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:	**Religious/ethnic/cultural** dietary requirements: Yes ☐ No ☐ If yes, please state: **Food allergy/sensitivity:** Yes ☐ No ☐ If yes, please state:

Care home:

	Very Good	Good	Fair	Poor	Very Poor
Appetite:	☐	☐	☐	☐	☐
Fluid intake:	☐	☐	☐	☐	☐

Hospital:

	Very Good	Good	Fair	Poor	Very Poor
Appetite:	☐	☐	☐	☐	☐
Fluid intake:	☐	☐	☐	☐	☐

Care home	Hospital
Food/Fluid likes:	Food/Fluid likes:
Food/Fluid dislikes:	Food/Fluid dislikes:

Care home	Hospital
Specialised /Therapeutic diet requirement	
Texture modified diet Yes ☐ No ☐ Gluten free ☐ Renal Disease Diet ☐ Other (please state) **Solids** (please tick) Texture A ☐ B ☐ C ☐ D ☐ E ☐ **Fluids** (please tick stage) Normal ☐ Stage 1 ☐ Stage 2 ☐ Stage 3 ☐ **Diabetic** - Yes ☐ No ☐ Insulin dependent ☐ Non-insulin dependent ☐ Reviewed by Dietitian ☐ SALT ☐ Other ☐	**Texture modified diet** Yes ☐ No ☐ Gluten free ☐ Renal Disease Diet ☐ Other (please state) **Solids** (please tick) Texture A ☐ B ☐ C ☐ D ☐ E ☐ **Fluids** (please tick stage) Normal ☐ Stage 1 ☐ Stage 2 ☐ Stage 3 ☐ **Diabetic** - Yes ☐ No ☐ Insulin dependent ☐ Non-insulin dependent ☐ Reviewed by Dietitian ☐ SALT ☐ Other ☐
Food Fortification/Food Snacks	
Required Yes ☐ No ☐ If yes, please state:	Required Yes ☐ No ☐ If yes, please state:
Prescribed Nutritional Support	
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	
Signature	
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