

Nutrition Care Plan

Name:	
Problem:	
Aim:	
Action	Sign & Date
a) Record results of screening in 'MUST' assessment record.	
b) Identify and treat any underlying causes. E.g. medical issues, side effects of medications, oral health or swallowing problems, social issues, mental health issues which may affect nutritional intake.	
c) Inform GP of nutritional risk and consider referral to community based services or specialist team if support from these services will address underlying cause for weight loss.	
d) Discuss food and drink likes and dislikes with patient/relatives	
e) Maintain accurate food and fluid charts for 3 days and review.	
f) Liaise with Catering Team to:	
<ul style="list-style-type: none"> • Commence food fortification - see food first advice 	
<ul style="list-style-type: none"> • Offer 2 nourishing snacks in-between meals 	
<ul style="list-style-type: none"> • Offer 2 - 3 Build-up, Complan or homemade high calorie/high protein drinks daily in-between meals 	
<ul style="list-style-type: none"> • Order special diet if appropriate (e.g. diabetic, gluten, modified texture) 	
g) Refer to Dietitian (if appropriate, see local policy).	
h) Encourage and assist with eating and drinking where required	
i) Provide appropriate utensils/equipment is provided	
j) Ensure meals, drinks and feeding aids are within easy reach	
k) Ensure mealtimes are uninterrupted and sufficient time is provided	
l) Repeat screening with 'MUST': <input type="checkbox"/> Monthly for Medium Risk (Score 1) <input type="checkbox"/> Weekly for High Risk (Score 2+)	
m) Review care plan: <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> other Record progress overleaf. If risk changes, change the care plan.	

Additional information if useful

vegetarian requires special diet (please specify)

supplements

Food Preferences

Likes

✓

✓

✓

✓

✓

✓

Dislikes

✗

✗

✗

✗

✗

✗