

## Nutrition and Diet Patient Information

### PLANC - Patient Led Assessment of Nutritional Care

Dorothy House, like many palliative care providers, was required by its commissioning CCG to screen all patients for malnutrition. The MUST screening tool was introduced but hospice nurses felt its aims and method of screening were inappropriate for some palliative care patients, especially at the end of life; these views were confirmed in a staff questionnaire.

#### **A Practice Development Approach**

With financial and practical support from the Foundation of Nursing Studies, a multi-disciplinary group including patients, carers, kitchen staff and volunteers used a patient-centred Practice Development Approach to look holistically at nutritional care across the Hospice.

It was felt that all palliative care patients are potentially at risk of malnutrition and, therefore, assessment was more appropriate for them than screening. By listening to patients and carers, we found that few patients felt their nutritional needs had been thoroughly assessed during their illness journey. Carers described their anxiety about the patients' nutrition and felt that they needed advice and support.

#### **PLANC - The assessment tool**

We reviewed the available assessment tools in light of the expressed needs of our patients, carers and staff and felt that the Abridged Patient-Generated Subjective Global Assessment (PG-SGA) tool and its two algorithms (one for the early/mid palliative care stage and one for the late stage) was the best fit. It was adapted to meet the needs of patients and the Hospice team and we included an assessment of carers' needs (see link below for more info).

#### **The audit: MUST screening vs PLANC assessment**

20 patients admitted to the Inpatient Unit were randomly assigned to have their nutritional needs either screened by MUST or assessed by PLANC.

The Hospice dietician reviewed the subsequent care plans and found little difference for patients in the early/mid palliative care stages. However, PLANC enabled staff to better address carers' needs. Additionally, nurses were reluctant to use MUST for patients at the end of life whereas PLANC could still be used and the algorithm enabled staff to focus on appropriate patient-centred goals and the needs of carers.

For further information about PLANC and algorithm email:  
[jill.souter@dorothyhouse-hospice.org.uk](mailto:jill.souter@dorothyhouse-hospice.org.uk)

PGSGA tool found in the Macmillan Durham cachexia pack at: <http://learnzone.macmillan.org.uk>

MUST Malnutrition Universal Screening Tool available at:  
[www.bapen.org.uk/pdfs/must/must](http://www.bapen.org.uk/pdfs/must/must)

# Nutrition and Diet Patient Information

## PLANC - Patient Led Assessment of Nutritional Care



Name:  NHS Number:   
Date completed:  By whom:

### Weight

What is your approximate current: Weight  Height:   
During the past month my weight has: Decreased  Increased  Not changed

### OR if known

Approximate weight 1 month ago:   
Approximate weight 6 months ago:  % weight loss:

If unsure of weight and weight history or weight loss, note any signs of recent weight loss (e.g. loose clothes, dentures, jewellery):

.....  
.....  
.....

### Food Intake

Compared with my normal intake, I would rate my food intake during the past month as:  
Unchanged  More than usual  Less than usual

I am currently eating:

Normal food  Soft food  Only liquids  Only nutritional supplements/nourishing drinks   
Very little  Tube feeding: PEG  Tube feeding: RIG

### Special Dietary Needs:

Include information on allergies/intolerances/cultural or religious requirements

.....  
.....  
.....

Are swallowing problems present? Yes  No

If Yes, has a Speech and Language Therapy assessment been done? Yes  No

Have you been advised to follow a texture modified diet? – tick which

B: Thin Purée  C: Thin Purée  D: Pre-mashed  E: Fork Mashable   
Thin Fluids  Thickened Fluids

Name:  NHS Number:   
Date completed:  By whom:

### Symptoms

Do you have any of the following problems that have kept you from eating enough during the past few weeks (tick all that apply)

|   |                          |                     |                          |  |  |
|---|--------------------------|---------------------|--------------------------|--|--|
| No problem eating                       | <input type="checkbox"/> | Nausea              | <input type="checkbox"/> | Food tasting different/<br>having no taste | <input type="checkbox"/>                             |
| No appetite, do not<br>feel like eating | <input type="checkbox"/> | Diarrhoea           | <input type="checkbox"/> | Feeling full quickly                       | <input type="checkbox"/>                             |
| Constipation                            | <input type="checkbox"/> | Dry Mouth           | <input type="checkbox"/> | Breathlessness                             | <input type="checkbox"/>                             |
| Sore mouth                              | <input type="checkbox"/> | Sensitive to Smells | <input type="checkbox"/> | Pain                                       | <input type="checkbox"/> Where? <input type="text"/> |
| Vomiting                                | <input type="checkbox"/> | Other               | <input type="checkbox"/> |  | <input type="text"/>                                 |

Examples: fatigue, anxiety, depression, financial concerns, dental problems.

Do you have any concerns about nutrition and diet?

.....  
.....  
.....

### Assistance

Do you require assistance with

|                  |  |                           |                          |                           |
|------------------|--|---------------------------|--------------------------|---------------------------|
| Meal Preparation | <input type="checkbox"/>                                 | Positioning for eating    | <input type="checkbox"/> | Please tick any need for: |
| Shopping         | <input type="checkbox"/>                                 | Equipment                 | <input type="checkbox"/> |                           |
| Eating a meal    | <input type="checkbox"/>                                 | Plate Guard               | <input type="checkbox"/> |                           |
| Beaker           | <input type="checkbox"/> What type? <input type="text"/> | Utensils                  | <input type="checkbox"/> |                           |
| Other            | <input type="checkbox"/> <input type="text"/>            | Non-return<br>valve straw | <input type="checkbox"/> |                           |

### Carer Assessment

What concerns (if any) do you have about the patient's nutrition and diet?

How have these concerns about nutrition and diet affected you?

Are there any issues regarding nutrition and diet that you would like more information or advice about?

.....  
.....  
.....

### Care Plan

Please chose an appropriate Algorithm: 1  2



# Dietary Algorithm 1

Nutrition and Diet Patient Information

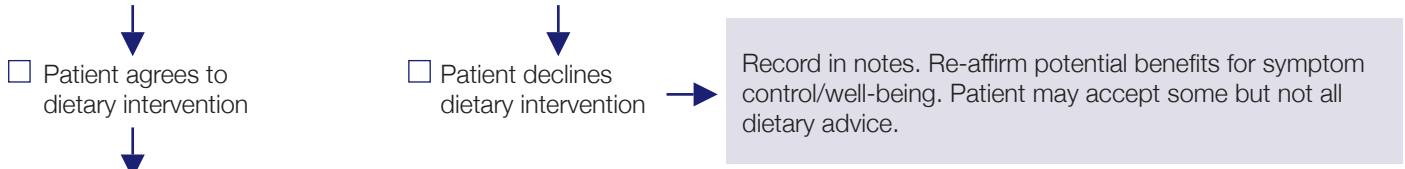


For use with patients in the early-mid stages of palliative care, not late stages. For those in late stages/last few weeks of life, refer to Dietary Algorithm 2.

Patient Name  DoB   
 Nurse  Signature  Date

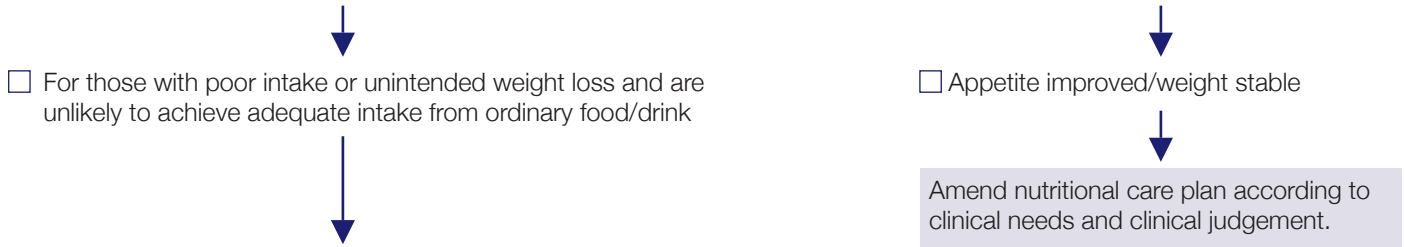
Investigate factors that may be contributing to loss of enjoyment in food and affecting food intake/food choice including:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Support needed for eating/drinking | <input type="checkbox"/> Appearance of food/drink | <input type="checkbox"/> Finances                 |
| <input type="checkbox"/> Ability to source and prepare food | <input type="checkbox"/> Confusion/forgetfulness  | <input type="checkbox"/> Posture                  |
|   | <input type="checkbox"/> Dentures/oral hygiene    | <input type="checkbox"/> Special diet (See PLANC) |
|   | <input type="checkbox"/> Environment              |   |
- Treat reversible symptoms identified by PLANC.  
 Consider medications / therapy that may affect intake, taste, absorption, side effects e.g. chemotherapy can cause lactose intolerance.



For inpatients, inform catering of specific dietary needs. Offer appropriate nutrition leaflets and/or give verbal advice:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Nourishing snacks/drinks                       | <input type="checkbox"/> Small appetite    | <input type="checkbox"/> Special diets   |
| <input type="checkbox"/> Eating little and often                        | <input type="checkbox"/> Nausea & vomiting | <input type="checkbox"/> Finger foods  |
| <input type="checkbox"/> Food fortification/Making every mouthful count | <input type="checkbox"/> Taste Changes     | <input type="checkbox"/> Texture modified diets e.g. pureed, soft mashable, gluten free. |
|   | <input type="checkbox"/> Bowel problems    |  |



Consider the use of nourishing drinks, supply samples from stock or advise patient to make or buy – be guided by patient choice.e.g. milk shakestyle, Compact, Juice style, ready to use or powdered.

Offer fact sheet on nutritional drinks <http://malnutritionpathway.co.uk/leaflets-patients-and-carers>

Supplement not tolerated/not available or patient anxious about nutrition and ongoing concerns →  Liaise with dietetics department

**At each stage:**

Implement care plan based on problems identified, nutritional risk and goals agreed with patient/carer.

Liaise with GP re: ongoing supplies of oral nutritional supplements on prescription. Refer to national guidance on starting and stopping ONS <http://malnutritionpathway.co.uk/ons-pathway>

If GP refuses to prescribe ONS liaise with dietitian.

**Review**

- Daily     Weekly     Monthly

Next review date:



# Dietary Algorithm 2

Nutrition and Diet Patient Information



For use with patients who are experiencing nutrition and dietary problems in the last weeks of life, rather than for patients who have difficulties swallowing

Patient Name  DoB   
 Nurse  Signature  Date

### Be clear of your goals:

Reassurance and support to patient and carers – loss of appetite and weight loss are to be expected in advanced disease and weight loss is not reversible.  
 Enjoyment of nourishing food and drinks should be the focus where possible (so long as this does not increase patient distress).  
 Dietary changes can help alleviate symptoms but need to be practical and acceptable.  
 Treat reversible symptoms as identified by PLANC.



### Practical considerations (Liaise with a dietitian at ANY stage if you have concerns)

- Support needed for eating/drinking
- Ability to source and prepare food
- Appearance of food/drink
- Confusion/forgetfulness
- Dentures/oral hygiene
- Environment
- Finances
- Posture
- Special dietary needs



Identify food and/or drinks that the patient enjoys and encourage their consumption   
 Inform catering of specific needs



Offer appropriate:  verbal advice  
 leaflets



### Consider the use of oral nutritional supplements, but they may only be of benefit to patients on psychological grounds

- Avoid making patient feel they have to take these.
- Avoid giving false hope e.g. that they will improve survival.
- Discuss with GP, dietitian or multidisciplinary team if you need further advice

If you decide to use nutritional supplements, consider 'over-the-counter' products – e.g. Build up®, Complan®Foods – before selecting prescription products



Implement nutritional care plan based on problems identified, nutritional risk and goals agreed with patient and carer.

**Review**  
 Daily     Weekly  
 Next review date:

**Seek advice from/refer to a dietitian if there are concerns/queries that you cannot answer.**

**Seek advice from the patient's clinical nurse specialist/specialist palliative care team for treatment of symptoms that you are not able to manage.**