

NUTRITION GUIDELINES FOR THE CAMHS INPATIENT UNIT

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VALIDITY – Guidelines should be accessed via the Trust intranet to ensure the current version is used.

CHANGE RECORD

Version	Date	Change details
1.0	06 Aug 19	<i>New guidelines.</i>
1.1	13 Jan 23	<i>Reviewed with minor changes made by Charlotte Reeves (Dietitian at Inspire). Approved at CAMHS/Neuro clinical network 13 January 2023. MEED guidance added. Linked to the Eating disorder SOP and CAMHS Naso-gastric guidelines.</i>

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1. INTRODUCTION

There is a wealth of evidence to support the relationship between physical health, mental health and nutritional status. A healthy diet gives children the right ingredients to grow and develop. This guideline is support staff to meet the nutritional needs of the children and adolescents staying in the unit.

2. SCOPE

The guideline applies to Trust staff involved in the management of all young people on the unit. This includes; contract, students, locum, agency staff and all staff working in partnership arrangements.

3. PROCEDURES

3.1. Screening

All young people admitted must be screened on admission using the STAMP tool for the assessment of malnutrition in paediatrics and the development of a care plan. This is detailed instruction which must be followed, or steps which must be taken to implement the STAMP instructions (<https://www.stampscreeningtool.org/screening-tool>).

This screening tool does not highlight those children that may be obese and therefore this needs to be considered separately. All weights and heights must be plotted on an appropriate centile chart and interpreted. Tailored clinical intervention should be considered for children with a BMI at or above the 91st centile, depending on the needs on the individual child and family.

3.2. Food Provision

Menus provided on the CAMHS inpatient unit within the Trust will meet the age appropriate Estimated Average Requirements (EARs) for energy, the Dietary Reference Values (DRV) for protein, carbohydrate and fat and Reference Nutrient Intakes (RNIs) vitamin and minerals. Menus will be devised and nutritionally analysed by the catering liaison dietitian within the Nutrition and Dietetic Service to ensure that nutritional requirements are met for the general paediatric population.

Patients will be provided with breakfast, midday meal and evening meal, with snacks on at least two occasions during the day and regular hot and cold drinks. The menu is on a three-week cycle.

Dietary codes will be used on the menu to help patients make suitable choices. These are as follows:

E – High energy: these dishes are higher in energy for individuals who have a small appetite, who have lost weight without trying or need to gain weight.

♥ – Healthy eating: main dishes are lower in fat and desserts are reduced in fat and sugar.

V – Vegetarian dish: these dishes contain no meat or fish products

S – Soft/easy chew: these foods are softer and easier to chew

Special dietary request (e.g. for allergens/religious purposes/texture modification) can be catered for on request.



The Eatwell Guide provides a guide to outline the different types of foods and drinks we should consume – and in what proportions – to have a healthy, balanced diet. The Eatwell Guide shows the proportions of the main food groups that form a healthy, balanced diet.

- Eat at least five portions of a variety of fruit and vegetables every day
- Meals should be based around a carbohydrate such as potatoes, bread, rice, pasta or other starchy carbohydrates; choosing wholegrain versions where possible
- Have some dairy or dairy alternatives (such as soya drinks); choosing lower fat and lower sugar options
- Eat some beans, pulses, fish, eggs, meat and other proteins (including two portions of fish every week, one of which should be oily)
- Choose unsaturated oils and spreads and eat in small amount
- Drink 6-8 cups/glasses of fluid a day
- If consuming foods and drinks high in fat, salt or sugar have these less often and in small amounts

Re-Feeding Syndrome: Re-feeding syndrome is a condition which occurs when there has been little or no nutrition for a prolonged period and on replacing nutrition, the patients are at risk of severe fluid and electrolyte shifts and related metabolic complications. Re-feeding syndrome can occur in patients fed orally, enterally and parenterally and should be managed under the advice of the dietitian and medical team. The Eating Disorder Standard Operating Procedure provides guidance around the recognition and care pathways for the management of refeeding syndrome.

Special Diets: Patients who require special diets for clinical conditions such as diabetes, coeliac disease, food allergies, inflammatory bowel disease, and specific nutritional deficiencies should be referred to the dietitian if required.

Staff must ensure that the catering department is informed regarding patients who are on special diets for existing conditions or for religious reasons (Appendix 3).

Swallowing Concerns: Any patients with signs of dysphagia (swallowing difficulties) should be referred to the appropriate Speech and Language Therapy Team for a swallowing assessment and clinical advice.

A referral to Speech and Language (SaLT) is appropriate where it is suspected that there may be an underlying organic cause for swallowing dysfunction as opposed to a behavioural response to food. There is an open referral policy requiring completion of referral form in Appendix 6.

Feeding difficulties: For advice and specialised equipment please contact the community occupational therapy team.

3.3. Eating Disorders

Eating disorders are associated with significant psychiatric and medical morbidity. Effective management of individuals with eating disorders requires close collaboration between clinicians working in psychiatric and medical settings. The inpatient team should have ready access to advice from an eating disorders psychiatrist or expert and support from a physician and a dietitian with specialist knowledge in eating disorders.

A person with an eating disorder may be acutely medically compromised without necessarily presenting as underweight. Similarly, severely ill individuals requiring urgent nutritional rehabilitation can present as deceptively well and may appear energetic right up to the point of collapse. The Medical Emergencies in Eating Disorders (MEED) guidance, NICE, (2017) guidelines, and the Eating Disorder Standard Operating Procedure should be followed in order to minimise medical and psychiatric risk.

3.4. Protected Mealtimes

The purpose of a protected mealtime procedure is to limit unnecessary interruptions during mealtimes. By ensuring that there are enough staff on the wards to enable the meal service to run effectively and efficiently, and reducing clinical activities, the focus can then be devoted to the meal service. This ensures that service users have a better mealtime experience and are therefore likely to eat more food and improve their nutritional intake.

Ward staff are asked to consider the individuals most preferred environment for eating. Some young people may prefer eating alone whilst others may prefer a more social time eating with others. All young people are initially expected to eat in the communal dining area but if they find it more therapeutic to eat in a side room with a staff member this can be care planned during the admission. It might be part of the treatment plan to provide social eating and family meals. Ward staff should work together to make food a priority during mealtimes so that all attention is on helping and encouraging service users to eat. Observations regarding the amount of food not consumed can be noted by the nurses and, if appropriate, documented in a food and fluid chart to ascertain the need for referral to a dietitian or other corrective action. In addition to this, staff will be eating alongside the young people- effectively making mealtimes part of the therapeutic engagement.

Protected Mealtime Procedure Standards

- No general cleaning duties undertaken in dining areas during service user meal service.
- Ward staff breaks must be co-ordinated to allow maximum staffing levels, to allow enough staff for the food service operation.
- To eliminate unwanted traffic through the wards during mealtimes, e.g. estates work and linen deliveries.
- To undertake the medication round after meal service unless medications are required to be administered before/with food. This will allow ward staff to observe the mealtimes and see how service users are progressing.

Responsibilities

NHS staff and visitors are asked where possible to stay off the wards or not to enter dining areas during mealtimes so that the emphasis is solely on nutritional care and enjoyment of the meal.

- Ward staff should work together to make food a priority during mealtimes so that all attention is on helping and encouraging service users to eat. Observations regarding the amount of food not consumed can be noted by the nurses to ascertain the need for referral to a dietitian or other corrective action.
- Where appropriate, visitors are encouraged to assist relatives and friends with eating to make mealtimes a more sociable and pleasurable experience for service users.

Key Points

- To create a quiet and relaxed atmosphere.
- To introduce an ambience at ward level by ensuring the ward dining room area is welcoming, clean and tidy.
- To provide an undisturbed mealtime for service users displaying notices at the entrance to wards – “This ward operates a protected mealtime service”, with the times of the meals displayed.
- To limit clinical activities to those that are relevant to mealtimes or essential at that time.
- To raise awareness to all Trust staff, service users, visitors and medical staff the importance of mealtimes as part of care and treatment for service users (Essence of Care).

Training for Staff

- The importance of the protected mealtimes as part of service user care.
- Build the procedure into nutrition training for staff.
- Wards need have an effective communication system in place to ensure that all new staff, e.g. agency and relief staff can enable a meal serving system that operates smoothly, ensures food is served hot, is eaten and an enjoyable part of the day.

3.5. Enteral Feeding

Any patient who has been admitted onto the ward with an enteral feed should be referred to the dietitian for nutritional assessment. These may be under our care or under that of a neighbouring dietetic team. Any young person that requires a period of enteral feeding during their stay must also be referred to the dietitian for a feeding plan. For those young people who are needing to be fed via nasogastric tube the following guidelines should be adhered to in conjunction with this guidance:

- Guideline for the Safe Insertion of Fine Bore Nasogastric Feeding Tubes for Young People Requiring Enteral Feeding as Part of the Eating Disorder Pathway (CAMHS Inpatient Unit)
- CAMHS Inpatient Service; Eating Disorders; Standard Operating Procedure

Discharge Guidance

The following guidance should be used to assess feed and ancillary requirements for young people being discharged from community wards who require further enteral feeding in a community setting. All items provided must be NPSA compliant. Compliance with the guidance ensures safe equitable provision of enteral feeds and feeding equipment on discharge.

The information is aimed at all community ward staff and dietitians involved in either ordering or providing feed and feeding equipment/ancillaries to patients on discharge from a community ward setting.

Patients, who are enterally tube fed on the ward, will need to be registered with ‘Nutricia Homeward’ on discharge by the dietetics department, for the further supply and delivery of feed and ancillaries/equipment (Appendix 4).

It is the responsibility of staff on the community wards to inform the dietitian of the patient's intended date of discharge at least 48 hours prior, so that the discharge paperwork administration can be commenced. If the patient has not already had training with regards to the administration of their feed or the care of their feeding device/stoma and requires such training, the Nutricia nurse must be contacted to arrange the training.

The Nutricia nurse can be contacted on 03457 623698.

Ten-day supply of feed and equipment must be provided to allow for the smooth transition from ward to home where further supplies will be provided by Nutricia Homeward. Please see 'Summary of Equipment Required on Discharge for Adult Enteral Tube Feeds'.

* If the patient has been transferred from Hull University Teaching Hospitals NHS Trust on a pump feed, they must supply the Infinity pump on transfer to the CAMHS unit.

TUBE TYPE	WARDS RESPONSIBILITY: EQUIPMENT TO BE PROVIDED ON DISCHARGE
Corflo PEG	<ul style="list-style-type: none"> • 2 x 60ml 7 day ENFIT syringes • 10 day supply of feed or nutritional supplements • If on a pump feed: 10 x 'Flocare Enplus Infinity pack giving sets' and an 'Infinity pump'* • Complete 'Home Enteral Feeding Discharge' paperwork and email to community dietitians (see Appendix 4)
Balloon Gastrostomy or Corflo RIG (including Prophylactic)	<ul style="list-style-type: none"> • 2 x 60ml 7 day ENFIT syringes • 2 x 5ml luer slip syringes (for balloon water changes) • 2 x 5ml sterile water ampoules (plastic ampoules) • 10 day supply feed or nutritional supplements • If on a pump feed: 10 x 'Flocare Enplus Infinity pack giving sets' and an 'Infinity pump'* • Complete 'Home Enteral Feeding Discharge' paperwork and email to community dietitians (Appendix 4)
Jejunostomy Tube	<ul style="list-style-type: none"> • 60ml ENFIT syringe – single use only therefore consider quantity required for 10-day supply to administer medications, feeds and sterile water • 10 day supply of Cow and Gate Sterile water 90ml bottles (if required for flushing) • 10 day supply of Nutrison Sterile Water packs (if extra water required) • 10 day supply of feed / supplements • 10 x 'Flocare Enplus Infinity pack giving sets' and an 'Infinity pump'* • Complete 'Home Enteral Feeding Discharge' paperwork and email to community dietitians (Appendix 4)
Balloon Jejunostomy Tube	<ul style="list-style-type: none"> • 60ml ENFIT syringe – single use only therefore consider quantity required for 10-day supply to administer medications, feeds and sterile water • 2 x 5ml or 10ml luer slip syringes (for balloon water changes– check size required) • 2 x 5ml or 10ml sterile water ampoules (plastic ampoules –check size required) • 10 day supply of Cow and Gate Sterile water 90ml bottles (if required for flushing) • 10 day supply of Nutrison Sterile Water packs (if extra water required) • 10 day supply of feed / supplements • 10 x 'Flocare Enplus Infinity pack giving sets' and an 'Infinity pump'* • Complete 'Home Enteral Feeding Discharge' paperwork and email to community dietitians (Appendix 4)
Nasogastric Tube	<ul style="list-style-type: none"> • 2 x 60ml 7 day ENFIT syringes • 10 day supply feed or nutritional supplements

TUBE TYPE	WARDS RESPONSIBILITY: EQUIPMENT TO BE PROVIDED ON DISCHARGE
	<ul style="list-style-type: none"> • If on a pump feed: 10 x 'Flocare Enplus Infinity pack giving sets' and an 'Infinity pump'* • pH indicator paper (100 tests per packet) • Complete 'Home Enteral Feeding Discharge' paperwork and email to community dietitians (Appendix 4)
Nasojejunal Tube	<ul style="list-style-type: none"> • 60ml ENFIT syringe – single use only therefore consider quantity required for 10-day supply to administer medications, feeds and sterile water • 10 day supply of Cow and Gate Sterile water 90ml bottles (if required for flushing) • 10 day supply of Nutrison Sterile Water packs (if extra water required) • 10 day supply of feed/supplements • 10 x 'Flocare Enplus Infinity pack giving sets' and an 'Infinity pump'* <p>Complete 'Home Enteral Feeding Discharge' paperwork and email to community dietitians (Appendix 4)</p>

4. REFERENCES/DEFINITIONS

MEED - [college-report-cr233-medical-emergencies-in-eating-disorders-\(meed\)-guidance.pdf \(rcpsych.ac.uk\)](https://www.rcpsych.ac.uk/colle-report-cr233-medical-emergencies-in-eating-disorders-(meed)-guidance.pdf)

Eating disorders: recognition and treatment (NG 69, NICE, 2017)

<https://www.nhs.uk/live-well/eat-well/the-eatwell-guide>

[STAMP - Screening Tool for the Assessment of Malnutrition in Paediatrics \(stampscreeningtool.org\)](https://www.stampscreeningtool.org/)

5. RELEVANT TRUST POLICIES/PROCEDURES/PROTOCOLS/GUIDELINES

[Food Safety Policy](#)

[Guideline for the Safe Insertion of Fine Bore Nasogastric Feeding Tubes for Young People Requiring Enteral Feeding as Part of the Eating Disorder Pathway \(CAMHS Inpatient Unit\)](#)

[CAMHS Inpatient Service; Eating Disorders; Standard Operating Procedure](#)

Appendix 1: East Riding Referral Form

EAST RIDING PAEDIATRIC NUTRITION AND DIETETICS SERVICE REFERRAL FORM

PLEASE NOTE: *Incomplete forms (especially without a recent weight and height) may be returned and lead to a delay in the patient being seen by a Dietitian.*

SURNAME:	FIRST NAME:
MR/MISS:	ETHNICITY:
ADDRESS: POSTCODE:	DATE OF BIRTH:
	TEL NO:
	NHS NUMBER:
GP NAME:	GP TEL NO:
GP ADDRESS:	GP FAX NO:
	INTERPRETER NEEDED: <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> DIAGNOSIS:	

<p>ESSENTIAL INFORMATION</p> <p>Date measured: _____</p>	<p>SUPPORTING INFORMATION:</p> <ul style="list-style-type: none"> • <u>Is there a lone working risk?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No • <u>Is there a safeguarding risk?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No • <u>Is the patient aware of referral?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No • <u>Has consent for the referral been obtained?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <p>(to include unintentional weight loss (last 3-6 months), all relevant blood results, social, past medical history, social, psychological, school)</p>
Height: (metres)	
Weight: (kg)	
BMI:	
Nutritional Screen	

REASON FOR REFERRAL:

<input type="checkbox"/> Anaemia <input type="checkbox"/> Assessment of Nutritional Status <input type="checkbox"/> Food consistency advice <input type="checkbox"/> Gastrointestinal Conditions <input type="checkbox"/> Management of Enteral Feed <input type="checkbox"/> Nutritional support <input type="checkbox"/> Poor dietary intake <input type="checkbox"/> Selective eating <input type="checkbox"/> Growth failure	<input type="checkbox"/> Feeding difficulties <input type="checkbox"/> Allergy/food intolerance <input type="checkbox"/> Unintentional weight loss <input type="checkbox"/> Weight Management/ Obesity <input type="checkbox"/> Autism <input type="checkbox"/> Learning disabilities <input type="checkbox"/> Physical disabilities <input type="checkbox"/> Micro nutrient deficiencies	<p>Other:</p> <ul style="list-style-type: none"> • Can patient weight bear Y/N • Hoist Y/N • Wheelchair Y/N • Parent/Guardian information
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PRINT NAME:	JOB TITLE:
ADDRESS (work place):	SIGNED:
	Note - Student referrals to be countersigned by Supervisor
TEL NO:	DATE:

Please email to: hnf-tr.humberpaediatricdietetics@nhs.net

Tel: 01759 448322, Becksid Centre, 1 Amos Drive, Pocklington, York, YO42 2BS.

Appendix 2: Hull Referral Form

NUTRITION AND DIETETICS SERVICE – REFERRAL FORM

PLEASE NOTE: Incomplete forms (especially without a recent weight and height) may be returned and lead to a delay in the patient being seen by a Dietitian. Please forward completed referral to (see below):

SURNAME:	FIRST NAME:
MR/MRS/MISS/MS:	ETHNICITY:
ADDRESS:	DATE OF BIRTH:
POSTCODE:	TEL NO:
GP NAME:	NHS NUMBER:
GP ADDRESS:	GP TEL NO:
	GP FAX NO:
	INTERPRETER NEEDED: <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> DIAGNOSIS	

ESSENTIAL INFORMATION Date measured: _____	SUPPORTING INFORMATION: <ul style="list-style-type: none"> • <u>Is there a lone working risk?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No • <u>Is there a safeguarding (adults/paeds) risk?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No • <u>Is the patient aware of referral?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No • <u>Has the patient given consent for the referral?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <p>(to include unintentional weight loss (last 3-6 months), all relevant blood results, social, past medical history, social, psychological, school)</p>
Height: (metres)	
Weight: (kg)	
BMI:	
Nutritional Screen/MUST Score	

REASON FOR REFERRAL:		
<input type="checkbox"/> Anaemia <input type="checkbox"/> Assessment of Nutritional Status <input type="checkbox"/> Diabetes <input type="checkbox"/> Food consistency advice <input type="checkbox"/> Gastrointestinal Conditions <input type="checkbox"/> Management of Enteral Feed <input type="checkbox"/> Nutritional support <input type="checkbox"/> Osteoporosis <input type="checkbox"/> Poor dietary intake	<input type="checkbox"/> Poor tissue viability <input type="checkbox"/> Symptom management <input type="checkbox"/> Unintentional weight loss <input type="checkbox"/> Weight Management/ Obesity Oncology patients only <input type="checkbox"/> Chemotherapy <input type="checkbox"/> Radiotherapy <input type="checkbox"/> Palliative Care Other (please provide details)	Health Visiting (paeds) <ul style="list-style-type: none"> • Universal Y/N • Universal Plus /N • Partnership Plus Y/N Other <ul style="list-style-type: none"> • Can patient weight bear Y/N • Carer information

PRINT NAME:	JOB TITLE:
ADDRESS (work place): Hull Royal Infirmary Anlaby Road Hu3 2JZ It the referral a ward referral? <input type="checkbox"/> Yes <input type="checkbox"/> No	SIGNED: Note - Student referrals to be countersigned by Supervisor
TEL NO:	DATE:

Please Post/Email to: NUTRITION AND DIETETICS SERVICE

- Hull Paediatrics & Adults – CHCP Dietetics Service, Unit 4, Henry Boot Way, Hull, HU4 7DY or CHCP.247111@nhs.net

Appendix 3: Dietary Needs Communication Form

Dietary Needs Communication for Catering Staff

Patient Name: _____

NHS No: _____ - _____ - _____

This information is for: new admission

update

Cultural dietary requirements: Halal

Kosher

Vegetarian

Special dietary needs:		Medical Conditions requiring special diet:	
Wheat-free		Diabetes	
Lactose-free		Coeliac disease	
Vegetarian		Obesity	
Vegan		Cardio-vascular disease	
		Malnutrition	
Other (please specify):		Other (please specify):	

Foods to avoid due to medical treatment:	Food allergies:
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Portion sizes:		
Regular		Weight loss
Large		Weight gain

Patient's food preferences (where possible):

Signed: _____

(Patient)

Signed: _____

Print: _____

On behalf of the clinical team on _____ ward.

Appendix 4 East Riding Community Wards Home Enteral Tube Feeding Discharge Summary

<p><u>PATIENT DETAILS:</u></p> <p>Name:</p> <p>Address:</p> <p>Tel No:</p> <p>Date of Birth:</p> <p>NHS No:</p> <p>Male / Female (circle)</p> <p>Other Contact:</p> <p>Relationship:</p> <p>Tel No:</p> <p>GP</p> <p>GP Address</p> <p>Consultant:</p> <p>Discharged Consultant: YES / NO / DON'T KNOW</p> <p>Home Visit Required: YES / NO</p> <p>Discharged Dietitian: YES / NO</p>	<p><u>FEED DETAILS:</u></p> <p>Name and Volume of Feed:</p> <p>Addition Water (if any): _____ mls/day</p> <p>Feeding Regimen:</p> <p>10 days feed/equipment given on discharge: YES / NO</p> <p>First delivery of feed required: / /</p> <p>Pump Training/Stoma Care: Arranged/Completed</p> <p>Feeding Route:</p> <p>Date current tube place: / / Make of Tube and size:</p> <p>Site of distal tip of tube:</p> <p>No per 28 days:</p> <p>Date of Discharge: / /</p>			
<p>Weight: Height: BMI: Weight</p> <p>Change (last three months):</p> <p>Diagnosis:</p> <p>Past Medical History:</p> <p>Any Oral Diet or Fluids, please state type and amount:</p> <p>Current Medication:</p> <p>Additional Information/Any relevant Blood Results:</p>	<p>(date</p>	<p>/</p>	<p>/</p>	<p>)</p>

PUMPDETAILS

Type of Pump:

Serial Number:

Drip Stand Supplied: **YES / NO** (see circle)Carry Pack Supplied: **YES / NO** (see circle)**Giving Sets:**

Name & Type:

No per 28 days:

Extension Sets:

Name, Type & Size:

No per 28 days:

Dressings:

Name & Size:

No per 28 days:

Name & Size:

No per 28 days:

Other items: (specify, including no. per 28 days)**ANCILLARY REQUIREMENTS**

Syringe	No. per 28 days
60ml 7 day ENFIT	
60ml single use ENFIT	

Balloon Requirements	
5ml Luer Slip Syringes	
5ml Sterile Water Ampoules	

BANSINFORMATION**Primary Reason for Home Enteral Tube Feeding** (Please tick one box)

Swallowing Disorder		Failure to Thrive	
GIT Obstruction		Unpalatability of Specialised Feeds	
Short Bowel		Improve/Maintain Nutritional Status	
Malabsorption		Other (please specify)	
Fistula			
Anorexia			

Functional Status (please tick one box)

Full Normal Activity		Ability to Manage Nutritional Support (please tick one box)
Limited Activity		Independent
Housebound		Requires Some Help
Bedbound		Requires Total Help
Unconscious		Child

I CONFIRM (please tick as appropriate)The patient wants to get feed from local chemist The patient wishes Homeward to dispense and deliver The patient authorises Homeward to contact GP for RX **Discharging Staff:****Discharging Hospital:****Tel No:****Date Completed:** / /**Signature:****Ward:****Date Received:** / /

Appendix 5: Food Charts



Humber Teaching
NHS Foundation Trust

Patient Label
Name:
NHS No:

FOOD RECORD CHART

Please record ALL food and drinks taken including supplements and snacks as part portions ($\frac{1}{2}$, $\frac{1}{4}$ etc.) or household measures (dessertspoon etc.)

	Day One			Day Two		
	Date:			Date:		
Time of day	Food/Drink/Supplements Offered	Amount Given	Amount Remaining	Food/Drink/Supplements Offered	Amount Given	Amount Remaining
Breakfast						
Mid-morning						
Lunch						
Mid-afternoon						
Evening Meal						
Supper						
Example	Beef casserole Potatoes mashed Carrots Semolina		$\frac{1}{2}$ portion 1 scoop 1 tablespoon All			

	Day Three		
	Date:		
Time of day	Food/Drink/ Supplements Offered	Amount Given	Amount Remainin g
Breakfast			
Mid-morning			
Lunch			
Mid-afternoon			
Evening Meal			
Supper			
Example	Beef casserole Potatoes mashed Carrots Semolina		½ portion 1 scoop 1 tablespoon All

Patient Label

Name:

NHS No:

FLUID BALANCE CHART

Date		Sheet number							
One hour period up to	Volume of Intake					Volume of Output			
	As water	As electrolytes in solution				Urine	Drainage and sputum	Diarrhoea	Naso-gastric or vomit
	Mouth or stomach tube	Batch number	Type of fluid	Volume	Additives				
12.00									
01.00									
02.00									
03.00									
04.00									
05.00									
06.00									
07.00									
08.00									
09.00									
10.00									
11.00									
12.00									
13.00									
14.00									
15.00									
16.00									
17.00									
18.00									
19.00									
20.00									
21.00									
22.00									
23.00									
Total for period <u>am to am</u> <u>pm pm</u>									
Total for 24 hours									
Balance for 24 hours:						Body Weight:			

Paediatric Speech and Language Therapy Referral Form - Dysphagia

 Forename Surname DOB / /

 Address

 Postcode Telephone Number

 NHS number GP

 School / Nursery

 Name of Parent/Guardian Parent/Guardian consent obtained **YES / NO**

 Has the child previously been known to Speech and Language Therapy? **YES / NO**

Reason for referral (include any medical diagnosis, professionals involved and if the child has been referred to the social communication panel)

 Is English the first language? **YES / NO** Interpreter required **YES / NO** Language

Are there any safeguarding concerns / is the child a Looked After Child, including all relevant details.

Is there any other support required to enable parent/guardian to attend appointments? Consider learning difficulties, reading and writing problems. Please advise if a format other than standard print is required e.g. Braille, larger print, electronic, audio.

Referrer's Details:

 Name

 Job Title

 Address

 Tel Number Date of referral

 E-mail

Please return to: Speech and Language Therapy Dept., 1st Floor
 Victoria House, Park Street, Hull, HU2 8TD. **Telephone 01482 6179221**

Appendix 7: Parental Consent Form for communicating with individual patients via text/email

Child's name:	_____
NHS Number:_____	Date of Birth:_____

When you are receiving a service from us we want to keep in contact with you. We will do this in the way that is easiest or most convenient for you. We understand that people use e mail and mobile phone texts much more now. We also understand that you may want to let someone else receive or send messages for you. This could be someone who is looking after you or someone who you have chosen to help you.

If you tell us that you would like to use e mail or mobile phone texts in this way, we will do this. First of all, we need to agree about how we do it and this is explained below:

1. We will use e mail or text because you have told us this is how you want to keep in contact with us.
2. When sending messages outside of the NHS, there might be a risk of someone seeing the message who shouldn't. To make it safer you should:
 - Try not to use a public or work computer.
 - Let us know right away if you change your e mail address or mobile phone number.
 - Do your best to keep the messages safe and confidential, for example do not leave your computer switched on when you are not there and don't tell somebody else your password.
 - Have a pin code on your mobile phone and keep it secret.
3. Depending on the service you are receiving, it may be possible for you to send e-mails or texts to a Trust e-mail address or mobile phone number. In such cases, you should
 - Only send messages containing non-sensitive and non-urgent issues.
 - Include your full name in the main part of an e-mail so that we can correctly identify you.
 - Keep personal data sent in text messages to a minimum (your key worker will hold your contact details in an encrypted or pin coded mobile phone).
4. Your e mails, text/voice messages to Trust mobile phones will be treated as non-urgent. We cannot say exactly when they will be actioned. If you need to contact us urgently you should telephone us on 01482 617758.
5. We will have to end this agreement if we find out that our systems are at risk from things such as computer viruses that are being sent.
6. When you send us a message, we will make a record of it in your notes.

I accept the above conditions and agree for e mail/mobile phone texts (delete whichever does not apply) to be used to communicate with me and the Trust.

E-mail address to be used.....

- Only tick this box if you prefer e-mails to be sent securely using the NHS encryption service. I understand I will need to register for this service electronically
- Only tick this box if you would like a copy of this form for your records

Mobile Phone number to be used.....

If you give consent but would like to restrict the information that is shared using e-mail/mobile phone texts (e.g. information about appointments only) please provide details below.

.....
.....

NAME:.....SIGNED.....DATE.....

Appendix 8: Eating and Drinking Difficulties Observation Checklist



Speech and Language Therapy: Eating and Drinking Difficulties Observation Checklist (to accompany all community feeding referrals)

Please refer any child who:

- Coughs regularly on feeds and has a history of chest infections
- Has feeding difficulties associated with a medical diagnosis e.g. Down Syndrome, Cerebral Palsy, etc.
- Has feeding difficulties and presents with faltering growth
- Has previously been known to the SLT feeding service who is experiencing renewed difficulties

Please note we do not see children who are experiencing delayed development of their weaning skills or where biting and chewing skills are demonstrated but may only be used for certain foods.

Please complete the following observational checklist and attach to the referral form:

Please ensure that you have observed the child eating and drinking, and comment on the following	
1. What does the child usually eat and drink?	
2. Behaviours and routines: • Does the child sit to eat at mealtimes? a. Yes/No	Further details:

<ul style="list-style-type: none"> • Are mealtime routines established? Yes/No 	
<p>3. Please describe the mealtime and observations of the child's eating and drinking</p>	
<p>4. Please comment on the following:</p> <ul style="list-style-type: none"> • Gagging: Yes / No • Vomiting: Yes / No • Choking: Yes / No • Concerns on weight gain: Yes / No 	<p>Further details:</p>

Completed by..... Place of Work.....

Contact Number.....