NICE National Institute for Health and Care Excellence

When and how to give oral nutrition

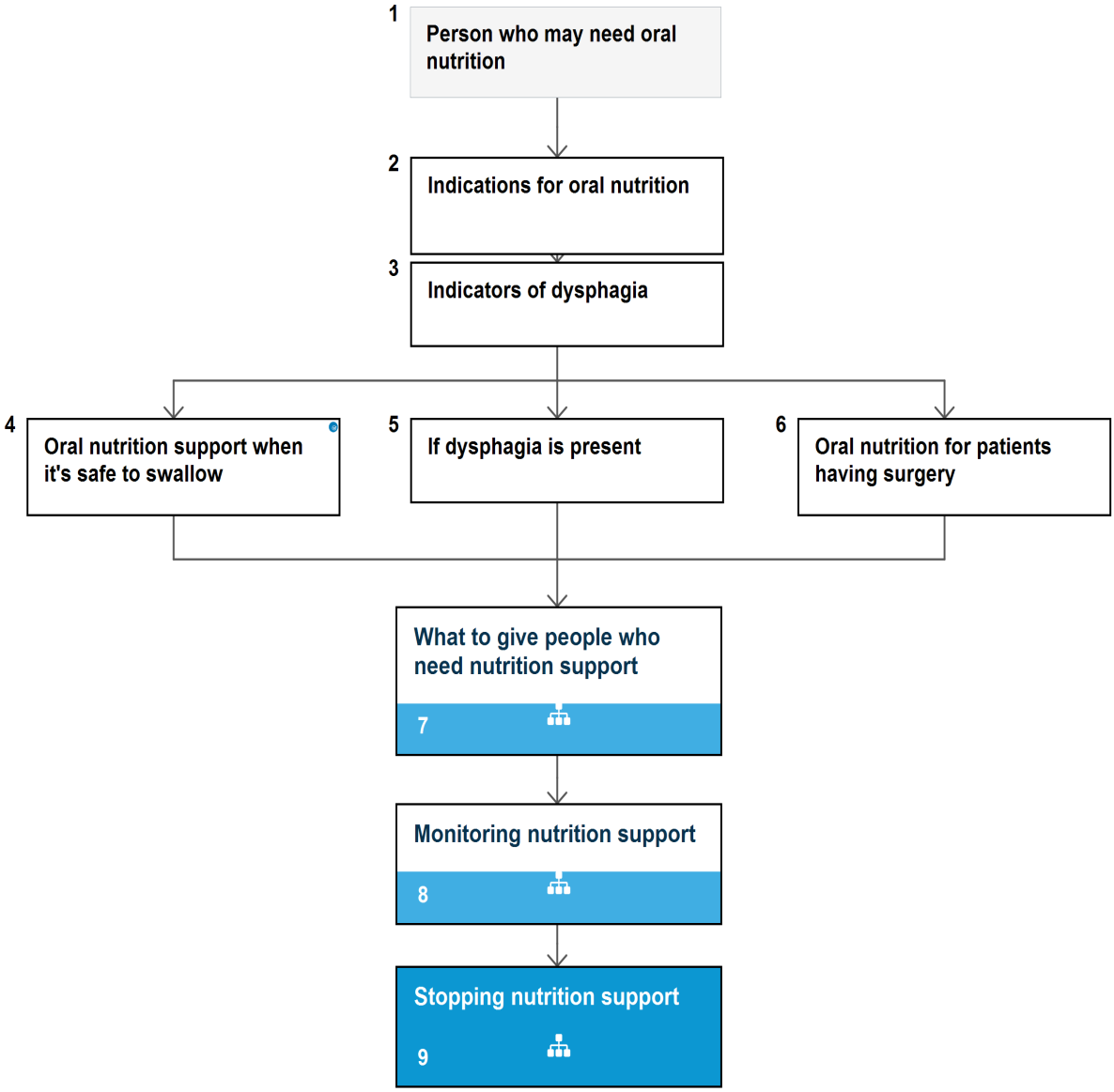
A NICE pathway brings together all NICE guidance, quality standards and materials to support implementation on a specific topic area. The pathways are interactive and designed to be used online. This pdf version gives you a single pathway diagram and uses numbering to link the boxes in the diagram to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

To view the online version of this pathway visit:

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

Pathway last updated: 04 September 2014

NICE *Pathways*



1 Person who may need oral nutrition

No additional information

2 Indications for oral nutrition

Healthcare professionals should consider oral nutrition support to improve nutritional intake for people who can swallow safely and are malnourished or at risk of malnutrition. For information on definitions of people who are malnourished or at risk of malnutrition, see indications for nutrition support in this pathway.

3 Indicators of dysphagia

Refer people with any obvious or less obvious indicators of dysphagia (see below) to healthcare professionals with relevant skills and training in the diagnosis, assessment and management of swallowing disorders.

Obvious indicators of dysphagia include:

- difficult, painful chewing or swallowing
- regurgitation of undigested food
- difficulty controlling food or liquid in the mouth
- drooling
- hoarse voice
- coughing or choking before, during or after swallowing
- globus sensation
- nasal regurgitation
- feeling of obstruction
- unintentional weight loss – for example, in people with dementia.

Less obvious indicators of dysphagia include:

- change in respiration pattern
- unexplained temperature spikes
- wet voice quality
- tongue fasciculation (may be indicative of motor neurone disease)

- xerostomia
- heartburn
- change in eating – for example, eating slowly or avoiding social occasions
- frequent throat clearing
- recurrent chest infections
- atypical chest pain.

Be aware that people with acute and chronic neurological conditions and those who have had surgery or radiotherapy to the upper aero-digestive tract are at high risk of dysphagia.

4 Oral nutrition support when it's safe to swallow

Provide:

- food and fluid of adequate quantity and quality in an environment conducive to eating
- appropriate support, for example, modified eating aids, for people who can potentially chew and swallow but are unable to feed themselves.

Ensure that the overall nutrient intake contains a balanced mixture of protein, energy, fibre, electrolytes, vitamins and minerals.

If there is concern about the adequacy of micronutrient intake, a complete oral multivitamin and mineral supplement providing the reference nutrient intake for all vitamins and trace elements should be considered by healthcare professionals with the relevant skills and training in nutrition support who are able to determine the nutritional adequacy of a patient's dietary intake.

Quality standards

The following quality statements are relevant to this part of the pathway.

2. Treatment

5. Review

5 If dysphagia is present

Consider the risks and benefits of modified oral nutrition support.

Before modification of nutrition support and hydration consider:

- recurrent chest infections
- mobility
- dependency on others for assistance to eat
- perceived palatability and appearance of food or drink
- level of alertness
- compromised physiology
- poor oral hygiene
- compromised medical status
- metabolic and nutritional requirements
- vulnerability (for example, immunocompromised)
- comorbidities.

For people in the acute setting with inadequate or unsafe oral intake (for example, after stroke), consider a 2–4 week trial of nasogastric enteral tube feeding. For more information on enteral tube feeding, see when and how to give enteral tube feeding in this pathway.

Check that drug formulation, route and timing is appropriate and without contraindications for the feeding regimen or swallowing process.

6 Oral nutrition for patients having surgery

Peri-operative oral nutrition support should be considered for surgical patients who can swallow safely and are malnourished as defined in indications for nutrition support in this pathway.

Healthcare professionals should consider giving post-caesarean or gynaecological surgical patients who can swallow safely some oral intake within 24 hours of surgery.

Healthcare professionals should consider giving post-abdominal surgery patients who can swallow safely, and in whom there are no specific concerns about gut function or integrity, some oral intake within 24 hours of surgery. The patient should be monitored carefully for any signs of nausea or vomiting.

7 What to give people who need nutrition support

See Nutrition support in adults / What to give people who need nutrition support

8 Monitoring nutrition support

See Nutrition support in adults / Monitoring nutrition support

9 Stopping nutrition support

See nutrition support in adults / nutrition support in adults overview / stopping nutrition support

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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Contact NICE

National Institute for Health and Care Excellence
Level 1A, City Tower
Piccadilly Plaza
Manchester
M1 4BT

www.nice.org.uk

nice@nice.org.uk

0845 003 7781