



East Suffolk and
North Essex
NHS Foundation Trust

Nutrition in older adults

A guide to optimising the nutritional status
in individuals who have lost weight or have a
poor appetite using the Food First approach

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Introduction

This booklet provides a guide to the Food First treatment for the prevention and treatment of malnutrition.

Malnutrition risk is identified through the Malnutrition Universal Screening Tool (MUST). Information on the MUST tool and how to calculate malnutrition risk can be found on the BAPEN website: www.bapen.org.uk.

Food First should be initiated for residents with a MUST score of 1 or above.

In good health, a healthy balanced diet can supply all the energy and nutrients that help to keep us well. However, if we are unwell or have a poor appetite it can be difficult to eat and drink enough to meet our body's needs and this can lead to weight loss. Therefore, we need to utilise energy, protein and micronutrient dense foods to meet nutritional needs.

There are four main ways in which you can help meet your resident's needs:

- 1 Offering little and often: three meals and 2–3 snacks per day.
- 2 Encouraging nutritious drinks: offering 1–3 per day.
- 3 Food fortification: adding high calorie and protein-rich foods to meals and drinks to increase nutrient density.
- 4 Choosing full fat, full sugar food items.

The CQC

This leaflet will support your home to meet the Care Quality Commission's regulation 14: Meeting nutritional and hydration needs. Regulation 14 states:

"The nutritional and hydration needs of service users must be met."

"A variety of nutritious, appetising food should be available to meet people's needs."

"Where a person is assessed as needing a specific diet, this must be provided in line with that assessment" (this includes advice on a fortified diet and nutritious drinks).

"Snacks or other food should be available between meals for those who prefer to eat 'little and often'."



Nutritious snacks

If we have a small appetite having three small meals supplemented with 2–3 snacks per day can help to increase our intake. Snacks should be high in calories and protein and be provided between meals. Avoid offering snacks close to mealtimes as this may affect the resident's appetite.

Offer two courses at mealtimes to promote energy intake. Allow time between courses.

50–100 kcal sweet snack options

- Pot of jelly (not sugar free)
- Biscuit
- Banana
- Mini pastry éclair

100–200 kcal sweet snack options

- Thick and creamy yoghurt
- Pot of custard
- Trifle
- Handful of dried fruit
- Small chocolate bar
- 2 scoops of ice cream
- Pot of rice pudding
- Jam tart
- 5 jelly babies
- Hot cross bun
- Fruit scone
- Mousse or Angel Delight

100–200 kcal savory snack options

- Packet of crisps
- 3 mini sausage rolls
- Mini pork pie
- 2 crackers and cheese
- Creamy soup
- 3 cheese straws
- Handful of nuts

200–300 kcal savory snack options

- Scotch egg
- Cheese scone and butter
- Slice of quiche
- English muffin and butter



Nutritious drinks

Nutritious drinks are useful to boost nutritional intake when our appetite is poor. Nutritious drinks do not suppress people's appetite as much as snacks or meals do. This makes nutritious drinks useful to boost nutritional intake. Offer 1–3 per day between meals.

Nutritious drinks include:

- **Milky drinks:** milkshakes, hot chocolate, Ovaltine, Horlicks, drinking yoghurt or lassis (not probiotic drinks), milky teas and coffees. Adds 100–200kcal per serving.
- **Fruit-based drinks:** pure fruit juice, high juice, smoothies, full-sugar fizzy drinks, full-sugar sports drinks. Adds 70–150kcal per serving.
- **Savoury drinks:** fortified cup of soup.

See recipes on pages 10–11.

Full fat and sugar options

If you notice your resident has a poor appetite or has lost weight avoid low fat, diet options which can fill them up without providing sufficient energy and protein. Check you are offering whole milk, thick and creamy yoghurts, desserts, full fat and full sugar sauces and butter or full fat spreads.

Food fortification

Food fortification is a technique used to increase the energy, protein and micronutrient content of meals without increasing the portion size. This is helpful for residents who have a small appetite.

To fortify foods we add suitable energy and protein-dense items to our foods and drinks, see the list on the following page.

Commonly used food fortification ingredients should be available in all areas of food and drink preparation such as the tea trolley, main kitchen and unit's kitchen to ensure resident's intake is maximised.

Ingredient	Adds calories	Adds protein
Dried milk powder (skimmed or full cream)	✓	✓
Double cream, evaporated and condensed milk	✓	✗
Egg white powder	✓	✓
Butter or oil	✓	✗
Nut butters	✓	✓
Cheese including soft cheese	✓	✓
Pesto	✓	✗
Dried coconut powder	✓	✗
Pâté	✓	✓
Honey, jam, sugar and syrups	✓	✗
Mayonnaise or salad cream	✓	✗
Sauces (white, cheese, white wine, pepper, butter sauces)	✓	✓ (White and cheese sauce only)
Avocado, guacamole, hummus or sour cream	✓	✓ (Hummus only)

Examples include (per portion):

Fortified milk: Add 4tbsp of dried milk powder per pint of whole milk. Adds 185kcal, 19g protein.


Porridge and Weetabix: Make using fortified milk and add 1–2tbsp double cream. Adds 120–190kcal, 5g protein.

Yoghurts, custard, rice pudding, mousses and other milky puddings: Add 1–2tsp dried milk powder and 1tbsp double cream. Add jam or syrup to further increase calories. Adds 120–160kcal, 4g protein.

Mashed potato: Add 1–2tbsp double cream and fortified milk to mash. Add butter and cheese to further increase calories. Adds 75–250kcal, 1–8g protein.

Soups and sauces: Add 1–2tbsp double cream, 1–2tbsp dried milk powder and grated cheese. Adds 115–350kcal, 5–20g protein.

Vegetables and salad: Add a knob of butter, salad dressing, pesto, mayonnaise, grated cheese, olive oil or serve in a cheese sauce.

Add butter, oil, pesto, hummus, avocado, salad dressings, mayonnaise, cheese and sauces to potatoes, vegetables or salads, sandwiches and pasta. 

Finger food

Finger foods are useful for people who have difficulty using cutlery or those who walk with purpose. Try offering finger foods in a chip cone, paper 'sweet bag' bag, ice cream cone or net bag attached to walking frame to maintain dignity.

Mix and match finger food ideas

Breakfast:

- Toast with butter and preserves.
- Sliced boiled egg, chopped sausage, cherry tomatoes and toast fingers.
- Buttered crumpets or English muffin.
- Cereal bar.
- Sliced fresh fruit such as banana, apple, grapes, pear, orange segments with yoghurt dip.

Lunch:

- Chicken, pork or beef pieces, fish fingers, fish goujons, chicken drumsticks, beef/vegetable burger, pizza slices or mini quiches.
- Boiled or roast potatoes, potato croquettes, chips, potato wedges, potato waffles, pitta bread or sliced bread.
- Broccoli, cauliflower, carrot batons, fine green beans, cherry tomatoes, cucumber, sliced pepper, onion rings.

Evening meal:

- Sandwiches, toasties, bagels, cheese or pâté on toast.
- Slices of pork pie, scotch eggs, quiche, sausage and vegetarian rolls.
- Samosa and bhaji.
- Cheese straws, cheese cubes, crisps, garlic bread.
- Sliced pepper, cucumber, cherry tomatoes.
- Sliced fruit.

Snacks and desserts

- Fresh fruit slices with yoghurt dip.
- Handful of dried fruit.
- Sponge cake or pastry éclairs.
- Cheese and biscuits.
- Milk lolly, choc ice or ice cream in a cone.
- Flapjack or biscuits.
- Crisps, cheese straws or breadsticks with dips.



Potential causes of malnutrition

Weight loss and poor appetite are often caused by an underlying factor. It is important to check for any underlying causes of weight loss. When weight loss is noted use the following as a checklist to uncover potential causes.

Potential cause	Intervention
Cognitive impairment	Provide adequate assistance: prompt, offer assistance. Trial colour contrasting plates to draw attention to meals. Offer family-style meals. Provide meals at a time to suit the resident. Allow 10 seconds for someone to make a decision.
Chewing problems	Check oral health and consider requesting dental treatment. Consider texture modification. Ensure good mouth care.
Swallowing problems	Referral to speech and language therapist to assess and advise on safe textures. Texture modification.
Depressive mood, depression	Request a GP to review for psychiatric involvement. Encourage eating and drinking with others. Encourage group activities.
Poor dexterity	Specialist tableware such as rimmed plates, lightweight glasses, weighted cutlery, non-slip mats. Consider a referral to an occupational therapist.
Bowel habits (constipation or diarrhoea)	Discuss with GP to review the cause and recommend treatment.
Eating environment	Observe the eating environment. Sit poor eaters next to good eaters and pair with favourite staff members. Observe for any offensive smells. Is the environment calm? Is music suitable?
Restrictive diets	If the resident is on a restrictive diet, such as a diabetic diet, low fat etc, request a review by their GP to consider liberalisation.



The eating environment

Mealtimes

- Offer a choice of meals and allow time for the resident to make their decision.
- Use pictorial menus to show what the meal looks like.
- Use sensory stimulation such as the smell of food being prepared and set the tables in front of the residents.
- Have soothing background music and good lighting.
- Consider seating arrangements and promote dignity and respect for those who may have difficulty eating.

Food-related activities

Enhance appetite through involving residents in:

- mixing cake mixes
- decorating biscuits or cakes
- laying tables
- clearing dirty plates
- sandwich making
- holding themed events such as food taster days or a film night with cinema-style snacks
- talking to residents about food through discussing childhood favourite foods, growing their own food, cooking for family and loved ones and wartime rationing (as age appropriate)
- have decorated, themed tea trollies for tea rounds – for example, Mad Hatter's tea party or tropical theme to engage and stimulate residents' interest.



Recipes: Nourishing drinks

Swapping residents' drinks from low-calorie options such as water and squash to more nutritious options can increase their nutritional intake. Try some of these recipes below.

***IDSSI levels are for guidance only. Please test your own recipe to ensure suitability and safety.**

Homemade milkshake

Ingredients:

- Milkshake powder/syrup eg Nesquik or Crusha (2–4 tbsp)
- Whole milk (200 ml)
- Milk powder (1 tbsp)
- Double cream (2 tbsp)

IDSSI level: 0*.

Nutrition: 446kcal, 13g protein.

Cost: 34p per serving.

Method:

- 1 Combine all the ingredients together with a whisk or in a blender until smooth.

Tip: Nesquik powder is fortified with key vitamins and minerals for older people! Add a scoop of ice cream for extra calories and protein.

Fruit juice

Ingredients:

- Fresh fruit juice such as orange, pineapple, apple juice (180 ml)
- High juice/cordial (20–30 ml)
- Milk powder (2 tbsp) or egg white powder (10 g)
- Sugar to taste (optional)

IDSSI level: 0* NOT SUITABLE for thickening.

Nutrition: 222kcal, 12g protein.

Cost: 19–74p per serving.

Method:

- 1 Add the milk powder/egg white powder to fruit juice and high juice and whisk until dissolved.

Tip: Blend in tinned fruit/soft fresh fruit for a smoothie-like drink. Use egg white powder to increase the protein content for residents unable to tolerate milk. This can be bought from the home baking section of supermarkets.



When preparing coffee, malt drinks such as Ovaltine or Horlicks and hot chocolates use fortified milk and add double cream to boost calories and protein.

Offer malt drinks and hot chocolate before bed to easily boost nutritional intake.

Fortified Hot Chocolate, Coffee or Malt drink

Ingredients:

- Hot chocolate, Horlicks, Ovaltine powder (2–4 tbsp) or coffee (1–2 tsp)
- Whole milk (200 ml)
- Milk powder (1 tbsp)
- Double cream (2 tbsp)

IDSSI level: 0*.

Nutrition: 443kcal, 14g protein.

Cost: 35–56p per serving.

Method:

- 1 Add milk powder to drink powder and mix.
- 2 Add warmed milk to the powder and mix well.
- 3 Add double cream and serve.

Tip: Add squirty cream and marshmallows to hot chocolate for an additional treat!

Fortified Cup of Soup (savoury option)

Ingredients:

- Cup of soup sachet (cream of variety)
- Double cream (1–2 tbsp)
- Milk powder (1 tbsp)

IDSSI level: 0*.

Nutrition: 280kcal, 7.5g protein.

Cost: 19–74p per serving.

Method

- 1 Empty soup sachet into a mug and mix in the milk powder.
- 2 Make up as per pack instructions.
- 3 Stir in the 1–2 tbsp double cream.

Tip: Choose cream of variety soups as they mix better with cream and milk powder.



Recipes: Nourishing snacks

Having snacks between meals has been shown to increase the energy and protein intake of those who are at risk of malnutrition. Aim to give three small meals and 2–3 snacks per day.

See page 4 for high calorie and protein snack ideas.

In addition to these recipes you can fortify other milky puddings such as semolina puddings in the same way by adding double cream and dried milk powder.

Fortified mousse

Ingredients (makes 4 servings):

- 1 packet of Angel Delight mix
- Double cream (150ml)
- Milk powder (1tbsp)
- Whole milk (150ml)

IDSSI level: 4* (without chocolate shavings/sauce).

Nutrition: 281kcal, 3.5g protein.

Cost: 29p per serving.

Method

- 1 Add milk powder to angel delight mix.
- 2 Add milk and double cream and whisk until thick.
- 3 Portion into 4 bowls and then chill for 5 minutes before serving.

Tip: Add dessert sauce, squirty cream or chocolate shavings to increase calories.

Fortified rice pudding

Ingredients:

- Ready-made or homemade rice pudding (125g)
- Milk powder (1tbsp)
- Double cream (1tbsp)

IDSSI level: 7*.

Nutrition: 214kcal, 10g protein.

Cost: 18p per serving.

Method

1. Add milk powder and double cream to ready-made rice pudding.

Tip: Add jam, lemon curd or stewed fruit. Purée to correct IDSSI level.



Fortified yoghurt

Ingredients:

- 1 pot smooth thick and creamy yoghurt
- Milk powder (1tbsp)
- Double cream (1tbsp)

Method:

- 1 Add milk powder and double cream to yoghurt and mix well.

IDSSI level: 4*.

Nutrition: 271kcal, 11g protein.

Cost: 46p per serving.

Fortified custard

Ingredients:

- Ready-made custard (150ml)
- Milk powder (1tbsp)
- Double cream (1tbsp)

IDSSI level: 3*.

Nutrition: 280kcal, 10g protein.

Cost: 20p per serving.

Method:

- 1 Add milk powder and double cream to ready-made custard and mix well.

Tip: For residents requiring a vegan/dairy-free diet try Birds custard powder made with non-dairy milk and fortify with dairy-free cream.

Nutrient-rich corn flake/ crispy rice cake

Ingredients (makes 10):

- Vitamin-fortified cornflakes or crispy rice cereal (85g)
- Milk chocolate chips (170g)
- Smooth peanut butter (2tbsp)

IDSSI level: 7*.

Nutrition: 144kcal, 2.4g protein.

Cost: 6p per serving.

Method:

- 1 Melt together the chocolate chips and the peanut butter in a saucepan (low heat).
- 2 Stir in the cereal until coated then place in a square baking tin lined with grease-proof paper. Chill until set then cut into 10 pieces.



Recipes: Dairy free

If your resident dislikes dairy, follows a vegan diet or struggle to tolerate dairy then try these dairy free recipes.

You can make with your resident's favourite dairy free milk and cream alternative. For a protein boost blend in peanut butter or egg white powder (not vegan).

Other dairy free options include our fruit juice recipe made without milk powder and coffee made with dairy free milk and cream. Cadburys Hot Chocolate Cocoa powder is currently made to a vegan and dairy free recipe and can be made with dairy free milk.

Simple dairy free milkshake

Ingredients:

- 'Whole' oat milk or whole dairy free alternative (100ml)
- Oat cream or dairy free cream alternative (100ml)
- Milkshake powder eg Nesquik or Crusha (2–4 tbsp)

Method:

- 1 Combine all the ingredients together with a whisk or in a blender until smooth.

Tip: Add a scoop of dairy-free ice cream to boost calories and protein.

IDSSI level: 0*.

Nutrition: 215kcal, 3g protein.

Cost: 61p per serving.

Dairy free peanut butter and banana shake

Ingredients:

- 'Whole' oat milk or whole dairy free alternative (100ml)
- Oat cream or dairy free cream alternative (50ml)
- 1 small banana
- Smooth peanut butter (1tsp)
- Honey or golden syrup (1tsp)

Method:

- 1 Combine all the ingredients together and blend until completely smooth.

Tip: Leave out the honey/golden syrup for a savoury tasting drink. This recipe can also be made with dairy milk and cream for those not requiring a dairy free diet.

IDSSI level: 0*.

Nutrition: 305kcal, 6g protein.

Cost: 52p per serving.



Recipes: High calorie shots

High calorie shots are great for individuals who struggle to tolerate larger volumes to boost their intake.

They are best taken as small shots three times a day. Below are two recipes: one made with cream and the other with olive oil for those who dislike or can not tolerate cream.

You may wish to offer these with medication rounds.

Cream shot

Ingredients:

- Double cream (40ml)
- Flavouring: vanilla extract, dessert sauces, milkshake powder/syrup

IDSSI level: 0*.

Nutrition: 202kcal, 1g protein.

Cost: 13p per serving.

Method:

- 1 Mix the ingredients until just incorporated. Do not over mix as the cream may become too thick to drink.

Low sugar shot

Ingredients:

- 75ml double cream
- 25ml whole milk
- 1–2 tbsp sugar free milkshake syrup (eg Crusha)

IDSSI level: 0*.

Nutrition: 365kcal, 0g protein.

Cost: 8p per serving.

Method:

- 1 Combine all three ingredients together and split into 3–4 individual shots.

Tip: Offer a shot with each medication round.



Advice for dementia

Malnutrition and weight loss can hasten the progression of dementia on top of increasing the risk of other complications.

It may be more difficult to uncover why your resident's appetite has decreased, use the following list as a guide:

- **Check oral health:** Do they have a sore or infected mouth? Are their dentures ill fitting? If yes, consult with their GP or dentist.
- Are they **showing any signs of pain?**
- **Low mood:** Depression is common in dementia and loss of appetite can be a sign.
- **Communication difficulties:** If the resident is having **difficulties in expressing themselves** they may communicate their needs through behaviour. Offer a choice at mealtimes, use pictures and prompts.
- **Medication:** Medications can affect appetite, taste and bowel habits. If a change in oral intake has occurred with a medication change speak with their GP.
- **Constipation:** Constipation can make an individual feel bloated and feel full quickly post eating, nauseous and low in mood. Ensure adequate fluids, fibre and speak to their GP.
- **Difficulty in swallowing:** If a resident is having difficulty with swallowing their food or drink, coughing on foods or having frequent chest infections refer to the speech and language therapy department.

Common problems

Recognising food and drinks: Use brightly coloured cutlery and crockery to draw attention to the food, explain to the resident what they have in front of them. Describe menu items in simple to understand terms.

Concentration: If a resident with dementia is having difficulty with concentration try smaller but frequent portions and finger foods. Ensure the dining environment is free from distractions and avoid unnecessary items on the table.

Walking with purpose: Offer foods when settled and trial giving finger foods in a chip cone or ice cream cone to have on the move.



Motor difficulties: You may need to provide extra support to enable a resident to eat and drink independently, for example: chop up their food, provide prompts, use finger foods, consider adapted cutlery. Allow more time for people with dementia to eat their meals without feeling rushed. Keep their food warm and appetising by serving half portions.

Preference for sweet foods: Add sweetness to savoury meals through the use of chutneys, sweet vegetables, roast vegetables in honey, add small amounts of honey or sugar to savoury meals.

Poor fluid intake: Have fluid in reach at all times, use a clear glass so fluid can be seen, trial hot and cold fluids, ensure the glass is suitable, offer foods that are rich in fluids.

Tips

Stimulate interest and enjoyment in food through celebrating special occasions, holding coffee mornings, dinner and dance events.

Provide sensory cues such as food smells, get residents involved in setting the dinner table.

Create a social dining experience where residents can sit with each other and copy others eating behaviours—sit good eaters next to poor eaters.

Discuss personal preferences—favourite foods, traditions, favourite cups. Have conversations about food to evoke memories especially around celebratory times such as Christmas, Easter, birthdays, religious celebrations.

Have pictorial menus to help with food recognition and food choice.

Tastes can change—stronger flavours and sweet flavours may be preferred. Add spices, herbs, cheese to flavour meals. If sweetness is preferred roast carrots, parsnips in honey, add 1tsp of sugar to tomato-based sauces such as mince, add raisins to curries and add sweet sauces to foods such as cranberry or apple sauce and tomato ketchup.

Have snacks available for people to help themselves to and offer prompts.

Offer encouragement to drink by having a variety of drinks available. Prepare a drink rather than offering and say 'I have made you a lovely drink'.



Texture modified diet

Dysphagia is the medical term for swallowing difficulties.

Signs of dysphagia However, a resident may have NONE of these signs	Dysphagia is common in residents who have
Bringing food back up, sometimes through the nose Coughing or choking when eating or drinking Sensation that food is stuck in the throat or chest Persistent drooling of saliva Being unable to chew food properly A 'gurgly' wet sounding voice when eating or drinking Frequent chest infections	Dementia Experienced a stroke Motor neurone disease Multiple sclerosis Learning difficulties Breathing difficulties

Speech and language therapists diagnose swallowing difficulties and may recommend a texture modified diet and thickened fluids. People requiring a texture modified diet may be at increased risk of malnutrition. You can add extra nourishment through:

- using full-fat products – whole milk, yoghurts, spreads, condiments
- choosing energy-dense sauces – cheese sauce, creamy sauces. Or add calories through adding cream, oil, pesto, milk powder, grated Cheddar cheese*, evaporated milk
- adding calories to vegetables by adding mayonnaise, salad cream, oil
- fortifying soups with cream, milk powder, grated Cheddar cheese
- offering puddings after a meal – full-fat yoghurts, rice puddings, texture modified plain sponges with thick cream or custard, and mousses. Add calories with cream, evaporated milk, milk powder, smooth jams
- snacking between meals – mousses, plain biscuits soaked in soaking solutions (speak to a speech and language therapist), yoghurts, texture modified fruits, fruit smoothies or milkshakes (thicken as advised).

*Grated hard cheese such as Cheddar, Red Leicester, and Parmesan are suitable if mixed in appropriately. Avoid string cheese or cheeses that do not melt or have a rind.

For more information and to see the testing methods visit iddsi.org



Malnutrition and type 2 diabetes

A care home resident with type 2 diabetes may be at increased risk of malnutrition due to following a therapeutic diet. If a resident with diabetes scores on MUST we can reduce their risk of malnutrition whilst having minimal impact on their blood sugars.

In the short term, the risk of malnutrition is greater than a small rise in blood glucose. Any rise in blood glucose should be managed through adjustments in medications. It is important to monitor blood glucose in residents receiving nutrition support.

Dietary changes should involve:

- offering little and often
- nutritious drinks such as milkshakes, hot chocolate, Horlicks, Ovaltine, fortified milk and fortified cup of soups. If offering pure fruit juice or smoothies offer a maximum of 1 small glass per day
- choosing snacks such as rice pudding, yoghurt, mousse fortified with cream and milk powder, savoury snacks, toast or cereal and plain sponges and biscuits
- choosing full fat options
- food fortification with protein and fats.

Food fortification

To reduce any impact of blood sugar (glucose) levels choose fortification ingredients that are high in fat and or protein rather than sugar.

These include: double cream, evaporated milk, skimmed milk powder, cheese, cream cheese, pâté, crème fraîche, peanut butter, oils, butter, pesto, mayonnaise, savoury sauces and hummus.

Drink recipes

To ensure nutritious milkshakes are suitable for residents who have diabetes try the following:

- make with no added sugar Crusha syrup, reduced sugar milkshake powder, vanilla extract or turn into a warm drink by adding plain cocoa powder sweetened with an artificial sweetener to warm milk
- blend in berries such as strawberries or raspberries for a refreshing taste.



Poor appetite and kidney failure

Chronic Kidney Disease (CKD) is a common condition in older adults. Kidneys help filter waste products from the body, with CKD the kidneys do not do this so well. With kidney disease the amount of protein in the diet needs to be balanced to meet requirements to build muscle, repair tissue and recovery from illnesses, but not exceed requirement as this leads to a build-up of waste products in the body and can cause harm to the kidneys. Please follow the below guidance for supporting older adults with a poor appetite and kidney disease to protect kidney health and treat malnutrition.

Food fortification ideas

These are based on supplying extra calories through adding energy dense fats and carbohydrates.

These will add an extra 50–100kcal	Add to
2–3 teaspoons of sugar, honey, syrup, or jam*	Drinks, puddings, and cereals. Spread syrup/honey/jam on bread
A tablespoon of pickle, relish	Sandwiches, ploughmans
2 teaspoons of butter/full fat spread	Sandwiches, toast, crackers, scones, or chapatti. Add to vegetables, potatoes, and savoury creamy sauces
3 heaped dessert spoons of rice, mashed/diced potato, or pasta	Pasta or stews to bulk them up

These will add an extra 100–200kcal	Add to
Match box size of hard cheese	Soups, sauces, scrambled eggs, omelettes, pasta dishes, savoury sauces, mashed potato or as a snack with grapes or biscuits
A tablespoon of oil, butter, margarine	Potatoes, vegetables, pasta, noodles, and sauces



These will add an extra 100–200 kcal	Add to
A tablespoon of double cream	Milky drinks, tinned fruit, desserts, porridge, soups, sauces, scrambled egg, mashed potato
Tablespoon of full fat mayonnaise	Sandwiches, potatoes, eggs, tinned tuna, vegetables, salads
Tablespoon of full fat cream cheese	Potatoes, pasta, sandwiches, spread on toast/bread

Please note: Avoid fortifying with skimmed milk powder unless advised to do so by a dietitian. Skimmed milk powder is high in protein.

Snack ideas

Aim to have 2–3 snacks per day between meals.

Savoury snacks
Crackers with butter and cream cheese, crisps, toast with butter/cream cheese/peanut butter, cheese scone and butter, popcorn, mini cheddars, bread sticks and dip, crumpets, onion rings, chicken nuggets, samosas, sausage rolls, mini pork pies, cocktail sausages, cheese and onion rolls, mini quiches, vegetarian equivalents such as Quorn
Sweet snacks
Croissants, biscuits, flapjacks, cakes, apple pies, fruit scones with jam and cream, jam tarts*, profiteroles, fruit or dried fruit*, mousse, thick and creamy yoghurts, marshmallows*, jelly babies*

* indicates food high in sugar and not suitable for individuals living with diabetes.

Adapting homemade nourishing food first recipes for CKD

- **Homemade milkshake.** Adapt through avoiding the addition of skimmed milk powder.
This will provide 404 kcal, 9g protein.
- **Fruit juice.** Adapt through avoiding the addition of skimmed milk powder or egg white powder.
This will provide approximately 132 kcal, 0g protein.

- **Fortified Hot Chocolate, Coffee or Malt drink.** Adapt through avoiding the addition of skimmed milk powder. This will provide 443 kcal, 10g protein.
- **Cup of Soup (savoury option).** Adapt through avoiding the addition of skimmed milk powder. This will provide 280 kcal, 4g protein.

Or try our **high energy booster shots** which can be taken in 3 x 40 ml doses. For a low sugar option for individuals with diabetes trial our low sugar shot recipe on page 15.

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Lemon shot

Ingredients:

- 75 ml double cream
- 25ml milk
- 1 heaped tablespoon lemon curd

Method:

- 1 Make a paste by mixing the lemon curd in with a little of the cream, then slowly add the rest of the cream and milk.
- 2 Offer in 3 x 40 ml shots per day.

Nutrition: 555 kcal per 3 shots

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Strawberry shot

Ingredients:

- 80 ml double cream
- 1–2 tsp strawberry syrup
- 2 tbsp ice cream

Method:

- 1 Mix all ingredients together. Avoid overmixing as the cream will thicken.
- 2 Offer in 3 x 40 ml shots per day.

Nutrition: 470 kcal per 3 shots

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Pressure ulcers

Pressure ulcers are an injury to the skin and underlying tissue. Pressure ulcers are mainly caused by lengthy pressure on the skin. They can develop anywhere but tend to develop on bony areas.

Factors that increase the risk of pressure ulcer development:

- malnutrition (undernutrition) including unplanned weight loss
- obesity
- restricted mobility
- older age
- medical conditions that affect blood flow to the skin or affect movement.

Treatment

Alongside involvement from the nursing team (who can advise on positioning, dressings, mattresses and pressure-relieving equipment) to enable healing a nutrient rich diet and good hydration is required.

Pressure ulcers increase the need for calories (energy), protein and vitamins and minerals. Providing a balanced fortified diet may help in wound healing.

Nutrient	Include the following
Protein	Eggs, red meat, white meat, beans, fish, lentils, cheese, soya, yoghurt, milk, nuts and nut butter, seeds and meat paste. Fortified milk. Add skimmed milk powder to soup, yoghurts, custard and milky puddings, mash potato and sauces.
Energy	Promote full fat products and a fortified diet. Offer snacks and nourishing drinks between meals.
Vitamins and minerals	Vitamin fortified drinks such as Nesquik milkshakes and Nesquik hot chocolate powder, Horlicks, Ovaltine, fruit smoothies. Fruit and vegetables such as dried fruit, fruit crumbles and cakes, fruit juice, vegetables in meals and with meals. Fortified cereals such as Readybrek, Weetabix, and breakfast cereals.



High protein, nutrient-rich diet

Older people have higher protein requirements compared to younger age groups. They require a more protein-dense diet to help maintain their muscle mass and strength. Older people are at greater risk of muscle wasting and loss of lean body mass. Muscle mass loss reduces independence whilst increases the risk of falls and mortality.

When ill, older people will require even higher amounts of protein such as in the case of pressure ulcers and infections. Good protein sources should be included in all three main meals. In the case of poor appetite fortify the resident's diet with protein-rich fortifiers (see page 6) and include nutritious drinks (see recipes).

Use the following as a guide to provide adequate protein and overall nutrition for older people at risk of malnutrition or who require a high protein diet for wound healing.

Breakfast

- 2 large eggs on 1x buttered toast. 2–3 prunes. 150 ml orange juice.
- Porridge made with whole milk fortified with 1tbsp skimmed milk powder topped with 2tbsp raisins. 150 ml apple juice.
- 1 x toast with butter and 2 tsp peanut butter. 1 pot of full-fat yoghurt fortified with 1 tsp skimmed milk powder and cup of milky coffee.

Mid-morning snack

- Oat and raisin flapjack or banana or Scotch egg or egg custard tart or fortified yoghurt.
- Nutritious drink from recipe section (page 10-11).

Lunch

- Cottage pie with mash potato fortified with cream, skimmed milk powder and cheese. Plus side of carrots and peas with a tsp of butter.
- Macaroni cheese made with cheese sauce fortified with skimmed milk powder. Add vegetables such as spinach and broccoli and meat such as ham.
- Fish in parsley sauce fortified with cream and skimmed milk powder. New potatoes and salad.
- Creamy chicken pastry pie made with a creamy white sauce fortified with skimmed milk powder, fortified mash potato and sweetcorn.



Lunchtime pudding

- Fruit crumble with fortified custard.
- Rice pudding with evaporated milk and stewed fruit.

Mid-afternoon snack

- Mini pork pie or 1–2 fingers of shortbread or buttered sliced of malt loaf or a small handful of nuts/trail mix or fortified mousse.
- Nutritious drink from recipe section (pages 10–11).

Evening meal

- Chicken and lentil soup with buttered bread.
- Cheese and tomato/egg mayo/tuna mayo and cucumber sandwich.
- Tinned sardines in oil on toast.
- Slice of quiche lorraine with coleslaw and cheese salad.
- Baked beans and cheese on buttered toast.

Evening meal pudding

- Trifle made with fortified custard.
- Fortified yoghurt.
- Banana and fortified custard or ice cream.

Before bed

- Milky bedtime drink (Horlicks, Ovaltine or hot chocolate).
- Biscuit or a slice of toast with butter and honey or a small bowl of vitamin-fortified cereal.

Tips

- Ensure each main meal includes a good quality protein. Good quality protein includes lean red meat, poultry, eggs, dairy products, fish and soya.
- Enhance the protein content of meals through fortifying with skimmed milk powder, cheese and other protein-rich fortifiers.
- Aim to include a pint of fortified milk per day.
- Choose milky puddings to boost protein intake.
- Offer nutritious drinks between meals to increase protein intake.



Advice for overweight and obese residents

Overweight is classed as a BMI 25–29.9 kg/m²
Obese is classed as a BMI 30 kg/m² and over

For older people (defined as 65 years of age and over) having a BMI in the overweight range is associated with the lowest risk of death. Weight loss within this group, whether intentional or not, is associated with an increased loss of muscle mass, decline in functional ability, fractures and malnutrition. All of which affects the residents quality of life, therefore, weight-reducing diets should be avoided and a balanced nutrient rich diet to maintain body weight should be offered.

For older people who have a BMI greater than 30 kg/m², a weight-reducing diet is only appropriate where the individual's health is being adversely affected by their weight. If this is the case offer a healthy balanced nutrient-rich diet and refer to the dietetic department who can assess the benefits and risks of weight loss.

A balanced nutrient-rich diet should include the following:

- Adequate protein to help maintain muscle mass, functional ability and health. Include a source of protein at each meal time, for example meat, chicken, fish, eggs, lentils, beans, milk, cheese, nuts and soya products. Include protein sources at each mealtime.
- Include sources of fibre as older people often suffer constipation and diarrhoea. Fibre may help to normalise bowel function. Include five portions of fruit and vegetables, wholegrain cereal, oats and wholegrain bread where able.
- Potatoes, bread, rice, pasta and other starchy carbohydrates. These foods provide energy and a range of micronutrients. Try to choose wholegrain versions such as wholegrain bread or pasta. They provide good sources of B vitamins, minerals and fibre which helps prevent constipation.



- Dairy and alternatives. As we get older our bones become weaker. To protect bone health ensure dairy and alternatives are offered daily. Examples include milk, cheese, yoghurt, custard, milkshakes, fortified plant-based/alternative milk, yoghurts and cheese. Offer semi-skimmed milk and lower fat yoghurts and cheese.
- Offer a diet rich in vitamin B12, calcium, folate and iron as deficiencies are common in older people. Include red meat, green leafy vegetables, dairy products or fortified dairy free alternatives, fortified cereal, yeast spread, eggs, sardines and fortified drinks such as Horlicks, Ovaltine and fortified milkshake powder.
- Include healthy fats such as olive or rapeseed oil, nuts, seeds, oily fish and avocado.

Nutrition and hydration at the end of life

As someone is approaching the last few days of their life the focus of care is likely to be around supporting them to be as comfortable as possible.

At the end of life, people often experience a reduced appetite, hunger and thirst. This may appear worrying for all those around the individual, but it is a natural part of the dying process. Aggressive feeding causing the individual to consume more than they want to, can cause them distress and discomfort.

At this stage of life, meeting nutritional needs may not be the focus. Food gives people much more than nutrients, and at the end of life enjoyment of even small amounts of someone's favourite food and drinks is more important than its nutritional content. The initiation of Oral Nutritional Supplements may not be appropriate at this stage and they are not likely to be any more beneficial than the Food First recipes found within this booklet. However, it is important to discuss with the resident's GP if dietetic intervention is appropriate.

What can you do?

- Offer small amounts of their favourite foods.
- Consider offering nourishing drinks and Food First recipes.
- Ensure frequent mouth care and keep lips moist.



Nutritional action plan

This section contains a guide care plan to tailor to your resident based upon their MUST Score.

MUST 0 Low Risk	
Screen at initial contact (within 72hrs) including MUAC Re-screen using MUST monthly Provide a healthy balanced diet	
MUST 1 Medium Risk	
Commence weekly weights or MUAC. Commence Food and Fluid Chart. Commence Food First principles: <ul style="list-style-type: none"> • encourage eating and drinking • offer two nourishing snacks per day between meals • offer up to two Food First nourishing drinks per day • food fortification. Consider providing daily over the counter multivitamin and mineral supplementation if intake has reduced to ensure all nutrient requirements are met.	<p>Re-screen in one week</p> <p>If individual manages more than 75% of meals/drinks and little clinical concern, continue with Food First and rescreen weekly using MUST.</p> <p>If individual manages less than 50% meals/drinks and loses further weight follow HIGH RISK ACTION PLAN.</p>
MUST 2+ High Risk	
Commence/Continue weekly weights or MUAC. Commence/Continue Food and Fluid Chart. Increase Food First principles: <ul style="list-style-type: none"> • encourage eating and drinking • offer three nutritious snacks per day between meals • fortify food and drinks • offer up to three Food First nourishing drinks per day. Consider a trial of over the counter sip feed up to twice per day such as Complan, AYMES Retail or Meritene. Consider providing daily an over the counter multivitamin and mineral supplementation to ensure all nutrient requirements are met.	<p>Re-screen in one week</p> <p>If no improvement after a month, or not tolerated food first principles, or develops high risk factors refer to dietitian using Care Home MUST referral form. Rescreen weekly using MUST/MUAC.</p> <p>Monitor and repeat screening via MUST weekly and follow appropriate action plan.</p>
High risk factors	
Therapeutic diet – renal, diabetes Breathing difficulties – COPD Dysphagia/Swallowing difficulties Current increased nutritional requirements such as UTI, chest infection, pressure ulcers or poor wound healing	



Care Home Referral Form

Following nutritional screening using MUST and / or request for dietetic consultation

Name (Mr/Ms/Mrs/Miss): Date of birth: / /

NHS no: Current place of residence:

Address: Tel no:

GP name/surgery: Tel no:

Referred by: Job title:

Tel no: Location/Address:

Signed: Date: / /

Reason for referral: Weight loss Taking nutritional supplements Texture modified diet

Tick: Urgent Routine Special diet Poor intake/appetite Other:

High risk factors (tick if applicable):

Swallowing difficulties Therapeutic diet (ie renal, diabetes)

Breathing difficulties (ie COPD) Current increased requirements (ie infection, pressure ulcers, poor wound healing)

Brief medical history (please attach):

Current medication (please attach):

MUST Screening Results			
Step 1 Current Weight: kg Current Height: Current BMI: kg/m ² MUAC left / right: cm Score:	Step 2 Weight loss in past 6 months: kg % weight loss: % Score:	Step 3 Acute Disease Affect Score: <i>(Unlikely to occur in the community)</i>	Step 4 Overall MUST Score:

Step 5: Rule out and treat potential causes of malnutrition (tick if ruled out):

Depressive mood Poor dexterity Food not tailored to likes and dislikes

Inadequate assistance Ill-fitting dentures New medication side effect

Sore/Infected mouth Social isolation Other:

Step 6: Food First Action already taken (if MUST score 1 or 2), please list:

Homemade milkshake Food fortification Fortified cup of soup/Fortified soup

Cream/High calorie shot Fortified mousse Nourishing snacks/snack box

Fruit juice/smoothie Fortified yoghurt/custard Nourishing drinks (ie Horlicks/hot chocolate)

Over the counter sip feeds (ie Complan, Nourishment, Meritene) Other (please specify):

IMPORTANT

INAPPROPRIATE AND INCOMPLETE REFERRALS WILL BE RETURNED TO THE REFERRER.

BEFORE MAKING THIS REFERRAL PLEASE CHECK THAT YOU HAVE FOLLOWED THE MUST LOCAL POLICY AND ACTION PLAN AND HAVE COMPLETED ALL SECTIONS OF THIS REFERRAL FORM.

Please also include the following:

Strict three day food and fluid record chart which includes information on food first advice implemented, portion sizes, amounts taken, any food refusal and alternatives offered.

6 months' weight history chart if available. If no weight history available, please state why eg patient recently admitted.

How to refer: Email to: ihn-tr.ipswichdieteticteam@nhs.net
 Post to: Nutrition and Dietetic Services (N040), Ipswich Hospital, Heath Road, Ipswich, IP4 5PD





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