate nutritional intake is recognised as a risk factor in the development and/or exacerbation of health issues such as pressure injuries and functional decline (12) (13) (14).

Nutritional screening should occur using a validated screening tool appropriate to the clinical setting and patient group (12) (10) (13). The Malnutrition Universal Screening Tool (MUST) and Mini Nutritional Assessment Short-Form (MNA-SF) are widely utilised to screen for malnutrition risk in adults across SA Health hospitals. The Paediatric Nutrition Screening Tool (PNST) is a sensitive and validated tool that can be used to ensure the early detection of hospitalised children at nutrition risk.

All neonatal and paediatric patients should have weight and length/height measured, where possible, on admission. This should be plotted on the appropriate growth chart. Growth patterns should be documented and tracked. Evidence of growth concerns should trigger a referral for Dietetic assessment.

Patients who require screening should have this completed within 24 hours of admission to an SA Health acute service, within 48 hours of admission to a SA Health subacute service or at first clinical contact/ entry to a health service. Screening should be repeated at intervals during the admission as determined by the screening tool.

The following patient groups should be considered for a nutrition screen.

- All patients with or at risk of pressure injuries
- At risk paediatric patient groups (e.g. oncology and surgical patients)
- Patients with mental health presentation/ comorbidity
- Indigenous patients whose main place of residence is their traditional lands
- Patients with long term substance abuse and prescribed polypharmacy;
- Patients managed under;
    - Chemotherapy units
    - Chronic disease programs
    - Geriatric programs
    - Rehabilitation programs

Nutrition screening may not be suitable for certain patient groups such as pregnant or lactating women and patients receiving end of life care (15). LHNs will determine inclusion and exclusion patient groups for their facilities/services.

Nutrition screening, when indicated, should occur;

- On admission and repeated as per the tool's stipulations thereafter;
- At least monthly in slower stream facilities; and
- Whenever the patient's clinical/medical condition changes.

Patients identified as 'at risk' via a validated screening tool should be managed in accordance with each LHN's malnutrition management pathways which should include referral to a Dietitian for a comprehensive nutritional assessment (15) (14) (10).

Early intervention strategies such as the provision of nourishing drinks may be appropriate to consider whilst awaiting Dietetic assessment.

Patients at risk of nutritional compromise may be identified not only through the completion of nutrition specific screening tools e.g. MUST, but also screening tools employed for assessing a broader range of health issues such as the Braden Scale for Predicting Pressure Ulcer (12) or locally derived screening tools.

Swallowing Screening

Nursing, medical and allied health staff will identify patients with known pre-existing dysphagia, with clinical indicators of dysphagia or with a diagnosis associated with dysphagia. Where this is identified, a swallowing screen should be conducted using a validated and facility-endorsed screening tool or a referral should be made to speech pathology for further assessment.

9.1.4 Assessment

Nutrition Assessment

A nutrition assessment may be conducted by a dietitian using one of a range of validated tools. Tools for the adult population include the Subjective Global Assessment [SGA], Patient Generated Subjective Global Assessment [PG-SGA] and Mini Nutritional Assessment Long-Form [MNA-LF]. The Subjective Global Nutrition Assessment tool (SGNA) is a comprehensive nutrition assessment tool that may be used with the paediatric population. Growth chart patterns, growth history and nutritional intake may also be used as part of a nutrition assessment in this population.

A nutrition assessment should be conducted in a timely manner reflective of current LHN clinical protocols (9).

Swallowing Assessment

Where a swallow screening has identified the presence of dysphagia or clinical indicators of dysphagia have been observed, a referral should be made to a Speech Pathologist who will conduct a formal swallowing assessment. The Speech Pathologist will determine the swallowing capabilities of the patient including the patient's ability to swallow required medications. The appropriate food and fluid consistencies required to minimise risk will be determined as well as the required oral intake regimen with communication reflected in the care plan in consultation with the broader care team (see 4.3.5). Swallowing assessments should be available 7 days a week, where possible.

Hydration Assessment

A patient's hydration status will be assessed as part of the Medical admission to SA Hospitals. Ongoing monitoring of hydration status will occur during patient's admission including but not exclusive to fluid balance charts, Intravenous Therapy (IVT) orders, blood tests, enteral feed and Total Parenteral Nutrition (TPN) orders and fluid losses such as stoma, drains, vomit, diarrhoea outputs will be monitored and care plans updated to ensure patient's hydration status is maintained.

9.1.5 Nutrition Care Planning

Individuals identified as malnourished or at risk of becoming malnourished, and paediatric patients identified as having poor growth, should have an appropriate care plan developed by a Dietitian in consultation with the other members of the health care team and carers as appropriate. Nutrition care plans should be in place for any patient requiring dietitian management. Individuals identified as requiring a modified/supported nutritional intake due to swallowing difficulties should have an appropriate care plan developed by Speech Pathologist in consultation with the other members of the health care team. The care plan should be documented in the patient clinical record. EPAS operational sites can reflect the care plan within the structured notes, Oral Intake and Nutrition Instruction, Order or Plan of Care Flow Sheet.

The care plan should contain clearly identified goals of treatment. Strategies and actions to facilitate realisation of goals should be identified and documented. These may include; feeding/ drinking assistance required, food and fluid intake monitoring/ recording, recommended modified and therapeutic diet, oral nutrition supplements and/or artificial nutrition support and the mode of feeding (e.g. breast, bottle or combination in infants, PEG feeding). Patients, carers and parents of paediatric patients should be contributors to the development of the care plan (9) (13) (10).

Care plans should be responsive to, and reflective of, changes in a patient's clinical condition warranting a review of their capabilities and requirement and modification of the care plan as appropriate (10).

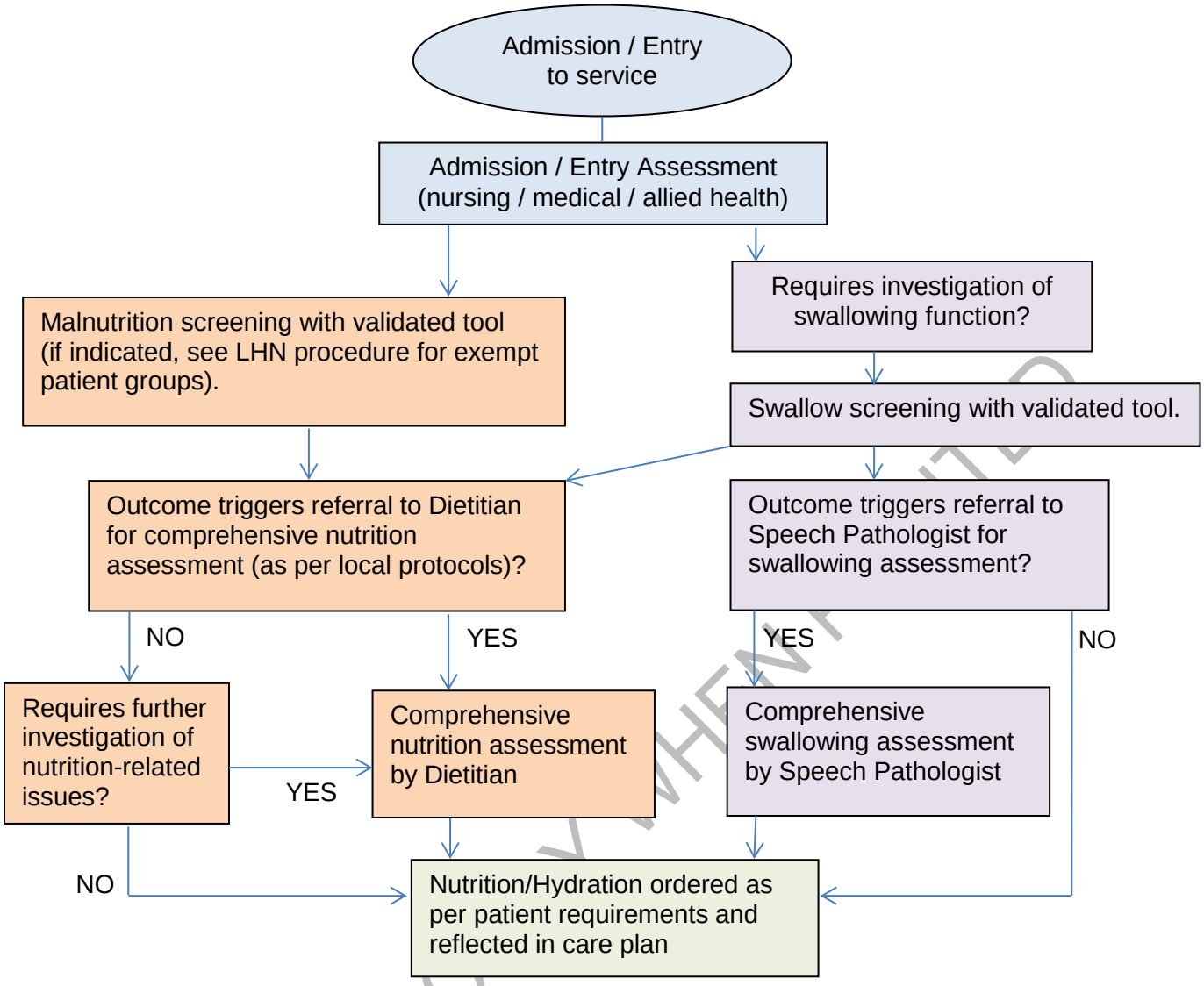

Figure 1: Nutrition/Hydration and Swallowing Screening and Assessment Pathway

9.2 Provision of Care: Oral Care

Poor oral health has been associated with serious complications arising from particular treatments for certain patient groups. It is also increasingly recognised as being associated with chronic conditions including cardiovascular disease, diabetes, osteoporosis, obesity and malnutrition (16).

Patients at higher risk of a compromised oral state and in need of higher vigilance in the provision of oral care include:

- those who are not receiving nutrition or hydration orally due to disease and associated discomfort of the oral tissues;
- patients receiving nasal oxygen or airway suction and those who are open mouth breathers or with a continually open mouth due to intubation may be prone to xerostomia (17);
- those with long term substance abuse and prescribed polypharmacy;
- those with dental disease/decay;
- those dependent on others for oral care; and
- patients with known oral dysphagia e.g. tendency to pocket food.

Initial admission assessment should include determination of a patient's oral health and the care plan required. Patients not able to maintain the required oral care regimen independently should be provided with assistance. Where appropriate, patients and carers should be provided with information regarding good oral hygiene management practices and encouraged to utilise these.

Assessment and care plans should be reflected in the patient clinical record to inform other members of the multi-disciplinary team.

The patient's oral state should be continually evaluated, reassessed and the care plan revised accordingly throughout their episode of care in keeping with local oral hygiene guidelines/protocols (13).

9.3 Provision of Care: End of Life Care

Discussion regarding the role of hydration and nutrition in end- of- life care during the terminal phase of an individual's illness should occur with the patient , their carers (as desired by the patient) and the multidisciplinary care team (15) . During the course of the patient's illness discussion regarding the provision (and possibly the withdrawal) of oral nutrition and hydration, artificial nutrition and hydration should occur over a period of time and preferably whilst the patient can engage in the decision making stages. The care team must be aware of the legal requirements relating to the provision or withdrawal of medical treatments reflected in the Consent to Medical Treatment and Health Care Policy and the Palliative Care Act. Advance care directives or advanced care plans may include reference to the provision, consumption and cessation of nutrition and hydration.

It is essential that management plans relating to end-of-life care are discussed with patients/carers and family, clearly recorded in the clinical care plan and associated clinical documentation, and all members of the care team are made aware of the agreed plans (18) (19).

Many staff members participate in the care of dying patients. Education and support should be made available to staff to ensure they are sufficiently equipped with the required knowledge to feel confident with their role in caring for the patient.

9.4 Provision of Care: Nutrition and Fluids

9.4.1 Food Safety

Food Safety programs are in place to ensure that menu preparation, storage and supply comply with the relevant legislative standards, specifically the Australia New Zealand Food Standards Code- Standard 3.3.1 – Food Safety Programs for Food Service to Vulnerable Persons. (20). This includes controls for the preparation of texture modified foods, particularly with regards to equipment and food moulds.

9.4.2 Food Service Systems

Food service and clinical staff work together to ensure patient's individual needs and preferences are met.

Food services, whether internally sourced or provided by external contractors should incorporate the following key elements into their systems and processes;

- Hot and cold meals and drinks should be available to those who are admitted out of normal hours, or those not present at mealtimes.
- Processes must be in place to ensure correct patient identification and food/fluid matching at point of ordering and delivery.

- Systems and processes should be in place to meet the needs of high risk patient groups including those with dysphagia, allergies, specialised dietary needs and those severely immunocompromised (10).
- Introduction of new food/fluid products, packaging, dinnerware and cutlery to the organisation should consider the ease and appropriateness of access for patients. Food or drink products with packaging that requires assistance for the patient should be minimised. Consultation with relevant stakeholders including catering/food service staff and relevant clinical staff should occur prior to determination of selection of new products.
- Local processes are in place to provide advice about the safe storage of food that is brought from home.

Where food service or elements of food service are provided by external contractors, the following representation should be included in the tender process;

- Hotel and Food Service
- Nutrition & Dietetics Department
- Nursing and Midwifery
- Speech Pathology
- Neonatology (paediatric sites)
- Finance/Corporate services.
- Consumer representative

9.4.3 Menu

The menu should provide the nutrition and diet requirements to enable patients to realise the appropriate balance of nutrients safely.

Menus should be compliant with following standards: (21) (22) (23)

Population Group	Relevant Standard
General Adult inpatient	Nutritional Standards for Public Hospitals in South Australia
Adult inpatient : modified texture diets/poor oral intake	Nutritional Standards for Public Hospitals in South Australia Australian Standards for Texture Modified Foods and Fluids (24), transitioning to International Dysphagia Diet Standardisation Initiative Framework from May 2019
Adult Inpatient: Therapeutic diet	Therapeutic Diet Specifications for Adult Inpatients, NSW Agency for Clinical Innovation
Paediatric Inpatients	Nutrition Standards for Paediatric Inpatients in NSW hospitals, NSW Agency for Clinical Innovation Therapeutic Diet Specifications for Paediatric Inpatients, NSW Agency for Clinical Innovation

Patients should be:

- Provided with information on entry to the service/facility relating to meal services.
- Provided with information highlighting the importance of nutrition and hydration.
- Assisted by a suitably qualified staff member in relation to menu selection as required. This may be a dietitian, allied health assistant, nurse or food services staff member/volunteer.
- Able to rely on/defer to relatives or carers to provide assistance with menu choice or notification of food preferences (13).
- Able to select from a range of hot and cold meals, snacks and drinks that meet their needs and preferences (as detailed in the Menu & Nutritional Standards for Public Hospitals in South Australia).

- Able to select meals as close as possible to time of delivery.
- In circumstances where traditional aboriginal people are accessing an SA Health facility as a client, where possible aboriginal native foods should be accessible and considered by the clinical care team for inclusion in the patient's nutrition care plan.

9.4.4 Mealtime Environment and Assistance

A meal time environment should be conducive to safe consumption and enjoyment which maximises intake of nutrition and hydration. This may be facilitated by:

- Establishing 'protected meal times' to maximise opportunity for oral intake
- Minimising interruptions to meal times such as ward/medication rounds, diagnostic or therapy interventions, cleaning of rooms
- Assisting with toileting, hand washing and oral care prior to eating and drinking as required.
- Providing patients with the opportunity to sit out of bed or in dining rooms at meal times
- Ensuring patient assistance requirements have been evaluated and actioned (see 4.3.5)
- Providing an environment that is conducive to, and supportive for, breastfeeding and breastfeeding mothers (7)

Many patients (across the age continuum) require assistance to eat and drink whilst in hospital whether presenting to hospital in an inpatient or outpatient capacity.

The level of patient assistance required may relate to one or more the following areas:

- Assistance and/or supervision required for meal and drink consumption
- Positioning required to maximise safe consumption
- Preparation of the mouth including oral care, denture insertion etc.
- Time made available to consume the meal/fluids
- Provision of correct meal and drinks as reflected in the care plan
- Assistance with meal set up including opening packages, cutting up food
- Appropriate tray and utensil placement to accommodate compromised visual function such as hemianopia or other neglect disorders
- Provision of assisted/adaptive devices to facilitate oral intake

Requirements for assistance for individual patients should be reflected in care plans and clearly communicated to relevant staff. Provision for handover of information to the ongoing care team is essential.

Feeding assistance for patients with swallowing difficulties should only be provided by suitably trained staff. Where carers are providing meal time assistance for such patients, relevant staff should provide training in safe feeding strategies.

Volunteers of the organisation may also have a role through provision of assistance in the room and tray set-up including preparing/ opening packaging. The role of the volunteer should be directed by the patient's care team and reflected in the patient's clinical record.

Wards should be adequately staffed at mealtimes to enable satisfaction of patient care requirements, particularly those requiring individual assistance as reflected in their care plans. Work allocations should reflect such requirements.

9.4.5 Nil by mouth

Orders for patients who are designated as 'nil by mouth' must be clearly communicated to the multi-disciplinary care team and carers, students and volunteers. In the adult setting, where these orders extend more than 5 days, artificial nutrition support should be considered (see 4.6.7) (11).

In addition to the nutrition care plan and patient clinical record, other communication strategies may be required to ensure that all staff including patient support and food service/ hotel services are informed.

9.4.6 Hydration

A patient's daily fluid requirement will be determined through clinical assessment. All patients should be able to access the required amount of fluids each day unless contraindicated due to swallowing difficulties, medical issues (including fluid restrictions) or advanced care plans (10). Fluid requirements should be clearly documented in the care plan.

9.4.7 Nutrition Support

Patients who are unable to safely consume oral food and fluid to achieve required nutritional and hydration levels should be considered for additional nutritional and hydration support (10).

Oral Supplements

Patients on modified consistency/texture diets and fluids and those who are at nutritional risk including those unable to feed themselves may require oral supplements.

Where possible, patients' nutrition requirements should be provided by food source only. Oral supplements should not be incorporated into the patient care plan unless there are clear clinical indicators to do so (10).

Artificial Nutrition Support

Artificial nutrition support should be considered for patients who are unable to meet their hydration and nutritional requirements orally where it is clinically indicated to do so. In the adult population this may be considered for patients who have had nil nutritional intake for > 5 days. This time frame is variable in infants and paediatric patients depending on age and clinical condition. Infants and young children who are growing rapidly require nutrition support earlier than adults. Guidelines specific to the service and LHN should be followed.

For those patients for whom an end of life diagnosis is being considered or are receiving end-of-life care, the provision of such assistance will require discussion and agreement between the patient (where possible/appropriate), carers/family and the care team such that all are fully informed of the risks, benefits and choices. (11)

9.5 Provision of Care: Oral Medication

To ensure safety during oral medication administration, patients with dysphagia require an appropriate oral dosage form or modification of the dosage form. Modifications such as crushing are undesirable for enteric-coated or sustained-release tablets, and can lead to adverse events. The care team with input from the speech pathologist, doctor and pharmacist should develop an appropriate oral medication administration regimen and clearly communicate this to the care team including the care plan in the clinical record.

9.6 Discharge Planning and Transfer of Care

The discharge planning process should include, and be informed by, discussion with the care team and the patient and/or their carers regarding ongoing nutrition and hydration support requirements. A nutrition care plan will be developed for patients who require ongoing nutrition/hydration support on discharge. Nutritional support strategies provided during the episode of care and agreed ongoing care strategies will be reflected in the discharge summary. The discharge summary and nutrition care plan will be communicated to the GP, patient, carers and any organisations responsible for ongoing care. Any education required for the patient and their carers to enable the implementation of the nutrition care plan will occur prior to discharge wherever possible.

A nutrition care plan may include the following information:

- Nutrition status
- Age –specific requirements
- Special dietary and texture/fluid modification requirements
- Strategies and requirement for facilitating safe, nutritional intake
- Information relating to procurement /accessing specialised nutrition support products
- Information pertaining to accessing community support services e.g. meal delivery services, care packages which include assistance at meal times
- Arrangements for follow up through appropriate services
- Carer/family supports identified

The provision of ongoing supply or access to an interim supply of specialised nutritional support (supplements etc.) may be provided until an alternative ongoing source has been established. This may vary across LHNs.

Arrangements for follow-up will be made in consultation with the patient/ their carers and where appropriate the organisation who has assumed provision of care.

9.7 Documentation

A consistent documentation framework, particularly for documentation of assessment, should be established amongst the various health care providers to facilitate communication between the care team (9).

Clinical records and documentation communicating food and fluid requirements and progress throughout the episode of care should be clear and maintained according to relevant procedures. Where members of the multi-disciplinary care team may not have direct access to the patient clinical record (for example hotel and food services), systems should be established to ensure required information relating to the care plan and nutrition and hydration requirements are communicated to all relevant team members.

9. Appendices & Related Documents

SA Health Nutrition and Hydration Clinical Directive

SA Health Menu and Nutritional Standards for Public Hospitals in South Australia

10. References

11.1 Associated Policy Directives / Policy Guidelines

Clinical Handover Policy Directive

Clinical Handover Guideline

Incident Management Policy Directive

Incident Management Policy Guideline

Consumer Feedback Management Policy

Consumer Feedback Management Policy Guideline

Advance Care Directives Policy Directive

Guide for Engaging with Patients and the Community Policy Guideline

Consent to Medical Treatment and Palliative Care Act 1995

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11. Document Ownership & History

Document developed by: Allied & Scientific Health Office, Office for Professional Leadership, SA Health
In conjunction with;
Nutrition & Dietetic Advisory Group, SA Health
File / Objective No.: 2014-12732 | A1177217
Next review due: 01/12/2023
Policy history: Is this a new policy (V1)? **Yes**
Does this policy amend or update and existing policy? **No**
Does this policy replace another policy with a different title? **No**

ISBN No.: 978-1-76083-093-9

Approval Date	Version	Who approved New/Revised Version	Reason for Change
12/02/19	V1.0	SA Health Safety & Quality Strategic Governance Committee	Original approved version.