

Nutrition support in adults

The paragraphs in the draft are numbered for the purposes of consultation. The final version will not contain numbered lines.

Understanding NICE guidance – information for people who are malnourished or are at risk of malnourishment, their families and carers, and the public

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1 **About this information**

2 This information describes the guidance that the National Institute for Health and
3 Clinical Excellence (called NICE for short) has issued to the NHS on nutrition
4 support in adults. It is based on 'Nutrition support in adults: oral supplements,
5 enteral and parenteral feeding' (NICE Clinical Guideline No. [XX]), which is a
6 clinical guideline produced by NICE for doctors, nurses and others working in the
7 NHS in England and Wales. Although this information has been written mainly for
8 people who are malnourished and those at risk of malnourishment, it may also be
9 useful for family members, carers and anyone interested in nutrition or in
10 healthcare in general.

11 ***Clinical guidelines***

12 Clinical guidelines are recommendations for good practice. The
13 recommendations in NICE guidelines are prepared by groups of healthcare
14 professionals, people representing the views of those who have or care for
15 someone with the condition, and scientists. The groups look at the evidence
16 available on the best way of treating or managing the condition and make
17 recommendations based on this evidence.

18 ***What the recommendations cover***

19 NICE clinical guidelines can look at different areas of diagnosis, treatment, care,
20 self-help or a combination of these. The areas that a guideline covers depend on
21 the topic. They are laid out in a document called the scope at the start of
22 guideline development.

23 This booklet tells you about the NICE guideline on nutrition support. It doesn't
24 attempt to explain malnutrition or its treatments in detail. For suggestions of
25 starting points to find out more, see page [XX].

26 If you have questions about the specific treatments and options covered, you can
27 talk to your doctor or nurse, or another healthcare professional, depending on
28 what it is you want to know.

1 ***How guidelines are used in the NHS***

2 In general, healthcare professionals in the NHS are expected to follow NICE's
3 clinical guidelines. But there will be times when the recommendations won't be
4 suitable for someone because of his or her specific medical condition, general
5 health, wishes or a combination of these. If you think that the treatment or care
6 you receive does not match the treatment or care described in the pages that
7 follow, you should talk to your doctor, nurse or other health professional involved
8 in your treatment.

9 You have the right to be fully informed and to share in making decisions about
10 your healthcare, and the care you receive should take account of your individual
11 needs.

1 **Nutrition**

2 Good nutrition is important for everyone. The nutrition of people who are ill needs
3 special attention because their condition can deteriorate or fail to get better
4 without it.

5 Malnutrition occurs when the body doesn't have enough energy, protein and
6 other nutrients to function properly. Malnutrition itself can make people ill, but it
7 can also occur as a result of being ill.

8 The guideline is about managing the nutritional needs of people who are
9 malnourished. It will help healthcare professionals identify people who need help
10 managing their diet and gives advice on how to ensure that the nutritional needs
11 of malnourished people are met.

12 The guideline makes recommendations about supplementing the diet with
13 fortified foods and vitamins, as well as complete liquid foods that provide all the
14 energy, protein, vitamin and other nutrients needed by the body. The guideline
15 also makes recommendations about the best way of getting these nutrients into
16 the body.

17 ***Terms used in this booklet***

18 In the guideline, NICE has defined malnourished as:

- 19 • people with a body mass index (BMI) less than 18.5 and who have
20 unintentionally lost more than 5% body weight over the past 3 to 6
21 months.

22 In the guideline, NICE has defined risk of malnourishment as:

- 23 • people who have eaten very little for more than 5 days and/or are
24 unlikely to eat very much for the next 5 days.

25 The following people may also be malnourished:

- 1 • people with a poor absorptive capacity, are catabolic and/or have high
2 nutrient losses and/or have a condition that increases their nutritional
3 needs – for example, hyper mobility.

4 **Identifying malnourished people**

5 ***If you are in hospital***

6 If you are admitted to hospital you should be examined to check for signs of
7 malnourishment at the beginning of your stay. You should be re-examined every
8 week to ensure your nutritional needs are being met.

9 If you are attending an outpatient appointment in a hospital you should be
10 examined to check for signs of malnourishment at your first appointment. You
11 should be re-examined if your healthcare professional is concerned that your
12 nutritional needs may not be being met.

13 ***If you are in the community***

14 If you live in a care home you should be examined to check for signs of
15 malnourishment whenever there is reason for your healthcare professional to be
16 concerned.

17 If you have just joined a new GP surgery you should be examined to check for
18 signs of malnourishment at your first appointment. You may be re-examined if
19 your healthcare professional is concerned about your diet or general health.

20 ***What will the examination involve?***

21 To check for signs that your body is not getting the nutrition it needs, your
22 healthcare professional will weigh you. Your weight and your height are used to
23 calculate your body mass index. This is a scientific measure that can be used to
24 indicate if a person is underweight or overweight. A body mass index of XX is
25 considered healthy, under xx is malnourished, and over xx is overweight.

1 Your healthcare professional will also calculate how much weight you have lost
2 over a fixed period of time. For example, if you have lost more than 10% of your
3 body weight over a short time, without dieting, you may be malnourished.

4 **Meeting your nutritional needs**

5 If you are malnourished or at risk of becoming malnourished your healthcare
6 professional should work with you to ensure your nutritional needs are being met.
7 One way to do this is to improve your current intake of food by adding specific
8 foods, liquids or supplements, such as vitamins, to your diet. If you are very ill or
9 unable to swallow you may need liquid feeds containing all of the nutrients
10 needed by the body, which are given to you via a tube into your stomach or
11 directly into your blood via a drip. Your healthcare professional will work with you
12 to find the best method for you. For your diet to meet the nutritional needs of your
13 body it is important that it contains the right amounts of:

- 14 • energy
- 15 • protein
- 16 • water
- 17 • minerals
- 18 • vitamins
- 19 • micronutrients.

20 How much energy, protein and water are needed is given in the NICE guideline.

21 If you are very malnourished, any changes in your diet will need to be gradually
22 introduced. The diet given to you should take into account your risk of developing
23 problems. The NICE guideline gives details on how to ensure your diet is
24 managed appropriately.

25 **Monitoring**

26 Your diet should be reviewed at least twice a week and you should be monitored
27 to check that your nutritional needs are being met and your diet is safe and not
28 causing any problems. Your diet may need to be altered or adjusted to suit your

1 needs. If you need long term help with your diet your needs should be reviewed
2 every 3–6 months until you are better.

3 **Managing your nutritional needs**

4 There are three ways in which nutrients can be given:

- 5 • via the mouth (oral)
- 6 • via a tube into the stomach or small intestine (enteral)
- 7 • via an injection/needle/drip into the blood (parenteral).

8 If you can swallow safely your diet should be managed orally.

9 If it is not possible to manage your nutritional needs orally and you have a
10 working gut your diet should be managed enterally.

11 If your nutritional needs cannot be managed orally or enterally – perhaps
12 because your gut isn't working properly – your diet should be managed
13 parenterally.

14 ***Managing your nutritional needs orally***

15 Your healthcare professional should work with you to improve your current diet.
16 He or she should consider every aspect of your diet when deciding how to
17 improve your nutrition. This will ensure your diet contains a balance of energy,
18 protein, vitamins and minerals. You might be offered a course of vitamin and
19 mineral tablets or other foods with added nutrients in them.

20 **If you are in hospital**

21 If you are malnourished and about to undergo an operation, your nutritional
22 needs should be managed orally, before and after the operation.

23 There may be reasons why you can't be fed orally – for example, if you have
24 problems swallowing. If this is the case, your nutritional needs may be managed
25 in other ways (see pages X–X).

1 ***If you have problems swallowing***

2 If you have problems swallowing (this is called dysphagia) you should be referred
3 to healthcare professionals with specialist training in the diagnosis, assessment
4 and management of swallowing disorders.

5 Your healthcare professional should consider the risks and/or benefits to you of
6 the different ways of managing your diet. He or she should review your current
7 drug treatment to assess whether it is the most suitable one for you and to
8 ensure that it won't interfere with your feeding regimen.

9 If your diet is changed to meet your nutritional needs your healthcare
10 professional should regularly monitor and reassess you until your nutrition is
11 improved.

12 There are some things that mean you may be at risk of having problems with
13 swallowing – for example, if you have a neurological condition or if you have had
14 an operation or radiotherapy on your throat. Your healthcare professional will be
15 aware of what to look for when you are being assessed.

16 ***Managing your nutritional needs enterally***

17 If you:

- 18 • are malnourished or at risk of malnourishment, and
19 • your nutritional needs cannot be met orally, and
20 • you have a functional working gut

21 your diet should be managed enterally. If the upper part of your gut isn't working
22 properly, liquid food given a tube into your small intestine should be considered.

23 This liquid food can be given continuously or in fixed doses. Your healthcare
24 professional should work with you to decide the most suitable option for you.

25 If you need enteral feeding for longer than 4 weeks you may need an operation to
26 make a permanent opening into the stomach to make enteral feeding easier.

1 **If you are having an operation**

2 If you are malnourished and are due to have a major abdominal (stomach, gut)
3 operation your healthcare professional should consider enteral feeding for you.

4 If you:

- 5 • are malnourished or at risk of malnourishment, and
- 6 • have had an operation, and
- 7 • are expected to be on your normal oral diet within 5 days

8 you should not be offered enteral tube feeding within 48 hours of your operation.

9 **If you have problems swallowing**

10 People who are acutely ill and are unable to swallow safely or get enough
11 nutrients orally should be fed via a tube into their nose for 2–4 weeks. This is
12 called nasogastric feeding. The healthcare professional should assess the
13 prognosis and what the best feeding options would be for the future.

14 **If you are in intensive care**

15 People in intensive care should be fed via a tube through their nose continuously
16 over a period of 16–24 hours per day.

17 **If you are in the community**

18 All patients on enteral tube feeding in the community should be supported by a
19 range of healthcare professionals with skills suited to their needs – for example,
20 dietitians, district nurses and speech therapists. Good communication between
21 patients, carers and GPs regarding diagnoses, arrangements and potential
22 problems is essential.

23 These patients and/or their carers should receive an individualised care plan that
24 includes a monitoring plan. Patients and/or their carers should also receive
25 training and information from healthcare professionals on:

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- 1 • the management of their enteral feeding equipment and their enteral
2 feeding regime. It should include anything they need to know on
3 procedures related to setting up feeds and using feed pumps, and the
4 likely risks and methods for troubleshooting common problems. They
5 should also be provided with an instruction manual (and visual aids where
6 appropriate)
- 7 • routine and emergency telephone numbers to contact a healthcare
8 professional who understands the needs and potential problems of
9 patients who are having enteral feeding at home
- 10 • the arrangements for the delivery of equipment, feed and other
11 supplementary items, with appropriate contact details for any homecare
12 company involved.

13 ***Managing your nutritional needs parenterally***

14 If you are malnourished or are at risk of becoming malnourished, you cannot be
15 fed orally and your gut doesn't work properly, parenteral feeding should be
16 considered. This means that a complete liquid diet will be given to you via a
17 catheter into your blood. Your healthcare professional will decide what goes into
18 this liquid diet. Vitamins and other nutrients may need to be added to ensure your
19 nutritional needs are met.

20 Parenteral feeding needs to be closely monitored by your healthcare professional
21 and should be withdrawn when you are able to be fed orally or enterally. This
22 withdrawal should be planned and done in stages, with a daily review of your
23 progress. Your catheter should be checked regularly and care should be taken to
24 prevent infection.

25 Parenteral feeding can be given continuously or in cycles. Severely ill people
26 should be given continuous feeding.

1 **If you are having an operation**

2 You may be offered parenteral feeding before and/or after an operation only if
3 you are severely malnourished.

4 **If you are in the community**

5 All patients having parenteral nutrition in the community should be supported by
6 a range of healthcare professionals with skills suited to their needs – for example,
7 specialist nutrition nurses, dietitians and district and/or homecare company
8 nurses. Good communication between patients, carers and GPs regarding
9 diagnoses, arrangements and potential problems is essential.

10 Patients who are discharged into the community on parenteral nutrition and/or
11 their carers should receive an individualised care plan which includes a
12 monitoring plan. Patients and/or their carers should also receive training and
13 information from healthcare professionals with the relevant competencies in
14 nutrition support (specialist nutrition nurses, pharmacists and dietitians) on:

- 15 • the management of their parenteral nutrition equipment and their
16 feeding regime. It should include anything they need to know on
17 procedures related to setting up feeds and using feed pumps, and the
18 likely risks and methods for troubleshooting common problems. They
19 should also be provided with an instruction manual (and visual aids
20 where appropriate)
- 21 • routine and emergency telephone numbers to contact a healthcare
22 professional with the relevant competencies (for example, nutrition
23 nurse, pharmacist)
- 24 • the arrangements for the delivery of equipment, feed and other
25 supplementary items with appropriate contact details for any homecare
26 company involved.

27 Healthcare professionals should ensure that patients and/or carers of patients
28 having enteral tube feeding or parenteral nutrition in the community:

- 1 • are kept fully informed and have access to appropriate sources of
- 2 information in formats, languages and ways that are suited to an
- 3 individual's requirements. They should take the patient's cognition,
- 4 gender, physical needs, culture and stage of life into account
- 5 • have the opportunity to discuss their diagnosis, treatment options and
- 6 relevant physical, psychological and social issues
- 7 • are given contact details for appropriate support groups, charities and
- 8 voluntary organisations.

9 **Information needs**

10 People who are able to have nutrition support at home should, before they are
11 discharged:

- 12 • be given an instruction manual (and visual aids where appropriate)
- 13 outlining procedures
- 14 • be given contact and emergency telephone numbers
- 15 • be aware of when and how follow-up will take place.

16 **Where you can find more information**

17 If you need further information about any aspects of nutrition support or the care
18 that you are receiving, ask your doctor, nurse or other member of your healthcare
19 team. You can talk to them about the NICE guideline on nutrition support, or
20 information in this booklet.

21 ***If you want to read the other versions of this guideline***

22 **[Note: the information in this paragraph and the next one will apply when**
23 **the guideline is published]** There are four versions of this guideline:

- 24 • this one
- 25 • the full guideline, which contains all the recommendations on
- 26 nutrition support, details of how they were developed, and
- 27 summaries of the evidence on which they were based

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- 1 • a version called the NICE guideline, which lists all the
- 2 recommendations on nutrition support
- 3 • the quick reference guide, which is a summary of the NICE
- 4 guideline for healthcare professionals.

5 All versions of the guideline are available from the NICE website
6 (www.nice.org.uk/CGXXX). Printed copies of this booklet and the quick reference
7 guide are also available. Phone the NHS Response Line on 0870 1555 455 and
8 quote N0XXX (quick reference guide), N0XXX (information for the public).

9 ***If you want more information about nutrition support***

10 NHS Direct may be a good starting point for finding out more about nutrition
11 support. You can call NHS Direct on 0845 46 47 or visit the website
12 (www.nhsdirect.nhs.uk).

13 ***If you want to know more about NICE***

14 There is more about NICE and the way that the NICE guidelines are developed
15 on the NICE website (www.nice.org.uk). You can download the booklet 'The
16 guideline development process – an overview for stakeholders, the public and
17 the NHS' from the website, or you can order a copy by phoning the NHS
18 Response Line on 0870 1555 455 (quote reference number N0472).