

# Nutrition and Hydration Clinical Directive

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# Nutrition and Hydration Clinical Directive

## 1. Policy Statement

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The objective of this clinical directive is 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 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 planning, delivery and monitoring and evaluation of nutrition and hydration for patients;
- Establish a consistent approach to the identification, management and support of patients' nutrition and hydration requirements from initial entry to transfer of care; and
- Ensure that quality improvement processes are in place to improve the effectiveness and appropriateness of food and nutrition systems; and
- Maximise the health status of patients (including breastfed infants) through provision of nutrition and hydration supports aligned to their growth, function and requirements (1).

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

## 2. Roles and Responsibility

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**SA Health Chief Executive** is responsible for:

- Ensuring the delivery and management of Nutrition and Hydration of patients and residents of SA Health facilities is in accordance with this Directive.

**SA Health Portfolio Executive** is responsible for:

- Establishing, maintaining and periodically reviewing the currency and effectiveness of this Directive.
- Considering recommendations from LHNs and relevant profession Advisory Groups for amendments to this Directive as requested.

**Local Health Network Chief Executive Officers** are responsible for:

- Ensuring sufficient resources are allocated to enable the implementation and effective application of the Nutrition and Hydration Directive 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 and hydration 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 facilities.
- Developing, implementing and monitoring local systems and procedures, including staff training and establishing mechanisms to ensure representative engagement from patients and carers.

**SA Health Employees** are responsible for:

- Adhering to the aims of this Directive.
- Ensuring any incident relating to the incorrect delivery of a diet or fluid and any clinical incident relating to such is reported in accordance with the *SA Health Incident Management Policy Directive and Guideline*.
- 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 having knowledge of key aspects of nutrition care relevant to their position and role.
- 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 Directive.

### 3. Policy Requirements

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#### 3.1 Governance

With the implementation of this Directive, all SA Health facilities providing patient care will ensure governance practices in relation to the provision of nutrition and hydration to patients align with the *National Safety and Quality Health Service Standards* (NSQHS Standards, version 2).

Governance structures and systems will include management, clinical, corporate, hotel and food services and consumer representation and engagement.

#### 3.2 Patient and Carer Engagement

Patients and carers will be actively involved in the development of intervention plans, nutrition care plans and discharge plan aligning with the *NSQHS Standards* and consumer-centred care principles.

Patient and/or carer participation will be actively sought in relation to continuous quality improvement activities.

#### 3.3 Provision of Care

Identification of patient needs and level of function should occur on entry to the service. The development of a multi-disciplinary care plan will be completed in a timely manner and updated throughout the episode of care to facilitate a coordinated and comprehensive care pathway. Care will align with relevant national standards, in particular the *NSQHS Standard 5: Comprehensive Care*. Key areas of nutritional care include:

- multi-disciplinary nutrition and swallowing screening, assessment and care planning, taking into account the ethnicity, religion, beliefs, cultural, physical, sensory and developmental needs of patients;
- oral care;
- monitoring and recording of nutrition and hydration intake/consumption;

- provision of systems that support the safe, timely and appropriate delivery of nutrition and hydration requirements specifically for:
  - breastfeeding in line with the *Baby Friendly Health Initiative* (BFHI) (2)
  - infant formula preparation (3) (4)
  - fasting and nil by mouth;
- hydration
  - A patient's daily fluid requirement will be determined through clinical assessment. All patients should be able to access their required amount of fluids each day unless contraindicated due to swallowing difficulties, medical issues (including fluid restrictions) or advanced care plans (5).
- nutrition support;
  - therapeutic diets
  - oral supplements
  - enteral and parenteral nutrition;
- dysphagia management
- food service systems, whether internally sourced or provided by external contractors should incorporate the following key elements into their systems and processes;
  - Comply with food legislation and food safety programs, inclusive of the food safety standard 3.2.1 and 3.3.1 (3).
  - 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 (5).
  - 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
- mealtime environment & assistance including the consideration of dedicated/ protected meal times;
- End-of-Life care.

### **3.4 Discharge Planning and Transfer of Care**

The care team, patient and carers will be engaged in the discharge planning process to ensure the care plan is reflective of nutrition and hydration requirements and the required education and information is communicated to the ongoing care providers.

Information regarding transfer of care will be communicated in written form to the ongoing care providers and patients and carers.

### **3.5 Documentation**

A consistent documentation framework across the LHN will be established amongst the various health care providers to facilitate communication between the care team (6).

Clinical records and documentation throughout the episode of care should be clear, and maintained according to relevant procedures.

### 3.6 Education and Training









Training and educational opportunities should be made available to staff, volunteers, students, contractors, patients and carers, which will include but is not limited to the following:

- the benefits of nutritional care for recovery;
- malnutrition and 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 (7);
- nutritional support strategies as a key element to patient care;
- staff roles and responsibilities in nutritional care; and
- self-management of diet.

## 4. Implementation and Monitoring

Staff are required to report the identification of malnutrition or critical patient incidents relating to the provision of food and/or fluid via the Safety Learning System (SLS) reporting tool.

## 5. National Safety and Quality Health Service Standards

 <a href="#">National Standard 1</a> <a href="#">Clinical Governance</a>	 <a href="#">National Standard 2</a> <a href="#">Partnering with Consumers</a>	 <a href="#">National Standard 3</a> <a href="#">Preventing &amp; Controlling Healthcare-Associated Infection</a>	 <a href="#">National Standard 4</a> <a href="#">Medication Safety</a>	 <a href="#">National Standard 5</a> <a href="#">Comprehensive Care</a>	 <a href="#">National Standard 6</a> <a href="#">Communicating for Safety</a>	 <a href="#">National Standard 7</a> <a href="#">Blood Management</a>	 <a href="#">National Standard 8</a> <a href="#">Recognising &amp; Responding to Acute Deterioration</a>
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## 6. Definitions

In the context of this document:

**care plan** means “the documentation of items agreed to in the care planning process” (8).

**carers** means “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 including parents and guardians caring for children” (9).

**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” (10).

**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 history, medical diagnosis and treatment plan, nutrition and medication histories, nutrition related physical examination including anthropometry, nutritional biochemistry, psychological, social and environmental aspects” (8).

**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” (8).

**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” (8).

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

**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 (11).

**swallow assessment** means a comprehensive evaluation of the swallowing mechanism which 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) (12).

**swallow screen** means a procedure which 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 or medical services” (13).

## 7. Associated Directives / Guidelines & Resources

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### Associated Guidelines & Resources

SA Health Nutrition and Hydration Clinical Guideline

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

### References

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## 8. Document Ownership & History

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