Healthcare Improvement Scotland

Name
Name of care home
Date of birth
CHI number

Nutritional Care Communication Tool

for people from care homes being admitted to and discharged from hospital

Care home	Hospital
Hospital admission date:	Discharge to care home date:

Nutritional Screening

Care home	Hospital
Height: Weight: BMI: Date Screened: 'MUST' Score	Height: Weight: BMI: Date Screened: 'MUST' Score

Physical assistance required with eating and drinking including chewing and swallowing difficulties

Care home	Hospital
Requires assistance with eating or drinking? Yes ☐ No ☐ If yes, specify assistance required: Prompting ☐ Cutting up food / opening packets ☐ Modified eating equipment eg: cutlery, plates ☐ Assistance with eating ☐ Full assistance ☐ Other (please state) Difficulties chewing certain foods/poor dental health (eg no dentures, ill-fitting dentures) Yes ☐ No ☐ Difficulties with swallowing? (dysphagia)Yes ☐ No ☐ If yes, specify reason /detail	Requires assistance with eating or drinking? Yes ☐ No ☐ If yes, specify assistance required: Prompting ☐ Cutting up food / opening packets ☐ Modified eating equipment eg: cutlery, plates ☐ Assistance with eating ☐ Full assistance ☐ Other (please state) Difficulties chewing certain foods/poor dental health (eg no dentures, ill-fitting dentures) Yes ☐ No ☐ Difficulties with swallowing? (dysphagia)Yes ☐ No ☐ If yes, specify reason /detail

Personal dietary needs

Care home	Hospital
Religious/ethnic/cultural dietary requirements: Yes ☐ No ☐ If yes, please state: **Food allergy/sensitivity:** Yes ☐ No ☐ If yes, please state: Very Good Good Fair Poor Very Poor **Appetite:** ☐ ☐ ☐ ☐ ☐ **Fluid intake:** ☐ ☐ ☐ ☐ ☐ Food/Fluid likes: Food/Fluid dislikes:	**Religious/ethnic/cultural** dietary requirements: Yes ☐ No ☐ If yes, please state: **Food allergy/sensitivity:** Yes ☐ No ☐ If yes, please state: Very Good Good Fair Poor Very Poor **Appetite:** ☐ ☐ ☐ ☐ ☐ **Fluid intake:** ☐ ☐ ☐ ☐ ☐ Food/Fluid likes: Food/Fluid dislikes:

Care home	Hospital

Specialised /Therapeutic diet requirement

Care home	Hospital
Texture modified diet Yes ☐ No ☐	**Texture modified diet** Yes ☐ No ☐
Gluten free □ Renal Disease Diet □	Gluten free □ Renal Disease Diet □
Other (please state)	Other (please state)
Solids (please tick)	**Solids** (please tick)
Texture 1 ☐ 2 ☐ 3 ☐ 4 ☐	Texture 1 ☐ 2 ☐ 3 ☐ 4 ☐
Fluids (please tick stage)	**Fluids** (please tick stage)
Normal ☐ Stage 1 ☐ Stage 2 ☐ Stage 3 ☐	Normal ☐ Stage 1 ☐ Stage 2 ☐ Stage 3 ☐
Diabetic - Yes ☐ No ☐	**Diabetic** - Yes ☐ No ☐
Insulin dependent ☐ Non-insulin dependent ☐	Insulin dependent ☐ Non-insulin dependent ☐
Reviewed by Dietitian ☐ SALT ☐ Other ☐	Reviewed by Dietitian ☐ SALT ☐ Other ☐

Food Fortification/Food Snacks

Care home	Hospital
Required Yes ☐ No ☐ If yes, please state:	Required Yes ☐ No ☐ If yes, please state:

Prescribed Nutritional Support

Care home	Hospital
Required Yes ☐ No ☐ Please provide details if nutritional supplements advised Oral ☐ NG ☐ PEG ☐ Other ☐ Type: Size: Detail: Daily Requirement/Regime: Prescribed by:	Required Yes ☐ No ☐ Please provide details if nutritional supplements advised Oral ☐ NG ☐ PEG ☐ Other ☐ Type: Size: Detail: Daily Requirement/Regime: Prescribed by:

Additional comments

Care home	Hospital

Signature

Care home	Hospital
Name: Designation: Date:	Name: Designation: Date:

SCSWIS social care and social work improvement scotland

This tool was developed by the Improving Nutritional Care Programme, Healthcare Improvement Scotland in collaboration with Social Care and Social Work Improvement Scotland.

NHS SCOTLAND