Summarised key principles:

- People with Diabetes should be encouraged to avoid sugary food (e.g. honey, table sugar or boiled/jelly sweets) or sugary drinks (e.g. full sugar pop, fruit juice, sugar in hot drinks).

- The healthy options can be identified by the ♥ symbol on the food and snack menus. These meals and snacks are lower in fat, sugar and salt. These healthy meal and snack options can be offered to inpatients with diabetes who are of a healthy, stable weight.

- If a patient with diabetes (PWD) is malnourished or at risk of being malnourished (identified via the Malnutrition Universal Screening Tool ‘MUST’), they should be offered high energy meals from the menu identified by the ‘E’ symbol.

- If a PWD is malnourished or at risk of being malnourished (identified via the ‘MUST tool’), they should be offered regular meals and snacks from the snack menu.

- If a patient scores more than 4 on the ‘MUST tool’ they must be referred to the ward Dietitian.

- The Nurses responsible for dispensing Diabetes medications must check and ensure that Diabetes medication is being given at the optimal time around food.

- A PWD who is prescribed an oral nutritional supplement (e.g. Fortisip) should be encouraged to sip it slowly over 20-30 minutes. This will lower the risk of high blood glucose levels.

- Oral nutritional supplements (e.g. Fortisip) or high energy meals should not be stopped due to high blood glucose levels. The standard capillary blood glucose (CBG) targets for inpatients with Diabetes is 6-12mmol/l. If a patient with diabetes has high blood glucose levels (i.e. regularly above 12mmol/l for more than 24 hours) the medical team should refer to the ‘Hyperglycaemia Decision Support Tool’ and ‘Insulin Dose Titration Support Tool’, available on INsite.

- If blood glucose levels remain persistently high despite following the ‘Hyperglycaemia Decision Support Tool’ and ‘Insulin Dose Titration Support Tool’, please refer to the In Reach Diabetes Team (IrDT) via ICE.
1. **Introduction**

1.1 This guideline sets out the University Hospitals of Leicester (UHL) NHS Trust procedure in the dietary management of adult inpatients with diabetes.

1.2 There are different classifications of Diabetes. This guideline provides recommendations for inpatients with Type 1 or Type 2 Diabetes, collectively referred to as People with Diabetes (PWD).

1.3 The aim of this guideline is to standardise and support ward staff in providing optimal nutritional and diabetes care for PWD.

1.4 Specifically the objectives regarding the nutritional management of PWD are:

   - Provide advice around suitable meal patterns
   - Provide advice around suitable food choices
   - Ensuring a nutritional balance is met
   - Ensuring nutritional requirements are met
   - Differentiate advice for patients at risk of malnutrition, and patients not at risk of malnutrition

1.5 This guideline is for the use of all staff at ward level who are involved in the care of patients with diabetes (e.g. doctors, nurses, dietitians, ward hostesses, catering assistants).

1.6 Diabetes is a condition where the body is not able to use the glucose (sugar) in the blood properly. Whether patients are treated by diet, tablets and/or insulin it is important that their blood glucose levels are controlled. Illness and under nutrition can make this difficult.

1.7 PWD are more likely to be admitted to hospital than people without Diabetes. On average 1 in 5 hospital beds (21.6%) are occupied by a PWD (NaDIA report, 2017). They often experience avoidable complications which lead to a longer length of stay, and can be life threatening.

1.8 The avoidable complications seen in hospitals include: poor wound healing, medication management errors, insulin errors, DKA due to under treatment with insulin, hypoglycaemia (low blood glucose level) due to over treatment with insulin, development of foot ulcers and not referring appropriately to the diabetes specialist team.

1.9 This guideline will provide practical advice based on current national guidelines and expert professional consensus.

1.10 Please note this guideline will not include the management of PWD whilst on enteral and parenteral nutritional support. Separate guidelines are still in development to address this.

1.11 Please see Appendix A for a frequently asked questions supplement. This is to further support the implementation of these guidelines practically at ward level.
2. Guideline Standards and Procedures

2.1 Menu options

a) To reduce the risk of hypoglycaemia, it is important that nursing staff (who are responsible for administering medication) identify the appropriate time to administer diabetes medication around meals and snacks, as indicated on ‘eMeds’ or on the drug chart.

b) PWD should be supported to make their own food choices. They do not require a specialised menu and should be offered meals from the standard menu and support menus such as: renal, vegan, nut free, chylothorax, bowel preparation (for investigations), modified fibre and modified textures.

c) The Hospitals Food Standards Panel Report (2014) emphasises that all inpatients must be offered 3 main meals and at least 2 additional snacks a day. In UHL we offer 3 snacks a day. To not exceed patients energy requirements, excess portion sizes should not be encouraged and it is recommended that patients are offered standard servings.

- For example, a patient can be offered a single packet of crisps as a snack but should not be given 3 packets of crisps in one go, even if the patient requests it.

d) Some PWD will adjust their own medication around what they eating. Information should be made available to PWD regarding the carbohydrate content of meals to allow them do this safely. Please contact your ward Dietitian for support with this.

e) PWD on set doses of insulin may benefit from a meal plan which provides consistency in the carbohydrate content of meals and snacks. Your ward Dietitian can provide support in identifying a suitable meal plan.

f) PWD requiring a gluten free diet should be encouraged to choose the appropriate option (labelled GF) on the menu. A dedicated gluten free ‘A La Carte’ menu is also available.

2.2 Carbohydrate

a) Carbohydrate is an important food group and essential for a healthy balanced diet. People need carbohydrate for energy and Vitamin B.

b) Carbohydrate includes starchy foods (like bread, pasta, rice, potato) and foods which contain sugar (like sweets, biscuits, fruit).

c) Sugar and starch both break down to glucose in the blood stream.

d) Insulin (made in the body or injected) works with carbohydrate food. If a PWD eats either too much or too little carbohydrate, it can lead to CBG levels going too high or too low.

e) It is important that each hospital meal contains carbohydrate. Patients should be encouraged to eat 3 regular meals a day (breakfast, lunch and evening meal).

f) Missing carbohydrate with a meal could lead to hypoglycaemia (low blood glucose levels). If a patient misses a meal due to being off the ward for tests and investigations snack boxes are available and can be ordered from catering by calling the internal catering hotline on X7888.
2.3 Sugar

a) Sugar provides energy but no additional nutrients, such as vitamins.
b) Sugar breaks down and causes the blood glucose levels to rise more quickly than starchy food (see Graph 1 below).

**Graph 1 The effects of sugar and starch on blood glucose levels**

![Graph showing effects of sugar and starch on blood glucose levels](image)

- Sugary food or drink
- Starchy food

TIME (HOURS)

1  2

- This means sugary food and drink will make CBG spike, causing hyperglycaemia.
- All PWD should be encouraged to avoid sugary food (e.g. honey, table sugar or boiled/jelly sweets) or sugary drinks (e.g. full sugar pop, fruit juice, sugar in hot drinks).
- PWD should be encouraged to eat starchy food with each meal.

2.4 Activity

a) Activity (e.g. walking, physio exercises) will cause blood glucose levels to drop. Please monitor CBG closely and contact the IrDT if you notice the PWD is at risk of hypoglycaemia.

2.5 Nutritionally well patients

a) The healthy menu option (♥) identifies meals which are lower in fat, sugar and salt. These options can be offered to PWD who are nutritionally well (i.e. have a healthy and stable Body Mass Index (BMI) between 18.5-25kg/m², or to PWD who are overweight or obese and have a BMI>30kg/m². The healthy menu option (♥) can also be encouraged for patients who are nutritionally well but have cardiovascular disease.
b) Choosing lower carbohydrate snacks can help lower CBG levels. PWD who weight is stable but CBG levels above target should be encouraged to choose lower carbohydrate snacks (e.g. fruit, diet/light yogurts) from the beverage trolley.

- See Appendix B for the carbohydrate and calorie content of snacks available on the ward.

c) For patient and professional resources, please see the Leicestershire Nutrition and Dietetics Service (LNDS) website (https://www.lnds.nhs.uk/)

### 2.6 Nutritional support

*This section applies to PWD who are malnourished or at risk of malnutrition as identified by the use of ‘MUST’.*

a) During times of illness and following surgery people may lose their appetite and eat less. Being on insulin and eating less puts a PWD at risk of having a hypoglycaemic episode (also known as a ‘hypo’). If a PWD is at risk of having a hypo because they are eating less, ward staff should:

- Request a review of insulin dose by a prescriber
  - Adjust the patients insulin doses, using the ‘Insulin Dose Titration Support Tool’ for support
- Or refer to the IrDT via ICE

b) It is estimated that between 20-50% of patients admitted to hospital are malnourished or at risk of malnutrition (Kirkland, 2013). Patients should be screened for malnutrition on admission, weekly and on discharge using MUST.

- Patients scoring 1 or more should be initiated on the ‘First Line Oral Nutritional Care Plan’ Appendix C
- Patients scoring 4 or more should be referred to the ward Dietitian immediately via ICE, as well as initiating the ‘First Line Oral Nutritional Care Plan’

  *See Appendix E for the MUST screening and nutritional intervention algorithm*

c) PWD who are malnourished or at risk of malnutrition should be encouraged to order high energy meals from the menu, labelled ‘E’. However they may still have healthy menu options (♥) if this is their personal preference.

d) PWD who are malnourished or at risk of malnutrition should not be restricted in their choice of meals or snacks and can choose any item from the menu. Diabetes medication should be adjusted by the medical team or the IrDT to maintain normoglycaemia.

e) Where indicated on the MUST tool, PWD should be offered additional snacks, milky drinks, complan shakes and soup provided by catering. These should not be restricted in PWD.

f) PWD with swallowing issues should be referred immediately via ICE to Speech and Language services for an assessment

g) Oral Nutritional Supplements (ONS) provided by pharmacy (e.g. Fortisip), should be initiated for a PWD if clinically indicated and recommended by a Dietitian or dictated by a clinical care pathway (e.g. COPD pathway), after an individual nutritional assessment using the eMeds or manual drug chart system only.

h) ONS ordered via eMeds or manual drug chart systems by the ward Dietitian should not be stopped due to hyperglycaemia. If the PWD becomes hyperglycaemic ONS
should be continued and a referral to the IrDT should be made immediately via ICE.

i) The ward Dietitian and IrDT should liaise directly with each other regarding changes to the oral nutritional supplement care plan. This is to ensure the relevant diabetes medications can be adjusted accordingly and optimum oral nutritional intake is achieved.

j) CBG levels will be monitored regularly (as defined in the ward CBG monitor standard operating procedure which is being developed) and diabetes medication should be adjusted according to the IrDT care plan.

k) CBG levels will be better controlled when using a milk or savoury based supplement (e.g. Complan, Complan Soup, Fortisip or Scandishake) in preference to a juice based supplement (e.g. Fortijuce). Juice based supplements are broken down and absorbed much quicker than milk based supplements and will cause blood glucose levels to spike. Appendix D shows the carbohydrate content of ONS.

l) PWD should be encouraged to sip ONS slowly over 20-30 minutes to minimise the risk of post prandial hyperglycaemia.

m) If the patient dislikes or is unable to tolerate an ONS; please contact your ward Dietitian for further assessment.

n) See the LNDS website for patient and professional resources (https://www.lnds.nhs.uk/).

2.7 Ramadam

a) People who are sick or unwell are exempt from fasting during Ramadam. It is advisable that inpatients with Diabetes do not fast for Ramadam.

b) If a PWD on the ward wants to fast for Ramadam, please refer to the IrDT.

c) For more information regarding Ramadam and Diabetes, please see the leaflet ‘Looking after diabetes during Ramadan: A guide for patients’ available on INsite.

2.8 Pregnancy

a) For more information on managing Diabetes in Pregnancy, please see the ‘Diabetes in Pregnancy’ (B33/2008) guideline available on INsite.

3. Education and Training

a) Dietitians should ensure Ward Staff e.g. Medical staff, Nursing staff, Health Care Assistants, Ward Hostesses and Ward Housekeepers are aware of this clinical guideline.

b) Dietitians should lead on training appropriate individuals on the use of this clinical guideline through ward based training.

c) Dietitians can use this to aid student dietetic training for those who undergo their clinical placements as part of their undergraduate degree to become a Registered Dietitian.

d) Student Nurses should be receive education around this guideline as part of their interprofessional training.
4. Monitoring Compliance

<table>
<thead>
<tr>
<th>What will be measured to monitor compliance</th>
<th>How will compliance be monitored</th>
<th>Monitoring Lead</th>
<th>Frequency</th>
<th>Reporting arrangements</th>
</tr>
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<tbody>
<tr>
<td>PWD who are malnourished or at risk of malnutrition are being offered suitable meals and snacks from the menu, unless otherwise indicated.</td>
<td>Audit</td>
<td>UHL Food Forum</td>
<td>Yearly</td>
<td>Audit report</td>
</tr>
<tr>
<td>PWD who are not at risk of malnutrition are being offered suitable meals and snacks from the menu, unless otherwise indicated.</td>
<td>Audit</td>
<td>UHL Food Forum</td>
<td>Yearly</td>
<td>Audit report</td>
</tr>
<tr>
<td>PWD who self adjust their own medication are being offered information on the carbohydrate value of meals on the menu.</td>
<td>Audit</td>
<td>UHL Food Forum</td>
<td>Yearly</td>
<td>Audit report</td>
</tr>
</tbody>
</table>

5. Supporting References

BAPEN. Malnutrition Matters Meeting Quality Standards in Nutritional Care. 2010.


Department of Health. The Hospital Food Standards Panel’s report on standards for food and drink in NHS hospitals. 2014.


National Institute for Health and Care Excellence (NICE). NG17. Type 1 Diabetes in Adults: Diagnosis and Management. 2016.

6. Key Words

nutrition, dietetic, diabetes, diet, inpatient, inpatients, nutritional care pathway, blood glucose, insulin, food, snacks, carbohydrate, sugar, starch

<table>
<thead>
<tr>
<th>CONTACT AND REVIEW DETAILS</th>
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<tbody>
<tr>
<td>Guideline Lead</td>
</tr>
<tr>
<td>Michael Skarlatos</td>
</tr>
<tr>
<td>Diabetes Specialist Dietitian</td>
</tr>
<tr>
<td>Executive Lead</td>
</tr>
<tr>
<td>Medical Director</td>
</tr>
<tr>
<td>Details of Changes made during review:</td>
</tr>
<tr>
<td>New guideline</td>
</tr>
</tbody>
</table>
Can a PWD have sugar on their cereal?
Adding sugar onto cereal is a personal choice, but should be discouraged as this will cause their CBG levels to rise.
If their CBG levels rise above target because of this, the patient should be reeducated and if necessary a referred to the IrDT.

Can a PWD have sugar in their drinks?
Sugary drinks (such as sugar in tea or coffee) can cause CBG to spike and should be avoided.

Can a PWD eat sugary foods like biscuits, cakes or puddings?
If a PWD is not at risk of malnutrition they should be encouraged to choose lower carbohydrate containing snacks (see appendix B).
If a PWD is malnourished or at risk of malnutrition they should be encouraged to snack regularly in between meals to increase their energy intake, and not be restricted in their choice of snack.
If snacking causes CBG to rise above target a referral should be sent to the IrDT.

Can a PWD have sugary foods like biscuits, cakes or puddings if their CBG levels are already high?
Snacking on sugary foods is a personal choice, and should be respected even if CBG levels are above target.
If a PWD is not at risk of malnutrition they should be encouraged to choose lower carbohydrate containing snacks (see appendix B).
If a PWD is malnourished or at risk of malnutrition, they should be encouraged to snack regularly in between meals to increase their energy intake.
If snacking causes CBG to rise above target a referral should be sent to the IrDT.

What snacks can PWD have?
Patients who are either at risk of becoming or are malnourished may benefit from snacks which are high in calories to boost their nutritional intake (see appendix B).
Patients who are experiencing high CBG levels may benefit from snacks which are lower in carbohydrates (see appendix B).
If these snacks are not available at ward level, they may need to be ordered by the ward hostess.

Does a PWD who has high CBG levels need to order healthier meal options from the menu?
No. A PWD should not be restricted in their meal choice.
Each meal on the menu will contain a different amount of carbohydrate, and therefore have different effects on the CBG levels. If a patient requires more information on the carbohydrate content of meals, or needs support in meal planning, they should be referred to the ward Dietitian.
Should a PWD be having nutritional supplements (such as Fortijuce/Fortisip) if they have high CBG levels?
Yes. If a PWD has been commenced on a specialist ONS by the ward Dietitian or clinical pathway, the supplement should be given as suggested in the drug chart or the electronic prescribing medicines administration system (e.g. eMeds). As the patient is either malnourished or at risk of malnutrition, delaying these nutritional supplements may impact on their clinical recovery.

If a PWD CBG levels are high it needs to be addressed medically. This may mean referring to the IrDT, or adjusting their diabetes medication appropriately.

What should I do if a patient has high CBG levels, is enterally fed (tube fed) and is eating orally?
If they have not been already, you can refer the patient to your ward Dietitian for a nutritional assessment and to the IrDT for a glycaemic assessment (via ICE).

The ward Dietitian and IrDT should liaise directly with each other and communicate any changes to either care plan as the patients diabetes medication may need adjusting.

How should I change a patients diet, who is also on steroids, to avoid their CBG levels going high?
The use of steroid treatment in PWD will undoubtedly result in worsening CBG. This is often called ‘steroid induced hyperglycaemia’.

The raised CBG is not the result of food, and by restricting someones diet you may prolong their recovery time.

This should be managed with additional diabetes management. Please refer to the IrDT.

Should a PWD have a bed time snack to avoid hypoglycaemia?
A PWD should be offered snacks at the same times as patients without diabetes.

A PWD should not be routinuely offered snacks before bed to avoid hypoglycaemia overnight.

If a PWD is snacking to avoid hypoglycaemia overnight then their diabetes medication needs adjusting. Please refer to the IrDT.
<table>
<thead>
<tr>
<th>Snack (serving)</th>
<th>Calories (kcal)</th>
<th>Carbohydrate (g)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apple (per individual portion)</td>
<td>56</td>
<td>13</td>
</tr>
<tr>
<td>Orange (per individual portion)</td>
<td>62</td>
<td>13</td>
</tr>
<tr>
<td>Banana (per individual portion)</td>
<td>70</td>
<td>17</td>
</tr>
<tr>
<td>Ready Salted Crisps (per packet)</td>
<td>140</td>
<td>14</td>
</tr>
<tr>
<td>Cheese and Onion Crisps (per packet)</td>
<td>138</td>
<td>14</td>
</tr>
<tr>
<td>Salt and Vinegar Crisps (per packet)</td>
<td>139</td>
<td>14</td>
</tr>
<tr>
<td>Quavers (per packet)</td>
<td>107</td>
<td>12</td>
</tr>
<tr>
<td>Plain Flapjack (per individual portion)</td>
<td>158</td>
<td>22</td>
</tr>
<tr>
<td>Fruit Sponge Cake Slice (per individual portion)</td>
<td>125</td>
<td>16</td>
</tr>
<tr>
<td>Plain Sponge Cake Slice (per individual portion)</td>
<td>146</td>
<td>17</td>
</tr>
<tr>
<td>Sponge Cake with Strawberry Filling (per individual portion)</td>
<td>110</td>
<td>16</td>
</tr>
<tr>
<td>Sponge Cake with Chocolate Filling (per individual portion)</td>
<td>110</td>
<td>16</td>
</tr>
<tr>
<td>Thick and Creamy Yogurt (per pot)</td>
<td>140</td>
<td>16</td>
</tr>
<tr>
<td>Muller Light Yogurt (per pot)</td>
<td>89</td>
<td>14</td>
</tr>
<tr>
<td>Assorted Packs of Biscuits (per packet of 3)</td>
<td>141-213</td>
<td>19-27</td>
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</tbody>
</table>
### First Line Oral Nutritional Care Plan

**Goal:** To monitor patients who score 1 or more on the MUST for signs of malnutrition and encourage fluid and diet intake.

**Actions / Care Need**
- a) Assist patient with ordering suitable meal choices (recommend high energy/high calorie main courses and puddings using the coding on the menu).
- b) Ensure any special diet is ordered if required by using coding on the menu (e.g., non-gluten containing ingredients or vegetarian, or via catering services (e.g., puree, peanut and tree nut free, low residue) and refer to the Ward Dietitian to order any exclusions (e.g., multiple allergies).
- c) Offer assistance with eating and drinking at mealtimes and inbetween mealtimes, initiate red tray/red lid system if indicated as detailed in the Enhancing Patient Mealtimes Guidelines.
- d) If patient has difficulties in swallowing refer to SALT for assessment, Date referred.
- e) Encourage the patients to request additional items for snacks between meals.
- f) Encourage the patient to drink milk and milky drinks.
- g) Offer patient one build a day (no need to be prescribed) unless contraindicated e.g., patients with renal disease, lactose intolerant, milk allergy or patient following a low residue diet. Contact Ward Dietician for advice.
- h) Treat underlying conditions that may prevent eating and drinking such as nausea, vomiting, diarrhoea.
- i) Commence food intake charts for all meals, snacks and record an accurate fluid balance.
- j) Weigh the patient twice a week and document on weight chart.
- k) Review three days after initiating care plan and if intake is poor/minimal refer patient to Ward Dietitian.

**Other care needs (please state):**

<table>
<thead>
<tr>
<th>Name of Nurse</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

**First Review (3 days after initiating care plan)**

On evaluation of food charts for past three days does patient require referral to Ward Dietitian? Yes / No

If Yes: Continue food charts and this care plan
Date referred to Ward Dietitian in ICM.

If No: Continue to nutritionally screen using MUST once a week after admission and continue to monitor using the Nutrition Core Care Plan

Any other comments:

<table>
<thead>
<tr>
<th>Name of Nurse</th>
<th>Signature</th>
<th>Date</th>
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</table>

**Further reviews**

<table>
<thead>
<tr>
<th>Date Reviewed:</th>
<th>Care Plan Active?</th>
<th>Print Name</th>
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<tbody>
<tr>
<td>Oral nutritional supplement</td>
<td>Serving size</td>
<td>Carbohydrate</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>---------------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Scandishake with milk</td>
<td>85g sachet, with 240ml of full fat milk</td>
<td>67g</td>
</tr>
<tr>
<td>Fortisip</td>
<td>200mls</td>
<td>37g</td>
</tr>
<tr>
<td>Fortisip compact</td>
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<td>37g</td>
</tr>
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<td>125mls</td>
<td>32g</td>
</tr>
<tr>
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<td>125mls</td>
<td>31g</td>
</tr>
<tr>
<td>Fortisip 2kcal</td>
<td>200ml</td>
<td>42g</td>
</tr>
<tr>
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<td>200ml</td>
<td>38g</td>
</tr>
<tr>
<td>Forijuice</td>
<td>200ml</td>
<td>67g</td>
</tr>
<tr>
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<td>125g</td>
<td>24g</td>
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<tr>
<td>Nutilis Complete Stage 2</td>
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</tr>
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<td>Nutilis fruit stage 3</td>
<td>150g</td>
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<tr>
<td>Complan milkshakes</td>
<td>55g sachet, with 200mls water</td>
<td>34g</td>
</tr>
<tr>
<td>Complan soup</td>
<td>55g sachet, with 200mls water</td>
<td>33g</td>
</tr>
</tbody>
</table>
Appendix E – MUST screening and nutritional intervention algorithm

Complete MUST (Malnutrition Universal Screening Tool) assessment
- Found in nursing folder

Score = 0
Low risk of malnutrition
Encourage meals identified as healthy '♥' on the menu
Avoid sugary food and drinks (e.g. fruit juice, sugar in hot drinks, sweets)
- Offer up to 3 additional lower carbohydrate snacks a day from the snack trolley

Score = 1-3
Medium to high risk of malnutrition
Follow ‘The First line Oral Nutrition Care Plan’ this will include; encouraging patients to chose high energy meals from the menu (labelled ‘E’)
Encouraging patients with non-prescribed supplements (e.g. complan shakes or complan soups)
- Order through catering
- Advise patient to sip slowly across 20-30 minutes
- Offer additional snacks from the snack trolley

Score = 4 or above
High risk of malnutrition
Follow advice for patients at medium to high risk of malnutrition.
Dietitian referral to be made via ICE
Dietitian to assess the patient and provided an individualised care plan and to consider the need for prescribed supplements (e.g. Fortisip, Scandishake)
- Try milk based supplement first
- Advise patient to sip slowly across 20-30 minutes

If CBG levels are outside target range (6-12mmol/l), refer to IrDT for specialist support

Repeat MUST assessment weekly and on discharge