

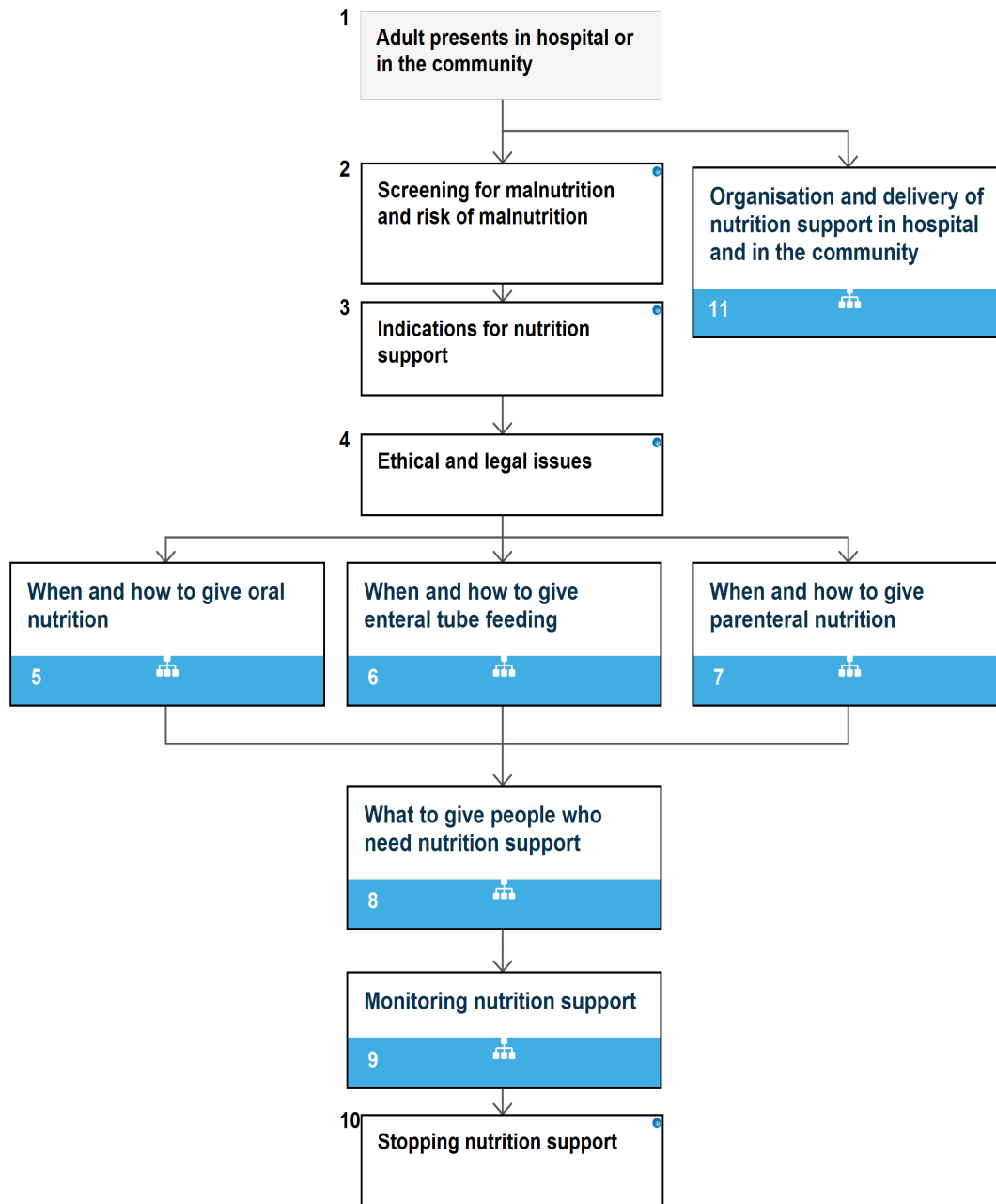
## Nutrition support in adults overview

A NICE pathway brings together all NICE guidance, quality standards and materials to support implementation on a specific topic area. The pathways are interactive and designed to be used online. This pdf version gives you a single pathway diagram and uses numbering to link the boxes in the diagram to the associated recommendations.

To view the online version of this pathway visit:

<http://pathways.nice.org.uk/pathways/nutrition-support-in-adults>

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## 1 Adult presents in hospital or in the community

No additional information

## 2 Screening for malnutrition and risk of malnutrition

Screen:

- all hospital inpatients on admission
- all outpatients at their first appointment
- all people in care homes on admission
- all people on registration at GP surgeries
- and upon clinical concern. Clinical concern includes, for example, unintentional weight loss, fragile skin, poor wound healing, apathy, wasted muscles, poor appetite, altered taste sensation, impaired swallowing, altered bowel habit, loose fitting clothes, or prolonged intercurrent illness.

Consider screening at other opportunities (for example, health checks, flu injections).

Repeat screening weekly for inpatients and when there is clinical concern for all.

Screening should be carried out by healthcare professionals with appropriate skills and training.

Assess body mass index (BMI; that is, weight in kilograms divided by height in metres squared), percentage unintentional weight loss and time over which nutrient intake has been unintentionally reduced and/or the likelihood of future impaired nutrient. The Malnutrition Universal Screening Tool (MUST), for example, may be used to do this.

Some hospital departments may opt out of screening. Decisions to opt out must be approved by local clinical governance structures involving experts in nutrition support.

### Quality standards

The following quality statement is relevant to this part of the pathway.

1. Screening for the risk of malnutrition

### 3 Indications for nutrition support

Healthcare professionals should consider using oral, enteral or parenteral nutrition support, alone or in combination, for people who are either malnourished or at risk of malnutrition, as defined below. Potential swallowing problems should be taken into account.

Nutrition support should be considered in people who are malnourished, as defined by any of the following:

- BMI less than 18.5 kg/m<sup>2</sup>
- unintentional weight loss greater than 10% within the last 3–6 months
- BMI less than 20 kg/m<sup>2</sup> and unintentional weight loss greater than 5% within the last 3–6 months.

Nutrition support should be considered in people at risk of malnutrition, as defined by any of the following:

- eaten little or nothing for more than 5 days and/or are likely to eat little or nothing for the next 5 days or longer
- poor absorptive capacity, and/or have high nutrient losses and/or have increased nutritional needs from causes such as catabolism.

### Quality standards

The following quality statement is relevant to this part of the pathway.

#### 2. Treatment

### 4 Ethical and legal issues

When starting or stopping nutrition support:

- obtain consent from the patient if he or she is competent
- act in the patient's best interest if he or she is not competent to give consent
- be aware that the provision of nutrition support **is not always** appropriate. Decisions on withholding or withdrawing of nutrition support require consideration of both ethical and legal principles (both common law and statute, including the Human Rights Act 1998).

When such decisions are being made, the General Medical Council's [Treatment and care towards the end of life: good practice in decision making](#) and the Department of Health's [Reference guide to consent for examination or treatment, second edition 2009](#) should be followed.

## Quality standards

The following quality statement is relevant to this part of the pathway.

### 2. Treatment

#### **5 When and how to give oral nutrition**

[See Nutrition support in adults / When and how to give oral nutrition](#)

#### **6 When and how to give enteral tube feeding**

[See Nutrition support in adults / When and how to give enteral tube feeding](#)

#### **7 When and how to give parenteral nutrition**

[See Nutrition support in adults / When and how to give parenteral nutrition](#)

#### **8 What to give people who need nutrition support**

[See Nutrition support in adults / What to give people who need nutrition support](#)

#### **9 Monitoring nutrition support**

[See Nutrition support in adults / Monitoring nutrition support](#)

## 10 Stopping nutrition support

### Oral nutrition support

Stop oral nutrition support when adequate oral intake from normal food is established.

### Enteral nutrition support

Stop enteral tube feeding when adequate oral intake is established.

### Parenteral nutrition support

Stop parenteral nutrition when adequate oral and/or enteral support is established. Withdrawal should be planned and stepwise with daily review of the patient's progress. There is no minimum length of time for the duration of parenteral nutrition.

For more about consent around stopping nutrition support, see [ethical and legal issues](#) in this pathway.

### Quality standards

The following quality statement is relevant to this part of the pathway.

#### 5. Review

## 11 Organisation and delivery of nutrition support in hospital and in the community

[See Nutrition support in adults / Organisation and delivery of nutrition support in hospital and in the community](#)

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## Glossary

## Sources

Nutrition support in adults. NICE clinical guideline 32 (2006)

## Your responsibility

The guidance in this pathway represents the view of NICE, which was arrived at after careful consideration of the evidence available. Those working in the NHS, local authorities, the wider public, voluntary and community sectors and the private sector should take it into account when carrying out their professional, managerial or voluntary duties. Implementation of this guidance is the responsibility of local commissioners and/or providers. Commissioners and providers are reminded that it is their responsibility to implement the guidance, in their local context, in light of their duties to avoid unlawful discrimination and to have regard to promoting equality of opportunity. Nothing in this guidance should be interpreted in a way which would be inconsistent with compliance with those duties.

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