Adult Nutrition & Dietetic Service
Referral Policy

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<th>Trust Policy and Guideline Committee</th>
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<td>21 December 2018 – Policy and Guideline Committee</td>
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### KEY WORDS

Referral, Dietitain, Nutrition Nurse, Dietetic Service, Nutrition Team
1 INTRODUCTION AND OVERVIEW

1.1 This Policy refers to the Nutrition and Dietetic Service provided to adult patients across the Trusts hospital sites – Leicester Royal Infirmary, Leicester General Hospital and Glenfield Hospital and off site locations where a service is provided eg Loughborough Dialysis Unit. It has been devised by the Nutrition and Dietetic Service to ensure appropriate, equitable and timely referral to the Nutrition and Dietetic Service.

1.2 The Nutrition and Dietetic Service assesses and advises individuals, relatives, carers, patient groups and the hospital population as a whole on therapeutic diets and artificial nutritional support packages of care in order to:

- Diagnose disease and conditions eg malnutrition, food allergy
- Treat diseases and conditions eg metabolic disease, diabetes and renal disease
- Alleviate symptoms eg liver disease, cystic fibrosis, gastrointestinal disease
- Reduce the risk of complications of disease eg coronary heart disease

1.3 The Nutrition and Dietetic Service is made up of staff who are Dietitians, Nutrition Nurses, Dietetic Assistant Practitioners and Dietetic Assistants supported by an administration team.

Dietitians use the most up to date scientific research on food, health and disease, which they translate into practical guidance to enable people to make appropriate food choices and use artificial nutritional support methods. They work with a wide range of patients in every age, ethnic and disability group, helping to diagnose, treat, manage and speed recovery from a complex and varied range of conditions from gastrointestinal, liver, hepatic, diabetes, renal, metabolic, respiratory, allergies and cancer. Their scope of interventions includes therapeutic diets, oral nutritional support and artificial nutritional support e.g. enteral and parenteral nutrition. 10.8% of the UKs disease burden is associated with unhealthy diet.

Registered nurses specialising in the field of adult nutritional support lead on assessment of patients for fitness for enteral tube placement procedures and management of complications with enteral feeding tubes e.g. blocked or misplaced tubes and take a lead role in the Trust training ward nurses to care for inpatients on enteral and parenteral feeding systems.

Dietitians and Nutrition Nurses work together with other health care professionals such as Pharmacists, Consultant Gastroenterologists, Consultant Biochemists, Consultant Surgeons, Vascular Access and Infection Prevention teams commencing and monitoring adult inpatients and home care patients on parenteral nutrition as part of a wider nutrition support team called the Leicestershire Intestinal Failure Team (LIFT).
See Flow Diagram below for summary of referral routes and indications.

Flow Chart 1: Referral of Adult Patients to the Dietetic and Nutrition Service

Therapeutic Diets

All patients requiring a therapeutic diet should be referred to a Dietitian

Oral Nutritional Support

All patients will be nutritionally screened on admission, and rescreened weekly using the Malnutrition Universal Screening Tool ‘MUST’. Those who score 4 or more should be referred to the ward Dietitian. Refer to the ‘Nutritional Screening and First Line Oral Nutritional Care Policy for Adults’ B26/2015

Oral Nutritional supplements

All patients requiring prescribable oral nutritional supplements and or modular nutrition products on eMEDS should be referred to a Dietitian.

Enteral Nutrition

All non cancer inpatients requiring an enteral tube feeding placement procedure eg stroke patient requiring PEG via Endoscopy or RIG via Imaging should be referred to a Nutrition Nurse for assessment of fitness for procedure

All cancer in and outpatients requiring an enteral tube feeding placement procedure eg Head and Neck Cancer patient requiring RIG via Imaging should be referred to the appropriate Specialist Cancer Dietitian to co-ordinate an MDT assessment of fitness for procedure.

All patients requiring a nutritional assessment, enteral feeding regimen – pump and or bolus, care plan eg water flushes and ongoing clinical monitoring of an enteral tube feed +/- oral nutritional supplements and oral diet should be referred to a Dietitian. Nb Dietitian will interface with Home Enteral Services in other Trusts and Home Care Companies for discharge of patients.

All patients requiring assessment and care plan for enteral tube feeding complications management eg blocked or leaking feeding tube refer to Nutrition Nurse.


2 POLICY SCOPE

2.1 The following staff groups can use this Referral Policy: Medical teams, Nurses and Midwives and other members of the ward team such as Housekeepers, Hostesses, Specialist Nurses, Pharmacists, Allied Health Professionals Physiotherapists, Occupational Therapists, Speech and Language Therapists, Health Care Scientists and Macmillan Patient Information Centre. Patients, relatives and carers and outside patient groups eg Macmillan Information Centre staff can also refer patients as long as patients have given consent.

2.2 Any member of the healthcare team looking after an individual patient can refer an adult patient to the Dietetic and Nutrition Service. No specific training is required.

2.3 Adult patients can be referred to the Dietetic and Dietetic Service from any of the following patient settings: inpatients, outpatients, pre-assessment clinics, day case patients and patients requiring structured group education. Patients who are part of clinical trials and research and development programmes can be referred with funding to support professional time.

2.4 Adult patients and their relatives/carers can self refer. We will seek confirmation of the referral with the Consultant and ensure we have sufficient medical details.

2.5 Adult patients are classified as being over 16 years of age or those over 19 years of age in special education.

2.6 We do not at this time offer a direct access service to General Practitioners. All patients referred to the Dietetic and Nutrition Dietetic Service must be under the care of a UHL Trust Consultant medical team and have a Nutrition and Dietetic Service funded as part of the overall care package.

2.7 This Policy does not cover Dietetic and Nutrition Service referrals for neonatal and paediatric patients.

2.8 This Policy does not cover Adult Dietetic Critical Care and Nutrition Support Team, Leicestershire Intestinal Failure Team (LIFT) referrals for patients on parenteral nutrition.

2.9 This Policy does not cover adult dysphagic patients requiring a modified consistency diet provision as this should be under the instruction of a speech and language therapist.

2.10 This Policy does not cover special dietary requirements for religious and cultural needs. Please refer to your ward Catering Folder and Catering Hostess for information.
DEFINITIONS AND ABBREVIATIONS

a. **Enteral nutrition** generally refers to any method of feeding that uses the gastrointestinal (GI) tract to deliver part or all of a person's nutritional requirements. It can include a normal oral diet, the use of liquid oral nutritional supplements or delivery of part or all of the daily requirements by use of an enteral tube (tube feeding).

b. **Hydration** applied to any fluid consumed. Foods that have a high fluid content e.g. jelly, ice cream will support good hydration.

c. **Malnutrition Universal Screening Tool (MUST)**

d. **Nutritional support** is an active measure(s) put in place to help improve nutritional intake. This could be oral and/or enteral and/or parenteral to address malnutrition. Oral Nutritional Supplements (ONS) are sterile liquids, semi-solids or powders, which provide macro and micro nutrients. They are widely used within the acute and community health settings for individuals who are unable to meet their nutritional requirements through oral diet alone.

e. **Oral nutrition** can be food i.e. fortified food, additional snacks, fluids and non-prescription and prescription oral nutritional supplements.

f. **Parenteral nutrition** (PN) refers to the provision of nutrients by the intravenous route. In general, PN should only be used when it is not possible to supply nutrition using the GI tract i.e. when intestinal failure is present. Total Parenteral Nutrition (TPN) implies that all macronutrient (carbohydrate, nitrogen and lipid) and micronutrient (vitamins, trace elements and minerals) and fluid requirements are met by an intravenous nutrient solution and no significant nutrition is obtained from other sources. Some patients treated with PN can absorb some fluid and nutrition taken orally and in these patients PN is a supplement to their oral intake.

g. **Therapeutic diet** is a meal plan that controls the intake of certain foods or nutrients. It is part of the treatment of a medical condition and is normally prescribed by a physician and planned by a dietitian. A therapeutic diet is usually a modification of a regular diet.

4 ROLES – WHO DOES WHAT

4.1 The Executive Lead for this Policy is the Chief Nurse

Who has overall responsibility for ensuring patient care and safety, including nutritional management.

4.2 The Head of Nursing for the Clinical Support and Imaging Management Group and Lead Nurse for Nutrition, Hydration and Head of Service for Nutrition and Dietetics have responsibility to ensure that adequate arrangements are in place to:

a) Ensure the Trust is compliant with national and local targets.
b) Support the implementation of the Trust’s Adult Nutrition and Dietetic Service Referral Policy.

4.3 **Heads of Nursing**/ **Deputy Heads of Nursing** are responsible for ensuring that adequate arrangements are in place to:

a) Ensure the Trust's Adult Nutrition and Dietetic Service Referral Policy is implemented in their CMG.

b) Monitor and validate the Nursing Metrics for Nutrition within their Clinical Management Group focusing on wards / units with high non-compliance with standards.

c) Sign off Serious Incidents (SI) reports and ensure actions are implemented.

4.4 **Ward Sisters / Unit Sisters / Charge Nurses** are responsible for:

a) Ensuring that all staff receive information, instruction and training on the key aspects of this Policy at induction and undertake the HELM adult nutritional screening training as essential to job role for all nurses. This training should be accessed on HELM and / or ward level as a minimum requirement and relevant to their working areas and duties. See section 6 for more details.

b) Investigating reported incidents / near misses and complaints linked to nutritional care and ensuring any remedial action is identified and implemented.

c) Ensuring nutritional screening using the Malnutrition Universal Screening Tool (MUST) and nutritional care plans are completed with the Trust procedures and paperwork.

d) Ensuring the nutrition metrics are audited monthly using the monthly performance review tool and monitored closely on a quarterly basis.

e) Identifying a named Nutrition Link Nurse for each ward/unit and outpatient area.

f) Seeking advice from the Nutrition and Dietetic Service / Dietetic Practice Learning Lead in the assessment of root causes and if investigation at a higher level is required.

g) Ensuring the importance of meeting the patient’s nutritional needs is a focus for the ward team, and that good communication and team work are in place to ensure this is achieved. Raising ward nursing staff awareness of the need to ensure points 4.5 (a) – (i) below are followed.

4.5 **Registered Nurses** are responsible for continuing to follow:

a) Weighing patient’s on admission.

b) Completing the patients’ initial nutritional screening tool on admission and weekly during the patient stay and on discharge.

c) Planning patient care in response to the initial nutritional screening results including referral to the ward Dietitian.

d) Initiating the first line oral nutrition care plan which is part of the standard nursing documentation.
Staff should continue to follow the first line nutritional care plan unless clinically inappropriate eg patient is nil by mouth or the ward Dietitian advises an alternative oral nutrition care plan. Referring the patient to the ward dietitian when the nutritional screening tool score is 4 or more, and if on review after three days on the 1st line nutritional care plan there is no improvement, or monitoring shows the patient is losing weight.

f) Communicating with the ward team such as Housekeepers and Health care assistants all patient care nutrition needs and referring patients for therapeutic diet advice and support.

g) Communicating with catering staff regarding any menu’s or support menu’s required by inpatients’

h) Providing direct support to patients to help them meet their nutritional needs

i) Ensure patients who need assistance with feeding have the ‘red tray system’ in place. A red tray will be order when communicated to catering by a red RT behind the bed – see trust red tray process. Ensure all patients with meals on a red tray receive the help and assistance they need.

j) Monitoring and documenting patients’ nutritional status eg food intake recorded on food record charts and record body weights on weight charts

4.6 Health Care Assistants and Housekeepers are responsible for:

a) Being aware of patients’ nutritional care plan requirements and providing direct support to patients to help them meet their nutritional needs

b) Ordering and providing first line oral nutrition support interventions e.g snacks, Complan drinks and providing these to the patient and therapeutic diets using ward Catering Folder as a resource.

c) Ensure patients who need assistance with feeding have the ‘red tray system’ in place - see trust red tray process. Ensure all patients with meals on a red tray receive the help and assistance they need.

d) Monitoring and documenting patients’ nutritional status eg food intake recorded on food record charts and body weights and report changes and escalate any concerns to the Registered Nurse in charge of the patients care

e) Undertaking stock control at ward level of first line oral nutritional support interventions eg snacks, Complan, milk and ordering top up supplies using the daily ward requisition form and submitting to Catering Services

4.7 The Medical Team are responsible for:

a) Ensuring the nutritional status of patients is assessed as part of admission, board rounds, ward rounds and on discharge where applicable.
b) Acting upon concerns raised by healthcare professionals if the patient’s oral nutritional intake is insufficient to meet their nutritional needs.

4.8 The ward Hostess Catering Staff are responsible for the:

a) Advising patients to use the standard codes on the standard menus (adult, renal, ethnic asian and afro caribbean) to inform on suitable menus choices for higher energy, healthy eating (including diabetes, coronary heart disease and hypertension), soft and vegetarian diet needs.

b) Provision of specific therapeutic diet menus to inpatients in order for them to order meals and snacks from the catering folder using support menus such as:
   - Gluten free
   - Low residue
   - Peanut legume and tree nut

c) They should communicate to ward nursing staff and the ward Dietitian if a patients therapeutic dietary requirements cannot be met by any of the standard menus eg cows milk, egg and nut allergic patient.

d) Provision of supplies to the wards of first line oral nutritional support interventions eg. milk, snacks and provision of non prescription oral nutritional supplements eg Complan via daily ward requisitions.

e) They should communicate with ward nursing staff to ensure red trays are provided where needed – Described in the trust wide ‘Red Tray Process’, red trays should be ordered when there is a red RT behind the patients bed.

f) Red trays should not be cleared at the end of a meal service, until nursing staff have documented what the patient has eaten on the food record charts.

g) The ward hostess should also communicate with ward nursing staff if an inpatient opts not to order any food or their food order is minimal i.e. soup only.

4.9 Dietitians are responsible for:

a) Providing Trust wide training on the use of the adult Nutrition and Dietetic Service Referral Policy as part of Trust wide training programmes such as: Perceptorship nurses, International nurses and Mealtime Volunteers.

b) Providing Trust wide training on the valid use of the nutritional screening tool and first line nutritional care plan as part of Trust wide training programmes such as: Perceptorship nurses, International nurses and Mealtime Volunteers.

c) Providing Clinical Management Group (CMG), speciality and ward based training on the Adult Nutrition and Dietetic Service Referral Policy and valid use of the nutritional screening tool and first line nutritional care plan.

d) Acting upon dietetic referrals from ward nursing staff and nutritionally assessing the patient and providing an individualised care plan

e) Undertaking a nutritional assessment of patients referred using factors such as weight, weight history, height, body mass index, history of recent intake, hydration, blood biochemistry and influence of disease state on nutritional status.

f) Providing an individualised nutrition care plan for patients referred after nutritional assessment and documenting this in medical and nursing notes at ward level

g) Interpreting and monitoring the nutritional documentation eg food record charts and body weights held at ward level.
h) Escalating concerns with patients who are not meeting nutritional requirements to the medical team.

i) Providing supplementary clinical audits on nutritional screening and first line nutritional care to the nursing metrics as part of a fresh pair of “eyes and ears” approach.

j) Referring patients that require complex enteral nutrition feed assessment eg patients requiring small bowel access for feeding and some patients with short bowel /high output fistulae/chronic malnutrition to the Leicestershire Intestinal Failure Team.

4.10 **Specialist Nurses** are responsible for:

a) All specialist nurses should ensure as a patient’s key worker that nutritional care has been considered in the patients care plan

b) Nutrition specialist nurses and Tissue Viability specialist nurses need to ensure nutritional screening and first line nutritional care is covered in nutrition and tissue viability link nurse training and education sessions.

4.11 **Allied Healthcare Professionals (AHPs)** are responsible for providing support to the meal time experience:

a) **Speech and language therapists (SLT)** provide a referral- screening tool for patients suspected of having difficulties swallowing their food or drink. The SLT team will undertake a swallow assessment. SLT recommendations will aim to reduce risks of aspiration and choking and promote safe eating and drinking.

b) **Occupational Therapists (OT)** will undertake an OT assessment that will be carried out at meal times in order to determine whether the patient is independent or having difficulties with feeding. Aspects such as environment, cutlery and kitchen practice will form part of the assessment.

c) **Physiotherapy (PT)** can provide input in terms of assessments of mobility and transfer, posture ability and positioning and upper limb range of movement and strength.
5. POLICY IMPLEMENTATION AND ASSOCIATED DOCUMENTS – WHAT TO DO AND HOW TO DO IT

5.1 The Nutrition and Dietetic Service for adult patients is provided Monday to Friday 9.00am to 5.00pm (excluding bank holidays). Please note some post holders will adopt flexible job plans around patient and service needs eg Board rounds and Multidisciplinary outpatient clinics starting at 8.00am and others finishing at 6.00pm after clinics.

5.2 To refer an adult inpatient or emergency department patient please follow Appendix 1 outlining Procedure using Appendix 2 ICE referral and in the event of IT Major Incident Failure Appendix 3.

5.3 To refer an adult, outpatient, pre assessment outpatient, daycase or patient requiring access to a structured education group please follow Appendix 4 outlining Procedure.

5.4 Use Referral Criterion to ensure appropriate referral of the patient. For Dietetic Referral Criterion see Appendix 5 and for Nutrition Nurse Referral Criterion see Appendix 6.

5.5 Associated documents which support ward medical and nursing staff in and out of hours include:

- Nutritional Screening and First Line Oral Nutritional Care Policy for Adults (B26/2015).
- Enhancing Patient Mealtimes Guideline (B43/2006).
- Policy for the Dietary Management of Adult and Paediatric Neutropenic Patients Trust Ref: B28/2008
- Good Practice in Discharge Planning for adult patients leaving hospital Trust Ref: B20/2009

6. EDUCATION AND TRAINING REQUIREMENTS

6.1 Training is available to support the use of this clinical Policy and Procedures via the Nutrition and Dietetic Service. Staff will need to be able to:

- Refer a patient to the ward Dietitian as per Appendix 1 detailing Procedure
- Accurately complete the MUST nutritional screening tool
- Implement an appropriate nutritional care plan according to the MUST score, including initiating 1st line oral nutritional care plans and referral to the ward Dietitian when appropriate
- Monitor patient’s nutritional progress, and review nutrition care plan as necessary
- Advise and assist patients to manage different diseases / conditions treated by diet treatment
- Discharge planning including nutritional care for patients

6.2 Elements of these areas are currently included in UHL Healthcare Assistant induction sessions, preceptorship training, and international nurse training, and these sessions should include clear reference to this Policy.

Other trust-wide training such as dementia training, older person champion training, housekeeper training, tissue viability study days, and mealtime assistant volunteer training should all make reference to this Policy.

Catering staff should also receive training that refers to this Policy.

6.3 E learning on HELM for adult nutritional screening using MUST and first line nutritional care and also adult enteral tube placement also support this Policy.

6.4 Results from nutrition audits; the nursing metrics – nutrition metrics, and the CQUIN unintentional weight loss audit may highlight areas of the trust where further training in nutritional screening and nutritional support would be beneficial, at present this can be delivered by the Dietetic practice learning lead post holder.

6.5 Student nurses on placement within the Trust, should be supported in learning these key nutritional skills and sessions on nutrition will be delivered to the enhancing student practice programme by the dietetic practice learning lead post holder making clear reference to this Policy.

6.6 For those looking to advance their nutritional knowledge further, the Trust now runs a Nutrition Module twice a year which has been accredited for 30 credits by De Montfort University. Sessions within this course are delivered by the Nutrition and Dietetic Service, within a session on malnutrition the practice and processes within this policy will be covered in detail. This course is organised by the trust’s education and practice development team.

6.7 Other helpful training can be accessed on line through the National skills Academy for Health, This is interactive and the learner can develop at their own pace and can save their learning and return later. Staff will need to register with an NHS e-mail, but there after can access outside NHS premises. See https://elearning.nsahealth.org.uk, currently modules are available on

- Introduction to food and nutrition
- Under nutrition and dehydration
- Facilitating and supporting eating and drinking
- Assisting with eating and drinking
- Best practice benchmarking for nutrition care
- Basics of nutrition and hydration
7 PROCESS FOR MONITORING COMPLIANCE

7.1 Audit standards or key performance indicators that will be used for monitoring this Policy's compliance and effectiveness and the frequency of monitoring / audit are set out in the Policy Monitoring table set out below.

POLICY MONITORING TABLE

The Trusts Nutrition and Hydration Assurance Committee will support the implementation and monitoring of this Policy.

<table>
<thead>
<tr>
<th>Element to be monitored</th>
<th>Lead</th>
<th>Tool</th>
<th>Frequency</th>
<th>Reporting arrangements Who or what committee will the completed report go to.</th>
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<tr>
<td>Appropriateness of adult inpatient referrals</td>
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<td>Nutrition and Dietetic Service Scorecard</td>
<td>Monthly</td>
<td>Trust Nutrition and Dietetic Service Business and Quality and Safety meeting CSI CMG Assurance report and monthly meetings as indicated</td>
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<tr>
<td>Appropriateness of outpatient, pre assessment, day case and Structured Education Group referrals via Nutrition and Dietetic Booking Programme</td>
<td>Head of Service – Nutrition and Dietetic Service</td>
<td>Internal spreadsheet and Tiara reports</td>
<td>Monthly</td>
<td>Trust Nutrition and Dietetic Service Business and Quality and Safety meeting CSI CMG Assurance report and monthly meetings as indicated</td>
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<tr>
<td>Response times to inpatient referrals</td>
<td>Head of Service – Nutrition and Dietetic Service</td>
<td>Nutrition and Dietetic Service Scorecard</td>
<td>Monthly</td>
<td>Service Assurance report to CSI CMG Exec team CSI CMG Metrics</td>
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<tr>
<td>Response times to outpatient referrals</td>
<td>Head of Service – Nutrition and Dietetic Service</td>
<td>Nutrition and Dietetic Service Scorecard</td>
<td>Monthly</td>
<td>Service Assurance report to CSI CMG Exec team</td>
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8 EQUALITY IMPACT ASSESSMENT

8.1 The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.

8.2 As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

9 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES


University Hospitals of Leicester NHS Trust, 2008, Caring at its best: Nutrition and tissue viability.

Caroline Archibald (2006), Meeting the nutritional needs of patients with dementia in hospital, Nursing Standard 20, 45, 41-45

R. Watson (2002), Eating difficulty in older people with dementia, Nursing Older People, 14. 3, 21-25

Dementia Care and Research, Alzheimer’s Society Food for Thought Part of the Policy development should be to review other similar documents and published literature in order to ensure the P&G recommendations are based on latest evidence.

NHS Institute for Innovation and Improvement – High impact actions for nursing and midwifery: keeping nourished – getting better, 2010

Age UK, Still hungry to be heard, 2010

Council of Europe Resolution Food and Nutritional Care in Hospitals – 10 key characteristics of good nutritional care in hospital, 2007

The British Dietetic Association – Delivering nutritional care through food and beverage services, 2006.

Age Concern “Hungry to be Heard” Campaign, 2006.


British Association of Parenteral and Enteral Nutrition, BAPEN
10 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW

This Policy will be reviewed every two years or earlier if evidence base changes eg NICE recommendation for a dietary intervention.

The process of the Policy being updated will be overseen by the Trusts Nutrition and Hydration Assurance Committee. The responsible officers will be the Corporate Head of Nursing for Nutrition and Hydration and the Head of Service for Nutrition and Dietetics.
For inpatients a Nutrition and Dietetic Service is available to all wards/units Monday to Friday from 9.00am to 5.00pm (except bank holidays). Areas exempt from referral due to operating a blanket referral system for all inpatients on the ward/unit include:

- Adult Intensive Care Units
- Adult Bone Marrow Transplant Unit

All inpatient referrals must be made using the electronic referral forms on ICE. See Appendix 2. In the event of IT failure please use manual referral forms. See Appendix 3.

- If referrals are made verbally face to face with the ward Dietitian or Nutrition Nurse, verbally via bleep/pager to the ward Dietitian or Nutrition Nurse, answerphone message left in Nutrition and Dietetic Department, on Ward Rounds/Board Rounds or written in medical case notes they should always be supported by an ICE referral.

All referrals must be supported with the Malnutrition Universal Screening Tool (MUST). In the event of no MUST score being on the referral ward nursing staff will be requested to complete and then refer. The ICE referral will be declined in the interim. In the event of a MUST score being between 1 and 3 the ward nursing staff should implement the first line oral nutritional support care package. If the MUST score is 4 or more, the first line oral nutritional support care package should be implemented in parallel with referral.

For Referral Criterion to Dietitians please refer to Appendix 5.

For Referral Criterion to Nutrition Nurses please refer to Appendix 6.

Referrals should be made at the time of decision making on the same day to avoid delay.

Response to referral standards are set within 1 day of receipt of referral and within 2 days of receipt of referral.

The standard for an inpatient to be seen within 1 day of receipt of referral applies to the following groups:

- Risk assess a patient for a known or suspected food allergy to be able to advise ward and catering staff
- Triage of patients for enteral nutrition
- Inherited Metabolic Disease patients
- Patients requiring a therapeutic diet where a menu does not exist, is appropriate or safe so that bespoke meals can be ordered from Catering Food Services

We will aim to see all other inpatients within 2 days of receipt of referral.

Wards/Units will be able to assess and start artificial nutritional support prior to being assessed by the Nutrition and Dietetic Service by using the following support Policies and Guidelines:

Appendix 1: Procedure for referral of adult inpatients to the Nutrition and Dietetic Service

Adult Nutrition and Dietetic Service Referral Policy

V1 approved by Policy and Guideline Committee on 21 December 2018  Trust ref: B30/2018  next review: June 2020
If using a **Modified Consistency Diet menu** eg puree, fork mashable based on a Speech and Language Therapists assessment a referral to the Nutrition and Dietetic Service should be considered to ensure nutritional adequacy. When these diets are used they are inherently low in energy.

**Inappropriate referrals that will be declined include:**

- Patients for first line oral nutritional support where clinical needs can be catered for via food and drink eg snacks, extra milk, Complan non prescribable nutritional supplement drinks
- Patients with food preferences and self imposed diets not supported by a medical diagnosis eg certain likes and dislikes. These patients should be referred to the Catering Food Service staff via the ward Hostess.
- Patients with cultural diet requirements eg vegetarian, vegan. These patients should be referred to the Catering Food Service staff via the ward Hostess.
- Patients with religious diet requirements eg kosher. These patients should be referred to the Catering Food Service staff via the ward Hostess.
- Patients requiring bowel preparation diet. Please use dedicated bowel preparation menu for 2 days.
- Patients requiring weight management. They should be referred via the Making Every Contact Count Programme (MECC).
- Patients with menu fatigue. These patients should be referred to the Catering Food Service staff via the ward Hostess. Use of the restaurant pass facility should be considered as long as the inpatient meets the criterion.

**For information on Catering – Food Services see your Ward Catering Folder and insite section Patient Catering and Trust website [www.leicesterhospitals.nhs.uk](http://www.leicesterhospitals.nhs.uk)** Patient Catering available for menus

Following Nutrition and Dietetic assessment a treatment care plan and or advice will be discussed with the patient, relatives /carers and appropriate members of the ward health care team. Documentation will be made into the patient’s medical case notes and where indicated nursing notes, patient bed end records. Documentation will also be made into the relevant electronic system eg Nerve Centre, Infoflex, Proton. In some cases documentation will be made into MDT documentation eg Stroke.
Adult Nutrition and Dietetic Service Referral Policy

V1 approved by Policy and Guideline Committee on 21 December 2018  Trust ref: B30/2018  next review: June 2020
## NUTRITION AND DIETETIC SERVICE REFERRAL FORM

### PATIENT DETAILS (or addressograph label):
- Patient No:
- Surname:
- Forename(s):
- Address:
- Postcode:
- DOB:
- Gender:
- NHS No:
- Tel No:

### REFERER DETAILS
- Consultant:
- Speciality / Sub speciality:
- Contact details:
  - Ext: ………………..
  - Bleep: ……………..
- Patient Location:
  - Outpatient
  - Daycase
  - Clinic ………………..
  - Site ………………..
- Signed ………………..
- Date ………………..

Please PRINT name in case further details required:

### GP DETAILS
- Name:
- Address:
- Post Code:
- Tel No:

### NUTRITION AND DIETETIC SERVICE REFERRAL DATE

<table>
<thead>
<tr>
<th>Priority:</th>
<th>Reason for referral / Dietary needs:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnosis / Clinical Details:</td>
<td></td>
</tr>
<tr>
<td>Weight in kgs for adult / child:</td>
<td></td>
</tr>
<tr>
<td>Height / Length for adult / child:</td>
<td></td>
</tr>
<tr>
<td>Nutritional Screening Tool Score:</td>
<td></td>
</tr>
<tr>
<td>Alerts:</td>
<td></td>
</tr>
<tr>
<td>Allergies:</td>
<td></td>
</tr>
<tr>
<td>First Language / Interpreter required:</td>
<td></td>
</tr>
<tr>
<td>Transport required for outpatients / daycase patients:</td>
<td></td>
</tr>
</tbody>
</table>

### Referral to Treatment (18 week monitoring) - Please complete if the patient is on an 18-week Pathway and you are referring them for definitive treatment

<table>
<thead>
<tr>
<th>Is the patient on an 18 week monitoring?</th>
<th>If Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Unique pathway identifier*</td>
</tr>
</tbody>
</table>

Adult Nutrition and Dietetic Service Referral Policy

V1 approved by Policy and Guideline Committee on 21 December 2018 Trust ref: B30/2018

next review: June 2020
<table>
<thead>
<tr>
<th>week pathway?</th>
<th>Yes / No</th>
<th>This referral is the:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>(Select ONE only)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Start of a new pathway (New condition or change of treatment):</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Continuation of an active pathway (1st definite treatment not given):</td>
</tr>
<tr>
<td>Date of decision to refer to receiving organisation:</td>
<td>RTT Clock Start Date:</td>
<td></td>
</tr>
<tr>
<td>(The date the patient started on the existing pathway of the date of this referral if it starts a new pathway)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If No:</td>
<td>This referral is the continuing treatment for a stopped pathway (i.e. 1st definitive treatment already commenced)</td>
<td></td>
</tr>
</tbody>
</table>

**FOR COMPLETION BY NUTRITION AND DIETETIC SERVICE ONLY**

Received date and time: .................................................................

Received by: ...............................................................................

Date and time input onto Tiara: ......................................................

NHS Confidential: Personal Patient Data

Version 1 / 2009
For outpatients a Nutrition and Dietetic Service is available to all outpatients Monday to Friday from 9.00am to 5.00pm (except bank holidays).

For Referral Criterion to Dietitians please refer to Appendix 5.

For Referral Criterion to Nutrition Nurses please refer to Appendix 6.

Outpatients must be referred in writing using either the clinic report letter from Consultant to GP stating in the main text of the letter “by copy of this letter to the Nutrition and Dietetic Service I will request a referral for the patient to be seen for xxxx”. The clinic report letter should be cc’d to the Nutrition and Dietetic Service Booking Programme, Leicester Royal Infirmary. If there is a delay between clinic outpatient appointment with the Consultant medical team and the referral letter being delayed then use manual referral form. This form should also be used in the event of IT failure. See Appendix 3.

Outpatients referred to the Nutrition and Dietetic Service will mainly be seen as part of multi-disciplinary Consultant clinics as the Dietitian will be present as a core member of the MDT. Other be booked into Dietetic dedicated outpatient clinics via our Booking Programme which are held on all referrals will three hospital sites. Home visits are carried out on a needs assessment basis only.

We also offer pre assessment outpatient clinic appointments with certain specialities eg cancer surgery.

As of our outpatient Booking Programme we also offer patients access to structured education group sessions for the following specialities:

**Adult Coeliac disease** – newly diagnosed and refresher

**Adult Diabetes**
- DAFNE Pre Assessment
- DAFNE 5 Day
- DAFNE 5 x 1 day
- Refresher
- Foundation
- Follow Up
- Pump Group Pre Assessment
- Pump Group Start
- Pump Group Follow Up
- Pump Group Adult Exchange
- Diabetes weight management

**Adult Respiratory**
- Pulmonary Rehabilitation

**Adult Cancer**
- Breast Cancer
REFERRAL CRITERIA (ADULT DIETETIC SERVICES)

All patients for therapeutic diet assessment, care planning and monitoring. See table below for ideas.

All patients requiring prescribable oral nutritional supplements. All patients referred for oral nutritional support known to be nutritionally at risk must have a nutritional screening score of 4 or more using the Malnutrition Universal Screening tool (MUST).

All cancer in and outpatients requiring an enteral tube feeding placement procedure fitness for procedure assessment.

All patients requiring a dietetic individual nutritional assessment, enteral feeding regimen – pump and or bolus, care plan.

All patients in the flowing groups should be referred:
- intensive care patients (level 1)
- patients with C Diff
- patients with grade 3 and 4 pressure ulcers (on admission and hospital acquired)
<table>
<thead>
<tr>
<th>Disease/Condition/Problem</th>
<th>Referral Indications</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Anaemias</strong></td>
<td>Diet related Iron, Vitamin B12 and/or Folate deficiency</td>
</tr>
<tr>
<td><strong>Antenatal</strong></td>
<td>Crohn’s Disease, Ulcerative Colitis, Pancreatitis, Coeliac Disease, Patients with BMI &lt;18, Diabetes, Metabolic Disorders, Food hypersensitivity, HIV, Cystic Fibrosis, Hyperemesis, Food allergies</td>
</tr>
<tr>
<td><strong>Bone Health</strong></td>
<td>Rheumatoid Arthritis, Osteoporosis, Osteomalacia Osteopenia</td>
</tr>
</tbody>
</table>
| **Cancer and Haematology**| All Gastro-oesophageal, Head and Neck and Pancreatic cancer patients should be seen by a Dietitian at diagnosis and nutrition should be considered in their treatment plan along their cancer journey.  
All bone marrow transplant patients from decision to transplant should be seen by a Dietitian and nutrition should be considered in their treatment plan along their cancer journey.  
The following patients with cancer of the Pancreas should be referred to the Dietitian if: -  
- Patient has unexplained or sudden unintentional weight loss of over 2kg  
- Patient requires insulin or pancreatic enzymes  
- Nutritional problems can be anticipated  
- Patient is being considered for prescribed nutritional support  
- Patient is already being prescribed nutritional support  
- Patient is already following a therapeutic diet  
- Patient / carer has expressed a wish for nutritional information and / or dietetic support |
### Referral Indications

Other cancer and acute Leukaemic patients should be referred to the Dietitian if:-
- Patient has unexplained or sudden unintentional weight loss of over 2kg
- Patient has a BMI below 19
- Patient has a reduced dietary intake for over 7 days excluding patients who have been Nil by Mouth for investigation / surgery.
- Nutritional problems can be anticipated
- Patient is experiencing swallowing problems
- Patient is being considered for prescribed nutritional support

Patient is already following a therapeutic diet

### Conditions and Indications

<table>
<thead>
<tr>
<th>Condition</th>
<th>Indication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coeliac Disease</td>
<td>Positive Serology and Biopsy</td>
</tr>
<tr>
<td>Cystic Fibrosis</td>
<td>Positive Sweat test and/or two CF mutations on genotyping.</td>
</tr>
<tr>
<td>Dermatological conditions</td>
<td>Dermatitis Herpetiformis, severe/unexplained eczema or urticaria where a dietary link is suspected.</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Newly diagnosed Type 1 and Type II diabetics</td>
</tr>
<tr>
<td></td>
<td>Type I and II diabetics with poor glycaemic control</td>
</tr>
<tr>
<td></td>
<td>Those experiencing hypos</td>
</tr>
<tr>
<td></td>
<td>persons gaining excessive weight on commencement of OHA and/or insulin ( may need input re dose change and glucose self monitoring)</td>
</tr>
<tr>
<td></td>
<td>Low Body Mass Index &lt; 19, nutritionally at risk, poor wound healing</td>
</tr>
<tr>
<td></td>
<td>A Body Mass Index &gt; 25 , and with the agreement of the patient that they want to lose weight</td>
</tr>
<tr>
<td></td>
<td>Excessive weight gain on commencement of oral hypoglycaemic agent and/ or insulin</td>
</tr>
<tr>
<td></td>
<td>Raised lipid levels – cholesterol &gt; 5mmol/l and/or triglycerides&gt;2mmol/l</td>
</tr>
<tr>
<td></td>
<td>Pre- pregnancy for people with Type 1 and 2 diabetes, Impaired glucose tolerance</td>
</tr>
<tr>
<td>Disease/Condition/Problem</td>
<td>Referral Indications</td>
</tr>
<tr>
<td>--------------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>Breast feeding ladies with diabetes</td>
<td></td>
</tr>
<tr>
<td>Pre-pregnancy, gestational diabetes, impaired glucose tolerance test in pregnancy, breast feeding diabetic</td>
<td></td>
</tr>
<tr>
<td>Gestational diabetes ladies with gestational diabetes should really be seen within a specialist multidisciplinary clinic not in a generalist clinic</td>
<td></td>
</tr>
<tr>
<td>Change of treatment – diet to diet tablets, diet and tablets to diet and insulin</td>
<td></td>
</tr>
<tr>
<td>Experiencing frequent hypos</td>
<td></td>
</tr>
<tr>
<td>Renal impairment/failure – creatinine &gt; 200mmol/l urea &gt; 30mmol/l</td>
<td></td>
</tr>
<tr>
<td>Persons with type 1 diabetes and persons with type 2 diabetes on insulin, wishing to improve self management, e.g. Through dose adjustment for eating</td>
<td></td>
</tr>
<tr>
<td>On another therapeutic diet eg gluten free for coeliac disease</td>
<td></td>
</tr>
<tr>
<td>Not seen a Dietitian for 5 years</td>
<td></td>
</tr>
</tbody>
</table>

Drug nutrient interactions

<table>
<thead>
<tr>
<th>Eating disorders</th>
<th>Anorexia Nervosa, Bulimia Nervosa, Binge Eating disorder, night eating syndrome, eating disorders not otherwise specified (EDNOS) after input from a Clinical Psychologist from Leicestershire Partnership NHS Trust in order to develop a food and nutrition care plan in keeping with the overall plan</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Food Allergy</th>
<th>Immune mediated food allergic reactions E.g. Milk, egg, fish, shellfish, nut, peanut, seed allergy, Oral Allergy Syndrome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disease/Condition/Problem</td>
<td>Referral Indications</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Food Hypersensitivity/Intolerance | Non-immune mediated reactions  
E.g. Pharmacological- amines and migraine  
Irritant- caffeine, chilli, sulphites and asthma  
Enzyme deficiency- lactose intolerance |
| Gallstones                        | Gallstones with pancreatitis or acutely unwell eg impacted or intrahepatic stones or if BMI <19                                                                                                                        |
| Gastro-intestinal disorders       | Inflammatory Bowel Disease eg Crohn’s Disease, Ulcerative Colitis  
Pancractic Insufficiency  
Pre and post op gastro surgery Constipation, Diverticular Disease  
Irritable Bowel Syndrome |
| Gout                             | If control poor on medication                                                                                                                                                                                            |
| Hepatobiliary disease             | Acute or chronic liver disease – ascites, encephalopathy, malabsorption (steatorrhoea/diarrhoea)                                                                                                                                  |
| HIV/AIDS                          | All HIV/AIDS positive:-  
- all newly diagnosed HIV patients  
- patients with a history of decreased appetite, diarrhoea, vomiting or poor intake for more than 4days.  
- in-patients with a history of weight loss for more than 1 week.  
- out-patients with a history of unintentional weight loss for more than 2 weeks.  
- patients with CD4 count <200  
- patients with a poor quality dietary intake.  
- patients with co-morbidities (such as Diabetes, Hyperlipidemia and Hepatitis C) requiring nutritional advice.  
- adult patients requiring nutritional support.  
- patients with BMI’s > 30kg/m² requiring healthy eating or weight-loss advice. |
| Cardiology/Cardiothoracics        | Patients with:-  
- Cardiac cachexia  
- Hypercholesterolaemia – cholesterol >5.0mmol/l with other CHD risk factors present eg BMI >25kg/m2, Diabetes, Hypertriglycerideamia, Hypertension Renal Disease |
<table>
<thead>
<tr>
<th>Disease/Condition/Problem</th>
<th>Referral Indications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypertriglyceridaemia</td>
<td>if triglyceride levels over 2mmol/l with other CHD risk factors</td>
</tr>
<tr>
<td>-Familial hyperlipidaemia</td>
<td>-Post MI patients</td>
</tr>
<tr>
<td>Hypertension</td>
<td>Patients on medication with other co-morbidities present eg Obesity, Renal disease, Diabetes, combined Hyperlipidaemia</td>
</tr>
<tr>
<td>Inborn errors of metabolism</td>
<td>Phenylketonuria</td>
</tr>
<tr>
<td></td>
<td>Maple Syrup Urine Disease (MSUD)</td>
</tr>
<tr>
<td></td>
<td>Galactosaemia</td>
</tr>
<tr>
<td></td>
<td>Disorders of Propionate metabolism</td>
</tr>
<tr>
<td></td>
<td>Medium Chain ACYL-CoA Dehydrogemase Deficiency (MCAD)</td>
</tr>
<tr>
<td></td>
<td>HMG CoA Lyase Deficiency</td>
</tr>
<tr>
<td></td>
<td>Homocystinuria</td>
</tr>
<tr>
<td></td>
<td>Tyrosinaemia Type I</td>
</tr>
<tr>
<td></td>
<td>Urea cycle disorders</td>
</tr>
<tr>
<td>Neurological diseases</td>
<td>All patients with Motor Neurone Disease should be referred on diagnosis</td>
</tr>
<tr>
<td></td>
<td>If a Stroke patient is NBM by day 3 post stroke nutritional support should be considered</td>
</tr>
<tr>
<td></td>
<td>Stroke patients should also be referred if:-</td>
</tr>
<tr>
<td></td>
<td>Swallowing problems, nutritionally at risk, patient being considered for enteral nutritional support, cholesterol of 5mmol/l for secondary prevention, obesity with BMI&gt;25kg/m2</td>
</tr>
<tr>
<td></td>
<td>Other patients eg, Multiple Sclerosis, Parkinson’s, Guillian-barre, Huntingdon’s Disease, Epilepsy should be referred if:-</td>
</tr>
<tr>
<td></td>
<td>Swallowing problems, nutritionally at risk, patient being considered for enteral nutrition</td>
</tr>
<tr>
<td>Obesity</td>
<td>Pre-operative</td>
</tr>
<tr>
<td></td>
<td>BMI 30+ particularly pre-Gastroplasty, pre-balloon placement.</td>
</tr>
<tr>
<td></td>
<td>BMI 25-30 with no weight loss in last 6/12 and/or co morbidities e.g. Diabetes, Hyperlipidaemia, Hypertension,</td>
</tr>
<tr>
<td>Pancreatic disease</td>
<td>Chronic pancreatitis and cancer of the pancreas – malabsorption/steattorhoea, anorexia, glucose intolerance/diabetes</td>
</tr>
<tr>
<td>Pre-conceptual</td>
<td>High maternal risk e.g. Diabetes, inborn errors of metabolism, IBD. infertility due to obesity or underweight</td>
</tr>
<tr>
<td>Disease/Condition/Problem</td>
<td>Referral Indications</td>
</tr>
<tr>
<td>---------------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>Renal</td>
<td>Patients with Stage 4 and 5 chronic kidney disease who also have one of the following should be referred to the dietitian:</td>
</tr>
<tr>
<td></td>
<td>• Evidence of progressive renal failure</td>
</tr>
<tr>
<td></td>
<td>• Serum phosphate outside of the normal range &amp;/or are on phosphate binders</td>
</tr>
<tr>
<td></td>
<td>• Serum potassium outside of the normal range (not due to another correctable factor)</td>
</tr>
<tr>
<td></td>
<td>• BMI of greater than 25 and with the agreement of the patient that they wish to lose weight</td>
</tr>
<tr>
<td></td>
<td>• Diminishing nutritional status as evidenced by a poor appetite, unintentional weight loss and/or BMI less than 19.</td>
</tr>
<tr>
<td></td>
<td>• Cholesterol concentration above 5mmol/L - if other heart risk factors present and above 5.2mmol/L - if no other heart risk factors</td>
</tr>
<tr>
<td></td>
<td>• Receiving renal replacement therapy</td>
</tr>
<tr>
<td></td>
<td>In addition, patients with nephritic syndrome who are symptomatic should be referred irrespective of the stage of their renal failure.</td>
</tr>
<tr>
<td></td>
<td>Patients with Acute Renal Failure should be referred.</td>
</tr>
<tr>
<td></td>
<td>Patients with a new kidney transplant should be referred.</td>
</tr>
<tr>
<td>Respiratory/Thoracic</td>
<td>Chylothorax post thoracic surgery</td>
</tr>
</tbody>
</table>
Patients who require referral to the Specialist Nutrition Nurse team include:

All non cancer in and outpatients requiring an enteral tube feeding placement procedure fitness for procedure assessment eg neurology, stroke and also adult Leicester, Leicestershire and Rutland (LLR) patients in the community with long term enteral feeding tubes who have a complication(s) related to their route of access.

Complications indicating referral may include:

- Feeding tube misplacement (including peritonitis)
- Feeding tube blocked
- Damaged feeding tube eg end fallen off
- Leakage from tube insertion site
- Infection around the exit tube site
- Poor care management eg buried bumper