

Dietetic Referral Form

For In-Patients in Community Hospitals and Mental Health Wards

Somerset Community Dietitians
 c/o Mallard Court
 Express Park
 Bristol Road
 Bridgwater
 Somerset
 TA6 4RN

Please e-mail this referral form to: DieteticsReferrals@SomersetFT.nhs.uk

All fields must be completed or referral will be returned.

Please ensure the **MUST Patient Care Pathway** has been followed before referring. A copy of the pathway is at the end of this referral form.

Tel: 01278 447407

Part A: Details about the patient and why you are referring

Community Hospital		Ward	
Date referral e-mailed		Date referral received	(Office use)
Patient Name			
Date of Birth		NHS No.	
Diagnosis / other relevant information			
Reason for Dietetic referral			

Part B: Details about the patient's measurements and MUST score

Weight (Kg)		Kg	Date recorded	
Body Mass Index (BMI) Calculate using a BMI chart or the following calculation	$\frac{\text{Weight Kg}}{\text{Height m}^2}$			Kg/m ²
MUST score overall risk of malnutrition A score of 2 or more indicates the patient is at high risk of malnutrition Please note: We accept referrals with a MUST score of 2 or more AND when the MUST Patient Care Pathway (overleaf) has been followed for one week with no improvement. We accept all enterally fed (tube fed) referrals regardless of MUST score.				

Part C: Details about what actions have been taken so far to support this patient

		Yes	No
Has the Rio Malnutrition Care Plan been completed? (Care plan must be completed for this referral to be accepted)		<input type="checkbox"/>	<input type="checkbox"/>
Has the MUST Patient Care Pathway action plan (overleaf) been followed? (Please tick)		<input type="checkbox"/>	<input type="checkbox"/>
Please detail the actions staff have taken to support this patient e.g. food charts, fortified diet, nourishing drinks and snacks or supplements			
Referrer's Name		Occupation	
Referrer's Email		Date	

Please complete Part D overleaf if the patient has an enteral feeding tube e.g. NG or PEG.

Part D: Details of enteral feeding tube and regimen if applicable

Enteral Feeding Tube			
Tube Type (NG, PEG, RIG, jejunostomy, balloon gastrostomy)			Manufacturer (Fresenius, Merck, Vygon)
If balloon tube in situ – is a spare provided?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Size (9FG, 15FG)			Date inserted
Feeding Regimen			
Feed name and volume/24 hours			
Feeding regimen, e.g. overnight via pump at 100mls/h, starting at 22.00hrs			
Water flushes and additional hydration			
Patient History			
Relevant drug therapy			
Social circumstances			
Swallow status and oral diet			
Bowels			
Nausea / vomiting / reflux			
Gastrostomy site and tube			
Other relevant information, e.g. blood results, weight history			


Thank you for completing this form

MUST In-Patient Wards Care Pathway

MUST score 0 Low Risk

- Repeat MUST screening weekly
- **Food fortification** if necessary (e.g. appetite poor)
 - See Dietetics Intranet [Nutrition Support Tools](#) for food fortification information
 - If BMI >30 consider offering patient factsheet '[Healthy Eating for a Healthy Weight](#)'

MUST score 1 Medium Risk

- Keep a food record chart for at least 3 days
- Place 'at risk of malnutrition' magnet  on patient's bed board
- Encourage nutrient dense menu choices (ND)
- Offer and support with **food and drink fortification**
- Offer **2-3** nourishing drinks and **3** high energy snacks each day. See '**Fortified trolley round**' poster for ideas.
- If patient is eating less than ½ meals per day prescribe 2 milky supplement drinks between meals i.e.
 - **(1st line):** Complian milkshake
 - For renal patients and patients who require thickened fluids (dysphagia) please refer to the '[Advice on ONS for ward patients on thickened fluids and for patients with renal disease](#)'

See Dietetics Intranet [Nutrition Support Tools](#) to support the above recommendations

- Monitor and repeat MUST screening weekly

MUST score 2 or more High Risk

- Follow actions 2-6 in Medium Risk section*
- Start a food chart and continue for at least 7 days
- If no improvement after **1 week** of following the Medium Risk guidance then refer to the Dietitian ensuring:
 - Recent weight and MUST score is included
 - Referral form is complete and **emailed** to: DieteticsReferrals@SomersetFT.nhs.uk
- Monitor and repeat MUST screening weekly

For patient referred to the Dietitian. Upon receipt of dietetic E-referral form the Dietitian will assess and provide a treatment plan within 7 days of the referral date either by telephone or ward visit

*Consider if patient is at risk of refeeding. Refeeding guidelines are in the [Enteral Feeding](#) policy.

For **all** patients requiring Enteral Feeding (e.g. NG or PEG/RIG) - Please ensure a dietetic referral is **e-mailed** to DieteticsReferrals@SomersetFT.nhs.uk. Starter enteral feeding forms are located on the [intranet](#) and located in the enteral feeding policy.