

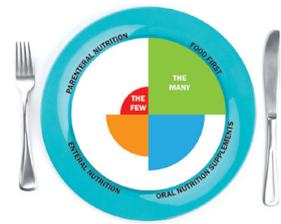


PROMOTING GOOD NUTRITION

Guidance and resources to support the use of
‘MUST’
across all care settings



Guidance for identifying those adults at risk of malnutrition or who are malnourished



The Promoting Good Nutrition Strategy (DHSSPS, 2010)¹ identified the Malnutrition Universal Screening Tool (MUST) (BAPEN, 2003)² as the screening tool of choice to identify those adults who are at risk of malnourishment or who are malnourished

<http://www.bapen.org.uk/screening-for-malnutrition/must/introducing-must>

Nutritional screening

Nutritional screening is the first step in the identification of malnutrition. The screening process enables detection of significant risk of malnutrition and supports the implementation of a clear plan of action, such as simple dietary measures or referral for expert advice.

What nutritional screening is not

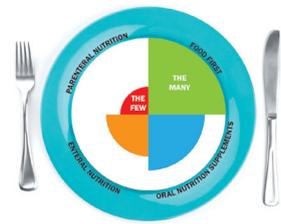
It is important to recognise that using MUST is **NOT**

- a replacement for professional judgement and decision making
- the only reason to refer a patient for dietetic intervention
- an indicator to stand down a nutritional care plan that is clinically effective
- to be used in isolation from other multi-factorial clinical information.

The following guidelines and resources were developed by the Promoting Good Nutrition Resource Development Steering Group in order to support the implementation of MUST across all care settings in Northern Ireland.

¹ DHSSPS (2010) Promoting Good Nutrition Strategy <http://www.dhsspsni.gov.uk/index/index-good-nutrition.htm> accessed at 10 June 2013

² For further information on 'MUST' visit <http://www.bapen.org.uk>



Guideline 1

All* adult patients/clients must be screened to identify those who are malnourished or at risk of becoming malnourished using MUST (including pre-must questions, if applicable) by a competent³ person

(Adapted from NICE 2006 Guidance)⁴

- within 24 hours of admission to a hospital ward
- as part of the comprehensive health needs assessment for patients/clients on a community caseload
- within 48 hours of admission to care home or within 7 days if the client is admitted with a current nutrition care plan⁵ completed within the previous 7 days.
- at a first hospital clinic appointment
- on initial registration with a general practice surgery.

Use appropriate MUST template: MUST template for hospital setting (page 6); MUST template for community setting (pages 7-9) or MUST template for care home setting (pages 15-17).

NB Nutritional screening and repeat screening should be determined based on the level of risk or clinical concern.

* There are groups of patients/clients who are **exempt** from MUST screening and their nutritional needs will be managed via other routes. These groups are:

- pregnant women
- individuals undergoing dialysis treatment
- individuals receiving enteral or parenteral nutrition
- individuals in critical care units
- individuals who may be in the last weeks and days of life (GAIN, 2013)⁶.

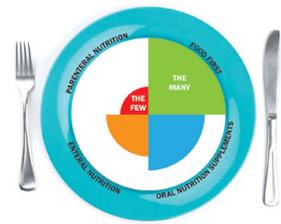
Note: some patients with e.g. heart failure, liver disease or who have fluid overload can appear to have a low MUST score and this should be taken into account when making the assessment, as they may be at risk of malnutrition.

³ A competent person is one who has been trained and is competent in the use of MUST

⁴ National Institute for Health and Clinical Excellence (NICE) (2006) *Nutrition Support in Adults: oral nutrition support, enteral tube feeding and parenteral nutrition* CG 32. London: NICE.

⁵ A current nutrition care plan is one which has been completed within the previous 7 days.

⁶ Guidelines and Audit Implementation Network (Gain) (2013) *Guidelines for Palliative and End of Life Care in Nursing Homes and Residential Care Homes*. Belfast: GAIN. (Pending publication) Please note: for the purpose of this Guidance the last bullet point refers to individuals in any care setting.



Guideline 2

Action to be taken with the following MUST screening results based on BAPEN guidance (2003)

Low Risk – MUST Score 0

For those patients/clients with a MUST score of 0 and in the case of routine clinical care it is recommended that 'MUST' is repeated as follows unless otherwise clinically indicated:

- hospitals – weekly
- care homes – monthly
- community caseload – annually
- general population – annually for special groups e.g. elderly ≥ 75 years.

Medium Risk – MUST Score 1

For those patients/clients with a MUST score of 1 the practitioner should:

- investigate and address causes of nutritional problems including social issues e.g. nausea, infection, inability to prepare food
- implement Food First Advice leaflets for community setting (pages 10-14) or care home setting (pages 18-20)
- repeat 'MUST' screening as follows, unless otherwise clinically indicated:
 - hospitals – weekly
 - care homes – monthly
 - community caseload – every 2-3 months
- if improving continue until low risk
- if deteriorating consider treating as high risk e.g. MUST Score remains 1 and is accompanied by any one of the following: reducing appetite; further unintentional weight loss/no weight gain; worsening medical condition or dysphagia.

High Risk – MUST Score ≥ 2

For those patients/clients with a MUST score of ≥ 2 the practitioner should:

- investigate and address causes of nutritional problems including social issues e.g. nausea, infection, inability to prepare food, requires assistance with eating and drinking
- implement Food First Advice leaflets for community setting (pages 10-14) or care home setting (pages 18-20). In addition, ensure compliance with previous food first advice
- refer the patient/client to a Dietitian
- recheck 'MUST' screening as follows, unless otherwise clinically indicated:
 - hospitals – weekly
 - care homes – monthly
 - community caseload – monthly.

NB: While a patient is on a dietitian's active caseload, repeat screening will only be required as directed by the dietitian. Repeat screening should resume as above when the patient is discharged from dietetic care.

Nutrition care plans can be recorded on the relevant MUST templates and should be tailored to the individual patient's/client's needs. The comments boxes are designed to enable practitioners to implement person-centred nutrition care planning.

Guidance for identifying those adults at risk of malnutrition or who are malnourished



Guideline 3

The patient's/client's MUST score should be communicated as the individual transfers across the relevant care setting to ensure their **individualised** nutrition care plan is maintained.

Guidance for identifying those adults at risk of malnutrition or who are malnourished

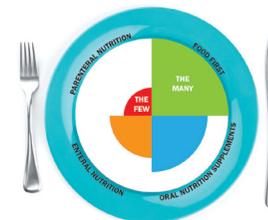


MUST Documentation for Hospital Setting

The MUST template currently in use in the hospital setting can be accessed at <http://www.dhsspsni.gov.uk/must-hospital-screening.pdf>

Malnutrition Universal Screening Tool (MUST)

Documentation for Community Setting



Name: Health and Care Number: Date of Birth: _ _ / _ _ / _ _ _ _

Pre MUST Questions (unless similar questions have been completed in NISAT)	Date							
Has the Patient:								
1. A history of recent weight loss Yes/No								
2. Altered/decreased appetite for 7 days or more Yes/No								
3. A risk of under nutrition due to current illness e.g. difficulty eating /drinking Yes/No								
4. Requires assistance with eating and drinking Yes/No								
If answer is yes to any of the above questions then complete 'MUST'								
If answer is no – no further action is required and rescreen as per guidance on page 3.								
SIGNATURE:								
DESIGNATION:								

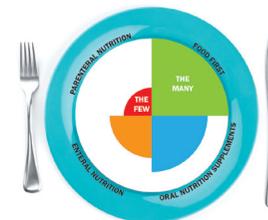
Score 0 = Low Risk

Score 1 = Medium Risk

Score 2 or more = High Risk

Malnutrition Universal Screening Tool (MUST)

Documentation for Community Setting (Continued)



Name: Health and Care Number: Date of Birth: _ / _ / _ _

DATE	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /
ACTUAL WEIGHT (kg)/Mid-Upper Arm Circumference (MUAC)(cm)								
HEIGHT (m)/Ulna length (cm)								
BMI (Using Step 1 – BMI Score Chart (kg/m ²))								
	Score							
STEP 1 BODY MASS INDEX – BMI								
Over 20	0	0	0	0	0	0	0	0
18.5 to 20	1	1	1	1	1	1	1	1
Less than 18.5	2	2	2	2	2	2	2	2
STEP 2 UNPLANNED WEIGHT LOSS IN LAST 3-6 MONTHS <i>(Using Step 2 – Weight Loss Score Chart)</i>								
Less than 5%	0	0	0	0	0	0	0	0
Between 5-10%	1	1	1	1	1	1	1	1
More than 10%	2	2	2	2	2	2	2	2
STEP 3 ACUTE DISEASE If patient is acutely ill AND there has been OR likely to be no nutritional intake for more than 5 days	2	2	2	2	2	2	2	2
TOTAL MUST SCORE:								
SIGNATURE:								
DESIGNATION:								

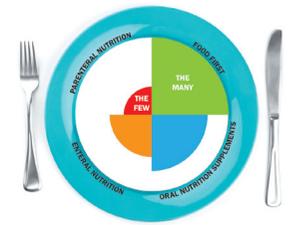
Score 0 = Low Risk

Score 1 = Medium Risk

Score 2 or more = High Risk

Malnutrition Universal Screening Tool (MUST)

Documentation for Community Setting (Continued)



Name: Health and Care Number: Date of Birth: _ / _ / _ _

Low Risk Must Score = 0

- Record MUST Details
- Recommend a WELL BALANCED DIET

Medium Risk Must Score = 1

- Record MUST Details
- Record nutritional care plan in patient/client notes
- Promote 'Food First'
- Recommend High Protein / Energy Diet (*Food First Advice Leaflet*)
- If improving continue until 'low risk'. If deteriorating consider treating as 'high risk'
- Monitor nutritional care plan

High Risk Must Score ≥ 2

- Record MUST Details
- Record nutritional care plan in patient/client notes.
- Promote 'Food First'
- Recommend High Protein / Energy Diet (*Food First Advice Leaflet*)
- Refer to Dietitian (or implement local policy)
- Review nutritional care plan

Food First Advice leaflet provided

Signature:

Designation:

Date:

Food First information discussed

Signature:

Designation:

Date:

Referral to Dietitian requested

Signature:

Designation:

Date:

Food First information discussed

Signature:

Designation:

Date:

Comments:

.....

RE-SCREEN
Annually or as clinically indicated

RE-SCREEN At least every 2-3 months (unless patient/client condition deteriorates to high risk)

RE-SCREEN Monthly



A guide to eating well if you have a small appetite for clients in a community setting or on a community caseload

If you are eating less or have lost weight without planning to, simple changes to your meals and snacks may make a difference. You may be recommended foods that you would think are unhealthy. This is the recommended diet until your appetite improves.

Why do you need to eat well?

- If you have a poor appetite, you may have lost weight or be at risk of losing weight
- Eating too little may also affect your energy levels
- Lack of protein, minerals and vitamins may make you more prone to illness or delay the healing process
- It is important that you eat a balanced diet to provide all the necessary nutrients. These can be provided by simple meals and snacks.



Helpful Hints

- Aim for 3 small meals and 2 to 3 snacks a day if your appetite is poor
- Take drinks after your meal, not before or during as this can fill you up
- Drinks, snacks and meals can be fortified to make them more nutritious
- Smoking can reduce your appetite - try to cut down or stop smoking
- Eating breakfast may help you eat better for the rest of the day
- Add variety to your diet wherever possible to make meals more interesting
- Convenience foods can be useful if you find cooking difficult or tiring.



This dietary advice sheet gives some general information to help you make changes to your diet. If your appetite does not improve or you lose more weight or you find making these changes difficult, please discuss with your doctor.



Food Groups

PROTEIN FOODS

- Aim to have 2 portions of protein a day and choose from the following foods:

Meat, chicken and fish

- Include at least 75-100g (3-4oz) of meat, chicken or fish if you have a cooked meal
- Try convenience foods such as lasagne, fish in sauce or shepherd's pie
- For a snack meal include smaller portions of meat or fish in a sandwich or on toast e.g. tinned mackerel on toast or chicken sandwich.

Cheese and Eggs

- Grated cheese can be added into scrambled eggs, mashed potatoes, sprinkled onto a bowl of soup or beans on toast
- For a snack meal try cheese on toast or cheese or egg sandwiches. (1oz (30g) cheese or 1-2 eggs)
- Have a cheese or egg meal such as macaroni cheese, scrambled eggs, cauliflower cheese or an omelette
- Try making a cheese sauce to put with vegetables, fish or pasta.

Beans and Lentils

- Choose lentil or bean soups, or add tinned beans such as butter beans or kidney beans to casseroles or soups.

Nuts

- Snack on plain, salted, dry-roasted or chocolate covered nuts
- Add to foods such as casseroles, salads or desserts.

DAIRY FOODS

- Aim for at least 1 pint (568 ml) of milk per day or at least 3 portions of dairy foods.
1 portion is: 200 ml (1/3 pint) milk
150g (medium pot) of yoghurt
30g (1 oz) cheese
200g (1/2 can) of milky pudding
- Use whole milk if you are losing weight, or aim for 2-3 portions each day
- Avoid low fat, sugar free yoghurts. Choose thick and creamy varieties
- Include a milk-based dessert at meals e.g. custard, milk jelly, yoghurt, fruit fools and mousses.

FRUITS AND VEGETABLES

- Fruit and vegetables provide vitamins and minerals. Include small helpings with meals but don't fill up on these as they are low in protein and calories
- Frozen or tinned fruit and vegetables are just as nutritious as fresh
- Aim for at least one glass of pure fruit juice or squash fortified with vitamin C a day.

CARBOHYDRATE

- Carbohydrates are starchy foods e.g. potatoes, breakfast cereal, rice, pasta and bread. These are important as they provide fuel for the body and essential vitamins and minerals
- Wholegrain varieties provide fibre and help to prevent constipation but may be filling so avoid if appetite is small
- Have at least one portion at every meal: one serving is approximately 1 slice of bread, 1/2 cup of rice, 1/2 cup of pasta, 2 egg sized potatoes or a small bowl of cereal.



Fortifying your foods to increase calories

Calories come from protein foods, fats and oils, starchy foods (bread, potatoes, pasta, rice and breakfast cereals) and sugar. To increase your calorie intake make sure you do the following:

- Add lots of butter or margarine to your foods e.g.
 - Spread thickly on bread and crackers
 - Mash into potatoes or melt on top of vegetables
 - Stir into hot pasta and serve with meat or cheese sauce
 - Do not use “light” or low fat spread
- Frying foods can add extra calories
 - Roast potatoes and chips are high in calories and are a useful source of energy
- Use mayonnaise, salad cream and dressings generously
- Choose whole milk instead of skimmed or semi-skimmed milk
- Add cream to soups, sauces, desserts or porridge
- Grate cheese over scrambled egg, vegetables or potatoes.



‘Over the counter’ enriched drinks e.g. Complan or Build-Up can be used to increase calorie intake.

Fortified Milk

Fortify milk by adding skimmed milk powder e.g. Marvel, or supermarkets’ own brand skimmed milk powder. This increases the protein and calorie content.

Whisk 2-4 heaped tablespoons (50g/2oz) skimmed milk powder into 1 pint of whole milk.

This milk can then be used to:

- Make milky drinks such as hot chocolate, coffee, Ovaltine, Horlicks, or cocoa
- Make porridge
- Pour over cereal
- Make sauces e.g. white or cheese sauce
- Milkshakes (try adding fresh fruit and ice cream for a “thick shake”)
- Make into desserts e.g. custard, semolina, rice pudding etc.





Meal and snack ideas for small appetites

Breakfast

- Cereal e.g. Weetabix, Cornflakes, Ready Brek, Rice Krispies or Porridge with whole milk
- And/or toast with margarine/butter and jam, peanut butter, marmalade
- Baked beans or spaghetti on toast or bread
- Scrambled, boiled, fried or poached egg on bread or toast
- Glass of fresh orange juice / whole milk or piece of fruit with cream.



Light Meal

- Macaroni cheese with grated cheese and tomato
- Creamy soup with grated cheese / cream and a roll or sandwich
- Cheese, baked beans, peanut butter, tinned spaghetti or sardines on toast
- Jacket potato with butter or margarine, cheese and baked beans, tuna and mayonnaise or creamy mushroom sauce
- Cauliflower cheese with potatoes, or wheaten bread
- Sausage rolls, pasties, Scotch egg or meat pie with baked beans, bread or chips
- Sandwich made with margarine or soft butter, cheese and / or Mayonnaise and filling such as tinned fish, cold meat, cheese, prawns or boiled egg with salad
- Quiche and garlic bread.



Main Meal

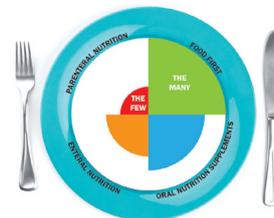
- Chicken pie, potatoes and vegetables
- Sausages, baked beans and mashed potatoes
- Any ready meal
- Poached fish with potatoes and tinned/frozen vegetables
- Shepherd's pie / cottage pie / Irish stew.



Bed Time

- Hot milky drink e.g. Horlicks, Ovaltine, hot chocolate made with whole milk.





Meal and snack ideas for small appetites

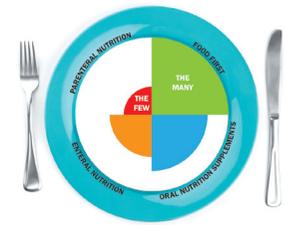
Ideas for snacks and desserts

- Milky Desserts e.g. milk pudding, stewed fruit & custard, sponge & custard, fruit fool, fromage frais, semolina, egg custard, mousse, milk jelly, ice cream, rice pudding, custard, thick and creamy yoghurt e.g. Greek style yoghurt, trifle
- Soft fruit with cream or ice-cream
- Tray bakes, buns and pastries: chocolate éclairs, doughnuts, croissants
- Biscuits e.g. chocolate covered biscuits, shortbread, flapjacks, cookies
- Toasted crumpets / barmbrack / malt loaf/ scones / pancakes / crumpets topped with butter, jam, honey or cheese.



Malnutrition Universal Screening Tool (MUST)

Documentation for Care Homes



Complete on admission and monthly as per MUST Protocol:

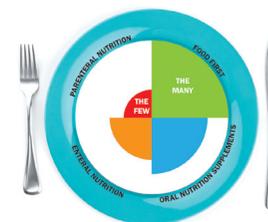
Name: Health and Care Number: Date of Birth: _ / _ / _ _

HEIGHT (m):	Please Tick:	Actual		Recalled		Ulna Length (cm)		
DATE:		/ /	/ /	/ /	/ /	/ /	/ /	/ /
WEIGHT (kg):								
BMI (kg/m ²):								
STEP 1 BODY MASS INDEX – BMI (use step 1 BMI score)		Score	Score	Score	Score	Score	Score	Score
Over 20		0	0	0	0	0	0	0
18.5 to 20		1	1	1	1	1	1	1
Less than 18.5		2	2	2	2	2	2	2
STEP 2 UNPLANNED WEIGHT LOSS IN LAST 3-6 MONTHS (use step 2 weight loss score)								
Less than 5%		0	0	0	0	0	0	0
Between 5-10%		1	1	1	1	1	1	1
More than 10%		2	2	2	2	2	2	2
STEP 3 ACUTE DISEASE If patient is acutely ill AND there has been OR is likely to be no nutritional intake for more than 5 days		2	2	2	2	2	2	2
TOTAL MUST SCORE:								
SIGNATURE:								
DESIGNATION:								

Score 0 = Low Risk **Score 1 = Medium Risk** **Score 2 or more = High Risk**

Malnutrition Universal Screening Tool (MUST)

Documentation for Care Homes (Continued)



NUTRITIONAL CARE PLAN

for Medium Risk (MUST Score 1)

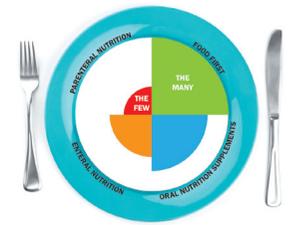
and High Risk (MUST Score ≥ 2)

Name: Health and Care Number: Date of Birth: _ / _ / _ _

Please Action as Appropriate for the Individual Client	Tick / N/A	Comments	Date	Print Name and Sign
<ul style="list-style-type: none"> Put patient on High Protein / Energy Diet (See Food First Advice Leaflet for Care Homes) Offer High Energy / High Protein Snacks Ensure foods are fortified Offer Nourishing Drinks 				
Assist patient with eating and drinking as appropriate				
Identify reasons for weight loss e.g. pain/constipation/dentition/infection/dysphagia/altered eating/poly-pharmacy/mood/psychological or social factors				
Record food and fluid intake for 3 days (using Food Record Chart)				
To identify pattern of eating and highlight potential areas of concern e.g. insufficient food taken, preferred eating time/meal				
Weigh monthly (record in Kg/m ²)				
Repeat MUST at least monthly				
If improving continue until 'low risk'. If deteriorating consider treating as 'high risk'				
Inform and involve family with nutrition care plan				
Refer to Dietitian if high risk/MUST score >2 (or follow local policy)				
Other actions to meet the client's individual needs:				

Malnutrition Universal Screening Tool (MUST)

Documentation for Care Homes (Continued)



Name: Health and Care Number: Date of Birth: _ / _ / _ _

Low Risk MUST Score = 0

- Record MUST Details
- Recommend a **WELL BALANCED DIET** (as per Nutritional Guidelines and Menu Checklist for Residential and Nursing Homes, 2013¹)

RE-SCREEN Monthly

Medium Risk MUST Score = 1

- Record MUST Details
- Complete nutritional care plan
- Promote 'Food First'
- Recommend High Protein / Energy Diet (*Food First Advice Leaflet*)
- Monitor intake for 3 days (record on Food Record Chart)

RE-SCREEN Monthly

Review nutritional care plan

- If improving, continue until low risk
- If deteriorating, consider treating as high risk

High Risk MUST Score ≥ 2

- Record MUST Details
- Complete nutritional care plan
- Promote 'Food First'
- Recommend High Protein / Energy Diet (*Food First Advice Leaflet*)
- Monitor intake for 3 days (record on Food Record Chart)
- Refer to Dietitian (or implement local policy)

RE-SCREEN Monthly

Review nutritional care plan



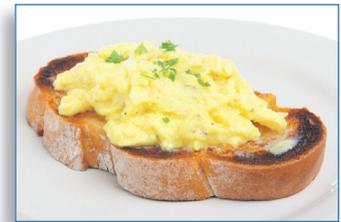
High Protein / Energy Meal Ideas

This information sheet gives some general information to help make dietary changes. Some of the suggestions listed may not be suitable for residents on therapeutic diets e.g. diabetes, coeliac disease, renal disease or modified consistency. More detailed advice should be sought from a Registered Dietitian.

1. It may be better to provide small frequent meals and “softer options”.
2. Include a meal and dessert at midday and evening meal.
3. Ensure patients receiving puree or mashed diets are provided with suitable high calorie snacks between meals and adequate protein in main meals.

Breakfast

- Porridge or cereal e.g. Weetabix, Ready Brek, Cornflakes, Rice Krispies with whole milk and sugar
- Scrambled, boiled or poached egg on bread or toast
- Bread / toast with butter or margarine and jam, peanut butter, marmite, marmalade, cheese or cheese spread
- Baked beans or spaghetti on toast or bread
- Fruit juice, whole milk, home-made milkshake.



- Fortify milk by mixing with 2-4 heaped tablespoons of dried milk powder to 1 pint of whole milk, or add 1 tablespoon of double cream or evaporated milk to a serving of cereal or porridge
- Thickly spread margarine, butter, jam, honey, peanut butter or marmalade on bread.

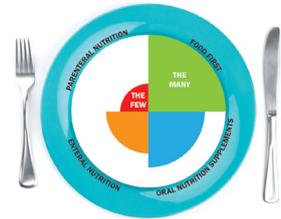
Main Meal

Include one food from each group:

- Meat, chicken or fish such as:
 - Tender roast meat, minced meat, casseroled meats, mince or chicken pie, shepherd's pie, cottage pie, quiche, chilli con carne with beans, ocean pie, poached fish OR
 - Vegetarian options such as quiche, bean chilli, Quorn, lentil soup, omelette, cheese bake etc
- Vegetables or salad
- Potatoes, pasta or rice
- Serve with gravy or sauce e.g. cauliflower cheese, Bolognese sauce, white sauce
- Offer a glass of whole milk or fortified milk.



- Add any of the following to potatoes or vegetables: butter, margarine, cream, grated cheese, olive oil, mayonnaise or fortified milk.



High Protein / Energy Meal Ideas

Light Meal

- Sandwich made with soft bread, spread with margarine or soft butter, cheese spread, hummus, mayonnaise etc, and filling such as tinned fish, cold meat, cheese, prawns or boiled egg with salad, relish or pickles
- Scrambled / boiled / poached egg or omelette with bread / toast
- Pasta with sauce e.g. macaroni cheese, ravioli, Bolognese
- Soup with extra cheese, cream, pulses
- Jacket potato with butter or margarine, cheese and baked beans, tuna and mayonnaise or creamy mushroom sauce
- Cauliflower cheese with potatoes, or wheaten bread
- Quiche
- Toast with baked beans, tinned spaghetti, sardines or grilled cheese
- Sausage rolls, pasties, Scotch egg or meat pie with baked beans, bread or chips
- Finger foods
- Pureed or mashed foods.



- *Fortify milk by mixing with 2-4 heaped tablespoons of dried milk powder to 1 pint of whole milk when preparing scrambled egg mixture, or add 1 tablespoon of cream or extra butter / margarine per serving*
- *Thickly spread margarine, butter, jam, honey, peanut butter or marmalade on bread*
- *Add extra grated cheese to hot meals.*



High Protein / Energy Meal Ideas

Snacks and Desserts

- Thick and creamy smooth yogurt with fruit
- Milky desserts e.g. milk pudding, stewed fruit and custard, sponge and custard, fruit fool, fromage frais, semolina, egg custard, mousse, milk jelly, ice cream, rice pudding, custard, thick and creamy yoghurt e.g. Greek style yoghurt, trifle
- Soft fruit or canned fruit with cream or ice-cream
- Tray bakes, buns and pastries: chocolate éclairs, doughnuts, croissants etc
- Biscuits such as chocolate covered biscuits, shortbread, flapjacks, cookies
- Toasted crumpets / barmbrack / malt loaf with spread and cheese
- Crisps
- Breakfast cereal or porridge made with whole milk
- Bread sticks with dips e.g. mayonnaise, sour cream, hummus.



- Fortify milk by mixing with 2-4 heaped tablespoons of dried milk powder to 1 pint of whole milk, or add 1 tablespoon of double cream or evaporated milk to a serving of milky pudding
- Additional cream, sugar, honey, jam, condensed or evaporated milk etc can be added to these foods
- If adding fruit, you can use tinned fruit in syrup or dried fruit and add cream, evaporated milk, ice-cream or a milky pudding.

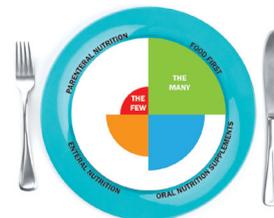
Nourishing Drinks

- Whole milk or fortified milk
- Instant soup in a cup made with hot milk
- Milky drinks e.g. coffee, hot chocolate, Ovaltine, Horlicks or cocoa made with fortified milk rather than water
- Milkshakes such as homemade types or Complan or Build-up made with fortified milk rather than water.



- Fortify milk by mixing 2-4 heaped tablespoons of dried milk powder to 1 pint of whole milk, or add 1 tablespoon of double cream or evaporated milk to a serving
- Add cream or sugar to hot drinks
- Add ice-cream to cold milky drinks.

Food Record Chart for Care Homes



Name:		Diet:							
Care Home:		Ward:							
Date of Birth:		Date:							
Meal / Snack	Foods / Drinks <i>Circle as appropriate</i>				Amount Taken				
					None	1/4	1/2	3/4	ALL
Breakfast	Fruit Juice								
	Porridge		Breakfast Cereal						
	Wholemeal Bread/Roll		White Bread/Roll						
	Butter / Margarine		Jam / Marmalade						
	Tea		Coffee						
	Other fluids / food:								
Mid Morning	Tea		Coffee						
	Hot Chocolate		Milk						
	Biscuit / Cake		Scone / Pancake						
	Butter / Margarine		Jam / Marmalade						
	Supplement:		Other:						
Lunch	Soup: type:								
	Mash Potato	Jacket	Chips	Roast					
	Meat	Fish	Chicken	Other:					
	Vegetables		Salad						
	Wholemeal Bread		White Bread						
	Butter		Margarine						
	Sandwiches								
	Pudding:		Cheese and Crackers						
	Other:								
	Fluids:								

Food Record Chart

for Care Homes (Continued)



Name:			Diet:					
Care Home:			Ward:					
Date of Birth:			Date:					
Meal / Snack	Foods / Drinks <i>Circle as appropriate</i>			Amount Taken				
				None	1/4	1/2	3/4	ALL
Afternoon Snack	Tea		Coffee					
	Hot Chocolate		Milk					
	Biscuit / Cake		Scone / Pancake					
	Butter / Margarine		Jam / Marmalade					
	Supplement:		Other:					
Tea	Soup: type:							
	Mash Potato	Jacket	Chips	Roast				
	Meat	Fish	Chicken	Other:				
	Vegetables		Salad					
	Wholemeal Bread		White Bread					
	Butter		Margarine					
	Sandwiches							
	pudding:		Cheese and Crackers					
	Other:							
	Fluids:							
Bedtime / Supper	Tea		Coffee					
	Hot Chocolate		Milk					
	Biscuit / Cake		Scone / Pancake					
	Butter / Margarine		Jam / Marmalade					
	Porridge / Cereal		Pudding					
	Supplement:		Other:					