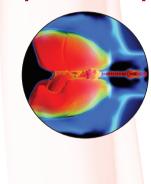
Managing Malnutrition in COPD

www.malnutritionpathway.co.uk/copd/



Identifying Malnutrition According to Risk Category Using 'MUST'* - First Line Management Pathway First Line Management Pathway

| | | <18.5kg/m ² Score 2 | 18.5 – 20kg/m ² Score 1 | > 20kg/m² Score 0 | BMI score | |
|--------------|-----------------------------|--|---|--------------------------------------|----------------------------|--|
| >10% Score 2 | 5 – 10% Score 1 | <5% Score 0 | past 3-6 months | Unplanned weight loss score in | Weight loss score | |
| Score 2 | intake for more than 5 days | been, or is likely to be, no nutritional | If patient is acutely ill and there has | (unlikely to apply outside hospital) | Acute disease effect score | |

Total score 0-6

| Routine clinical care | |
|--|--|
| Provide green leaflet: 'Eating Well for your Lungs' to raise awareness of the importance of a healthy diet | |
| - If BMI >30 (obese) treat according to | |

Dietary advice to maximise nutritional intake. Encourage small Medium risk - score 1 Observe

energy and protein food and fluids

NICE recommends COPD patients with a BMI <20kg/m² should be prescribed **Provide yellow leaflet:** 'Improving Your Nutrition in COPD' to support

Review / re-screen annually

 Review progress after 1-3 months:
 if improving continue until 'low risk'
 if deteriorating, consider treating as 'high risk'. See ONS pathway, over the page

High risk - score 2 or more Treat**

Dietary advice to maximise nutritional intake. Encourage small

Provide red leaflet: 'Nutrition Suppor in COPD' to support dietary advice Prescribe oral nutritional supplements (ONS) and monitor. See ONS pathway, over the page

Review progress according to ONS pathway, over the page

*The 'Malnutrition Universal Screening Tool' ('MUST') is reproduced here with the kind permission of BAPEN (British Association for Parenteral Enteral Nutrition). For more information and supporting materials see http://www.bapen.org.uk/musttoolkit.html
**Treat, unless detrimental or no benefit is expected from nutritional support e.g. imminent death.

The following indicators can be used collectively to estimate risk of malnutrition in the absence of height and weight (measured or recalled):

Thin or very thin in appearance, or loose fitting clothes/jewellery
History of recent unplanned weight loss
Changes in appetite, need for assistance with feeding or swallowing difficulties affecting ability to eat and drink

| A reduction in current dietary intake compared to 'normal' | ntake compared to 'normal' |
|--|---|
| Estimated risk of malnutrition | Indicators |
| Unlikely to be at-risk (low) | Not thin, weight is stable or increasing, no unplanned weight loss, no reduction in appetite or intake |
| Possibly at-risk (medium) | Thin as a result of COPD or other condition, or unplanned weight loss in past 3-6 more reduced apportion or ability to care |
| | reduced appetite or ability to eat |

Likely to be at risk (high)

For all individuals
Discuss when to seek help e.g. ongoing weight loss, changes to body shape, strength or appetite
Refer to other HCPs if additional support is required (e.g. dietitian, physiotherapist, GP)





Centre spread _Layout 1 14/12/2016 14:56 Page 1

















































Pathway for Using Oral Nutritional Supplements (ONS) in he Management of Malnutrition in COPD

. KESPIR

Low BMI (<20kg/m²) or at high risk of malnutrition

Record details of malnutrition risk (screening result/risk category, or clinical judgement)

Agree goals of intervention with individual/carer

Consider underlying symptoms and cause of malnutrition e.g. nausea, infections and treat if appropriate

Consider social requirements e.g. ability to collect prescription

Reinforce advice to optimise food intake*, confirm individual is able to eat and drink and consider any physical issues

e.g. dysphagia, dentures

Prescribe:

2 ONS per day (range 1-3)** in addition to oral intake (or 1 'starter pack', then 60 of the preferred ONS per month) 12 week duration according to clinical condition/nutritional

Patients may benefit from a low volume, high energy/high protein ONS in addition to dietary advice due to symptom of COPD

If following a pulmonary rehabilitation programme consider increased energy and protein requirements

Monitor progress and review goals after 12 weeks

Monitor every 3 months or sooner if clinical concern

Consider weight change, strength, physical appearance, appetite, ability to perform daily activities etc

-�

Monitor compliance to ONS after 6 weeks

Amend type/flavour if necessary to maximise nutritional intake



Have nutritional goals been met?

Goals met/good progress:

Encourage oral intake and dietary advice
Consider reducing to 1 ONS per day for 2 weeks before stopping
Maximise nutritional intake, consider powdered nutritional supplements to be made up with water or mik
Ensure patient has received dietary advice leaflet to support meeting nutritional needs using food
Monitor progress, consider treating as 'medium risk'

Goals not met/limited progress:

Check ONS compliance; amend prescription as necessary, e.g. increase of ONS

Review every 3-6 months or upon change in clinical condition

Reassess clinical condition, consider more intensive nutrition support or seek advice from a Dietitian

Consider goals of intervention, ONS may be provided as support for individuals with deteriorating conditions

If no improvement, seek advice from a Dietitian

When to stop ONS prescription:
If goals of intervention have been met and individual is no longer at risk of malnutrition
If individual is clinically stable/acute episode has abated
If individual is back to an eating and drinking pattern which is meeting nutritional needs
If no further clinical input would be appropriate

ONS – oral nutritional supplements / sip feeds / nutrition drinks as per BNF section 9.4.2 * 'Your Guide to Making the Most of Your Food' is available from www.malnutritionpathway.co.uk For more detailed support or for patients with complex conditions seek advice from a Dietitian ** Some individuals may require more than 3 ONS per day – seek dietetic advice

NOTE: ONS requirement will vary depending on nutritional requirements, patient condition and ability to consume adequate nutrients, ONS dose and duration should be considered

*** Some individuals may require more than 3 ONS per day – seek dietetic advice

The First Line Management Pathway' and 'Pathway for Using Oral Nutritional Supplements (ONS) in the Management including references is available to download for free from www.malnutritionpathway.co.uk/copd

Copies of the green, yellow and red patient leaflets featured in the pathways 'Eating Well for your Lungs' 'Improving Your Nutrition in COPD' and 'Nutrition Support in COPD' are also available to download for free from www.malnutritionpathway.co.uk/copd

June 2016 (Document to be reviewed June 2019)

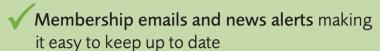
The production of this pull-out wall chart has been sponsored by Nutricia Advanced Medical Nutrition as a service to PCRS-UK members Cost of production of this document were met by an unrestricted edu nal grant from Nutricia Advanced Medical Nutrition (ww

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For more information see https://pcrs-uk.org/local-groups

OPEN AND PULL OUT
MANAGING MALUUTRITION IN COPD