

Good Practice Guidance 1: Administration and recording of nutritional supplements in Care Homes

Adapted from the CQC Pharmacy tip: Administration and recording of creams and nutritional supplements (14 April 2009) which has now been withdrawn.

Key Points

- Care home staff should ensure all residents identified at risk of under nutrition have a monthly MUST score.
- A food first approach should be used for the treatment of undernutrition. General advice on food fortification and hints and tips for improving the nutritional status of residents is available from the community dietetic team, who can be contacted on 01865 264922. Food intake should be optimised small frequent meals and snacks encouraged. Please refer to [Local Guidelines for the Management of Undernutrition for Adults in Primary Care](#) (N3 connection required).
- Nutritional supplements should **only** be used when dietary advice has failed to improve nutritional status (except for specific medical conditions such as malabsorptive disorders or severe dysphagia where they may be needed as first-line treatment – the residents GP and/or community dietician will advise if this is the case).
- Prescribed nutritional supplements must only be used for the resident to whom they have been prescribed and should be stored separately to the residents other medicines.
- A regular review of the supplementary drinks should be requested by the GP and/or dietician and the proposed date of review included in the care plan.

Scenario

During a key inspection of a care home without nursing the inspector checked the current medication administration record (MAR) charts. One chart included a variety of flavours of Complan Shake drinks for a resident and were prescribed as 'one to be taken as directed'. The MAR chart had no records of administration.

A member of staff could not explain what the Complan Shake was for or whether it had been given.

What issues does this raise?

- What information should be available when nutritional drinks are prescribed?
- What records should be kept?

Discussion

- Care home staff should ensure all residents identified at risk of under nutrition have a monthly MUST score.
- NHS Oxfordshire guidance stresses the importance of a food first approach for the treatment of undernutrition. General advice on food fortification and hints and tips for improving the nutritional status of residents is available from the community dietetic team, who can be contacted on 01865 264922. Food intake should be optimised small frequent meals and snacks encouraged. Please refer to [Local Guidelines for the Management of Undernutrition for Adults in Primary Care](#) (N3 connection required).
- Nutritional supplements should **only** be used when dietary advice has failed to improve nutritional status (except for specific medical conditions such as malabsorptive disorders or severe dysphagia where they may be needed as first-line treatment – the residents GP and/or community dietician will advise if this is the case).
- Supplements are only available on prescription for approved conditions as advised by the Advisory Committee on Borderline Substances (ACBS).
- Prescribed nutritional supplements must only be used for the resident to whom they have been prescribed and should be stored separately to the residents other medicines.
- When a resident is prescribed nutritional drinks the care plan must detail why they have been prescribed, how much to give, when to give and to monitor the resident's progress.
- For most residents supplements should be used **in addition to their food intake**.
- A record should be kept of what has been received for a resident.

- A record must be made to demonstrate the resident is getting the drinks as prescribed. This may be on the MAR or on a separate record sheet kept with other information on the resident's progress such as daily weight checks or fluid intake. The record must show how much was given and when, as the drink may be given at times other than the administration rounds.
- Initial prescription should be limited to **one week's supply** and will usually be marked **mixed flavours**. After the weeks trial the care home should contact the resident's surgery with details of preferred flavour supplements.
- A regular review of the supplementary drinks should be requested by the GP and/or dietician and the proposed date of review included in the care plan.
- Supplements should be stored until opened in a cool dry place between 5 and 25°C in a locked room
- When opened they should be dated and stored in the refrigerator, between 2-8°
- Check on the package the shelf life of the supplement after opening and storing in the refrigerator. Supplements like Calogen will last 14 days after opening. Tube feeds like Nutrison will last 24 hours from opening and supplements such as Complan Shake will last 24 hours once prepared.

Things to consider

- Is the administration of nutritional supplements clearly recorded to demonstrate they are being given as prescribed?
- Does the resident's care plan clearly record why the resident has been prescribed these products, how they should be given and when?

Further information

- Further information on managing medicines in care homes is available in Outcome 9 of the [CQC Essential Standards of Quality and Safety](#)

- Further information on meeting nutritional needs in care homes is available in Outcome 5 of the [CQC Essential Standards of Quality and Safety](#)
- Further information on [The handling of medicines in Social Care](#) can also be found on the Royal Pharmaceutical Society website: www.rpharms.com
- The Nursing and Midwifery Council (NMC) provides guidance and [advice on a number of topics](#) which is available on their website; www.nmc-uk.org
- The National Patient Safety Agency also contains safety alerts related to medicines; <http://npsa.nhs.uk/>
- Oxfordshire Guidelines for the Management of Undernutrition for Adults in Primary Care – hard copy only from NHS Oxfordshire.

The above links are made available solely to indicate their potential usefulness to users. The user must use their own judgment to determine the accuracy and relevance of the information they contain.

Oxfordshire CHUMS Working Group & Medicines Management Team