



Nutritional Care Procedure

Procedure Number

CHC-PG-0063

Version Nos:

5

1. Purpose

This Procedure is performed to ensure the provision of appropriate nutritional care to all West Coast District Health Board (WCDHB) patients/consumers/residents, which is to include the identification of those at nutritional risk and the provision of appropriate nutritional care.

2. Application/Responsibilities

This Procedure is to be followed by all WCDHB clinical staff members.

3. Definitions

There are no definitions associated with this Procedure.

4. Responsibilities

All WCDHB Staff Members are required to ensure they abide by the requirements of this Procedure.

WCDHB Dietitians are required to:

- Provide treatment, education, and support to people who require nutrition information and advice relating to medical and surgical treatments and management of chronic diseases (such as diabetes and high blood pressure);
- Apply scientific knowledge about food and nutrition to individuals and groups to promote optimal health outcomes;
- Provide nutritional assessment, nutritional care plans and evaluation of nutritional intervention of patients/consumers/residents through a referral system;
- Provide nutritional advice to WCDHB staff members, including in-service education;
- Formulate menus for patients/consumers/residents that meet their needs, including the needs of consumers who are assessed as requiring special or modified diets;
- Ensure personal food preferences of patients/consumers/residents are met (where appropriate);
- Meet all legislative and regulatory requirements with regard to nutrition services;
- Be registered to practice under the Health Practitioners Competence Assurance (HPCA) Act 2003 and abide by a code of ethics.

5. Resources Required

This Procedure requires:

- i) Patient/Consumer/Resident Clinical Record
- ii) WCDHB Referral Forms for the Dietitian

6. Process

1.00 Introduction

1.01 The 1.5FTE dietitians at WCDHB see people in hospital and at outpatient clinics in a variety of locations (Westport, Reefton, Greymouth, Hokitika).



- 1.02 Nutrition services accept referrals from health professionals. We do not accept self referrals. Appropriate referrals include those with the following conditions:
- Weight loss of 5-10% with a BMI < 20
 - BMI < 18.5
 - Unintentional weight loss of >10% at any BMI
 - BMI >30 (obese)
 - BMI >25 with other co morbidities eg high cholesterol, raised blood glucose levels, diabetes, high blood pressure etc
 - Allergies or intolerances
 - Any condition requiring a modified diet eg low potassium diet due to renal failure, dietary modification due to diverticular disease
 - High cholesterol
 - Modified texture diets due to swallowing difficulties
 - Type 1, Type 2 and Gestational Diabetes
 - Failure to thrive for paediatric patients
 - Post surgical procedures eg colostomy, ileostomy, bowel resection etc requiring a special diet
 - Oncology patients who are risk of malnutrition due to their treatment plan or treatment causing taste changes, poor appetite, difficulty swallowing etc
 - Patients who are enterally fed
- 1.03 WCDHB is committed to providing a comprehensive nutritional service in a timely, effective and efficient manner. This is to include individual, ethic and religious food preferences.
- 1.04 The WCDHB is committed to the promoting of healthy eating habits and the maintenance of health weight for its patients/consumers/residents, through the use of clinical expertise and methods which include current best practice.
- 2.00 Patient Care**
- 2.01 Each patient/consumer/resident admitted to a WCDHB Facility is to have their dietary needs and weight assessed as part of the admissions process. This assessment is to include information about the patients/consumers/residents dietary preferences and needs. This information may come from a variety of sources (patient/resident, relatives, referrals, staff observation) and be recorded in the patients clinical record. There is no nutrition screening tool in use at the WCDHB therefore staff admitting the patient need to assess whether a Dietitian referral is required by referring to the list of referral criteria above.
- 2.02 For patients in Grey Base Hospital Hannan Ward, their weight is to be checked weekly. Where deviation from the norm is identified this is to be documented, and the Dietitian is to be notified if a patient meets the weight loss criteria for referral above. Plans for monitoring, investigation and correcting are to be documented in the patients/consumers/residents clinical record, and followed accordingly by staff members.



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- 2.03 For WCDHB Rest-Home Residents, weight is to be measured and recorded monthly, or more frequently when their weight status alters. Where deviation from the norm is identified this is to be documented, and the General Practitioner/Dietitian is to be notified. Plans for monitoring, investigation and correcting are to be documented in the patients/consumers/residents clinical record, and followed accordingly by staff members.
- 2.04 Where a patient/consumer/resident has special dietary needs identified, planning for their dietary requirements is to be done in consultation with:
- i) Dietitian; and
 - ii) Other members of the MDT.
- 2.05 Types of food to be provided and the method of delivery is to be clearly documented in the patient/consumer/resident's clinical record (by nursing staff in consultation with Dietitian) and ordered via Trendcare
- 2.06 If a patient requires a modified texture, the Speech Language Therapist is the appropriate person to refer onto, who will then advise on the appropriate level of diet and fluid that is safe for the patient to consume or if they need to be NBM due to an unsafe swallow
- 2.07 When enteral or parenteral nutrition is required, the process is to comply with relevant WCDHB Procedures
- 2.08 The type, quality, quantity and variety of foods offered are to be acceptable to patients/consumers/residents, meet their identified nutritional needs and are to be in accordance with the current New Zealand Food and Nutrition Guidelines.
- 2.09 Menus are to be planned and meals provided which meet the identified needs of patients/consumers/residents. Attention is to be paid to
- i. Patient/consumer/resident preferences where appropriate
 - ii. Attractive presentation of food
 - iii. Appropriate portion sizes
 - iv. Allowance in menus for a variety of food and food textures
 - v. Cultural preferences
 - vi. Requirements of special client/patient populations (e.g. children)
 - vii. Menu cycles, taking into account the length of patient/consumer/resident stay as well as food availability
- 2.10 Kitchen staff are to be notified of any patient/consumer/resident requiring special diets by nursing staff or Dietitian through Trendcare or Buckeye
- 2.11 All staff members working with a patient/consumer/resident are to be aware of their dietary needs and comply with the relevant nutritional plan for that patient/consumer/resident
- 2.12 Meal times should be relaxed and as much as possible in line with normal meal times of people living at home.
- 2.13 Patients/consumers/residents who can feed themselves are to be allowed to eat at their own pace.



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- 2.14 Patients/consumers/residents who are being fed by staff members must not be hurried, but be allowed to eat at their own pace.
- 2.15 Provision of modified eating utensils to assist Patients/consumers/residents with disabilities is to be arranged by nursing staff in consultation with Dietitian and Occupational Therapist.
- 2.16 All meals are to be presented in an attractive manner and menu items are not to be mixed together if a texture modified diet is required.
- 2.17 The temperature of the food will be checked by nursing staff and maintained at an acceptable temperature e.g. microwaved for those taking a long time.
- 2.18 When giving pureed food, staff members must be aware that the volume (e.g. a full plate) is actually more food than a full plate of normal diet and adjust accordingly.

7. Precautions And Considerations

- ➔ Each Inpatient/consumer/resident is to have their dietary needs and weight assessed and recorded on admission and a referral made to the Dietitian if they meet the referral criteria
- ➔ Types of food to be provided and the method of delivery is to be clearly documented in the patient/consumer/resident's clinical record
- ➔ The type, quality, quantity and variety of foods offered are to be acceptable to patients/consumers/residents, meet their identified nutritional needs and are to be in accordance with the current New Zealand food and nutrition guidelines.

8. References

New Zealand Food and Nutrition Guidelines for Healthy Adults – MOH – October 2003.

9. Related Documents

WCDHB Clinical Documentation Procedure

Revision History	Version:	5
	Developed By:	Quality Improvement Co-Ordinator/ Dietician
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