

COMMUNITY DIETETICS SERVICE
(Weymouth & Portland, North, West and Mid-Dorset localities)
Dietetics Referral Criteria – Adults

The Community and Acute Dietetics Services for adults in the western half of Dorset are fully integrated and we accept referrals from all Registered Healthcare Professionals. Referrals will be triaged to the most appropriate part of the service; separate referrals are not needed.

How should I refer and what information should I provide?

Please complete our referral form fully and submit via:

E-mail: dietetic.secretary@dchft.nhs.uk

Post: The Dietitians' Department, Damers House, Dorset County Hospital, Dorset DT1 2JY

Fax (follow safe haven procedures): 01305 253352

Referrals must meet our referral criteria and include the reason for referral, past medical history, history of current condition, prescribed medications, weight history and where relevant, latest relevant blood results (please attach an electronic summary if available). Failure to provide this information may result in delayed access to the Dietitian.

If you wish to refer a patient and are unsure if they meet our criteria, please contact the Dietetics Department on **01305 254415** to discuss further.

How are patients seen?

Patients are seen in a variety of settings including groups, one to one clinics, telephone consultations and home visits. Please ensure the referral form is completed fully, including home visit section if required, so that we can identify the most suitable service for the patient.

What if a patient is in a care home?

Patients will be assessed and reviewed by telephone consultation with the Care Home staff and visits made if appropriate. Care Home nutrition training is available for staff on request; please contact the Dietetics Department on the number above for further information.

CONDITION	FIRST LINE GUIDANCE FOR PRIMARY CARE CLINICIANS	DIET SHEETS/ RESOURCES/ WEB SITES FOR FIRST LINE CARE	WHEN TO REFER TO DIETITIAN
Allergy: Food Allergy or Intolerance	Confirm food allergy with blood tests	www.allergyuk.org	For trial of exclusion diet to assist diagnosis or to treat diagnosed allergy/ intolerance and check nutritional adequacy of diet. Please confirm exclusion of other possible diagnoses when referring.
Cardiovascular Disease (CVD)	Managed within primary care	www.bhf.org.uk www.bda.uk.com/foodfacts	CVD referrals are not accepted and must be managed in primary care. The Cardiac Rehabilitation Group includes a session from a Dietitian.
Hypercholesterolaemia	Managed within primary care	www.bda.uk.com/foodfacts www.bhf.org.uk	Refer if no improvement 3-6 months after implementing first line dietary advice from GP For weight management see section below.
Coeliac Disease Newly diagnosed	Confirm diagnosis as per NICE Clinical Guidelines (NG20) and refer to dietitian	Encourage patient to join www.coeliac.org.uk	Please confirm diagnostic criteria have been met when referring.
Established Coeliac Disease (CD)			Dietetics will provide ongoing annual review as a group education session (one to ones will be considered on an individual basis as appropriate). Yearly blood tests are required.

CONDITION	FIRST LINE GUIDANCE FOR PRIMARY CARE CLINICIANS	DIET SHEETS/ RESOURCES/ WEB SITES FOR FIRST LINE CARE	WHEN TO REFER TO DIETITIAN
Diabetes Mellitus (DM) Type 1 DM; Newly diagnosed	Should be referred to Diabetes Consultant	www.diabetes.org.uk www.bda.uk.com/foodfacts	Dietitians are part of Consultant care for newly diagnosed Type 1; separate referral should not be necessary
Type 2 DM; Newly diagnosed	Refer to and encourage to attend Diabetes Education Programme	https://www.diabetes.org.uk/Guide-to-diabetes/Enjoy-food www.diabetes.org.uk www.bda.uk.com/foodfacts	Patients will be seen by the dietitian as part of the Diabetes Education Programme
Type 1 or 2 DM; Established but with poor control	Refer to Dietitian	http://www.nice.org.uk/guidance/ng28/resources/patient-decision-%20aid-2187281197 https://www.diabetes.org.uk/Guide-to-diabetes/Enjoy-food www.diabetes.org.uk	Poor control includes: <ul style="list-style-type: none"> • Erratic blood glucose levels, i.e. capillary blood glucose >15mmol/L or HbA1c > 53mmol/mol • Frequent hypos i.e. more than once a week • Unintentional and undesirable weight gain >5% in three months as a result of attempts to control blood glucose Unintended weight loss >5% in three months
Type 2 on maximum oral therapy	Offer patient dietary update, which could avoid/delay progression to insulin	https://www.lowcarbprogram.com https://www.diabetes.org.uk/guide-to-diabetes/enjoy-food/eating-with-diabetes/meal-plans/low-carb	Refer to dietitian if patient interested in exploring dietary options before insulin
Pre-diabetes, Impaired glucose tolerance (IGT) or Impaired fasting glucose (IFG)	Managed within primary care only	www.patient.co.uk Consider lifestyle changes and weight management (see later section) www.myhealthdorset.org.uk	Referrals for these conditions are not accepted and must be managed in primary care. Countrywide pre-diabetes programme expected April 2018, detailed not yet confirmed

CONDITION	FIRST LINE GUIDANCE FOR PRIMARY CARE CLINICIANS	DIET SHEETS/ RESOURCES/ WEB SITES FOR FIRST LINE CARE	WHEN TO REFER TO DIETITIAN
Eating Disorders Anorexia Nervosa, Bulimia Nervosa	Refer to specialist service: Eating Disorders Team St Ann's, Kimmeridge Court, 69 Haven Road, Canford Cliffs, Poole BH13 7LN 01202 492147	www.dorsethealthcare.nhs.uk www.eating-disorders.org.uk www.b-eat.co.uk	No adult eating disorders service in West Dorset.
Disordered Eating	Psychological support for the patient is essential e.g. Steps2Wellbeing	www.Steps2wellbeing.co.uk	See 'Malnutrition/Nutrition Support' and 'Weight Management' sections below
Enteral (tube) feeds: Nasogastric, gastrostomy or jejunostomy feed	Refer to Dietitian	www.bapen.org.uk	Refer to Dietitian. The Dietetic Department includes the Home Enteral Nutrition Team for West Dorset
Gastrointestinal conditions: Crohn's Disease, Colitis, Pancreatitis, Pancreatic Insufficiency, Liver Disease,	Refer to Dietitian	www.corecharity.org.uk www.crohnsandcolitis.org.uk www.stmarkshospital.org.uk	Refer to Dietitian
Gastrointestinal conditions: Diverticular disease, Reflux, Hiatus Hernia	Managed within primary care only	www.nhs.uk/conditions/ www.corecharity.org.uk	Referrals for these conditions are not accepted and must be managed in primary care

CONDITION	FIRST LINE GUIDANCE FOR PRIMARY CARE CLINICIANS	DIET SHEETS/ RESOURCES/ WEB SITES FOR FIRST LINE CARE	WHEN TO REFER TO DIETITIAN
Irritable Bowel Syndrome (IBS)	<p>Carry out blood tests to exclude Coeliac Disease, IBD and other Red Flags as per NICE Guideline CG61.</p> <p>Give first line dietary advice and review.</p> <p>Refer to dietitian if first line advice not effective after 1 month.</p> <p>Please note: it is not recommended that patients undertake the Low FODMAP Diet without the specialist supervision of a Dietitian</p>	<p>Dietary advice sheet: www.bda.uk.com/foodfacts</p> <p>Information for HCPs: https://www.bda.uk.com/improvinghealth/healthprofessionals/keyfacts/ibstrustadietitian</p> <p>Patient support: https://www.theibsnetwork.org</p>	<p>Referrals for IBS will be accepted with:</p> <ul style="list-style-type: none"> • Confirmation that first line advice has been followed for at least 1 month. • Confirmation that red flags have been excluded. • TTG, FBC and CRP results.
Malnutrition /Nutrition Support	<p>Screen patient for malnutrition using MUST</p> <p>(MUST tool on SystemOne for Dorset HealthCare S1 users)</p> <p>www.malnutritionpathway.co.uk</p> <p>Please see attached NUTRITION SUPPORT FLOWCHART</p>	<p>For advice regarding Food Fortification and use of over the counter supplements please see: www.dorsetforyou.com/article/407934/Worried-about-nutrition and www.malnutritionpathway.co.uk</p> <p>For first line oral supplements on formulary please see: http://www.dorsetccg.nhs.uk Search “Adult ONS” click on “Adult ONS Formulary Sept 17” (see first line supplement options in green)</p> <p>For malnutrition related to social issues please see links below to support patients:</p> <p>www.dorsetforyou.gov.uk/media/214067/Dorset-Food-Bank-Information-Directory-June-2017/pdf/Dorset_Food_Bank_Information_Directory_June_2017.pdf</p> <p>https://www.trusselltrust.org/</p> <p>https://www.mylifemycare.com/Dorset-First-Point</p>	<p>Dietitian referral if:</p> <p>MUST score 2 or more with no improvement after 2-4 weeks following food fortification and further 4 weeks with addition of 2x first line Oral Nutritional Supplements</p> <p>Or where weight loss is likely to be long-term due to a chronic medical condition e.g. motor neurone disease (MND)</p> <p>Or if other factors render a 6-8 week trial of first line advice unsafe</p> <p>Referrals must include:</p> <ul style="list-style-type: none"> • Height • Weight • BMI • Weight history • MUST Score

CONDITION	FIRST LINE GUIDANCE FOR PRIMARY CARE CLINICIANS	DIET SHEETS/ RESOURCES/ WEB SITES FOR FIRST LINE CARE	WHEN TO REFER TO DIETITIAN
Nutrient Deficiency	Ensure MUST screening is carried out and acted on (see above for Malnutrition/Nutrition Support section)	www.bda.uk.com/foodfacts https://www.nhs.uk/conditions/vitamins-and-minerals/	Refer if no improvement 3-6 months after implementing first line dietary advice from GP or if there is a contradiction to the first line advice
Renal Impairment Chronic kidney disease stages 1, 2 or 3	Managed within primary care	https://www.kidneyresearchuk.org/health-information/stages-of-kidney-disease www.kidneypatientguide.org.uk www.edren.org	Refer if no improvement 3-6 months after implementing first line dietary advice from GP
Chronic kidney disease stages 4 or 5	Under the care of the Renal Service		This patient group is seen by Renal Dietitians within the Consultant-led service
Weight Management BMI 25-30 kg/m ²	Managed within primary care only	www.nhs.uk/change4life www.nhs.uk/Livewell/healthy-eating/Pages/Healthyeating.aspx	Referrals solely for weight management are not accepted as other NHS services are available.
BMI 30-40 kg/m ²	Refer to Healthy Choices Scheme through Live Well Dorset Tel: 01305 233106	Psychological support: www.Steps2wellbeing.co.uk For self-management support contact My Health My Way Tel 0303 303 0153 www.myhealthdorset.org.uk Live Well Dorset: www.livewelldorset.co.uk/	Antenatal BMI>35kg/m ² will be seen by a Dietitian as part of the midwife-led Maternal Health and Wellbeing Clinic
BMI >40 kg/m ²	Refer to Tier 3 services	Tier 3 services www.theweighahead.com Tel: 023 8076 4964 Email: SPIRE.Tier3DorsetWMS@nhs.net	

NUTRITION SUPPORT FLOWCHART

Flowchart for adult community patients with a MUST score of 1 or more

1. Record risk of malnutrition

- Complete MUST screening: <http://www.bapen.org.uk/screening-andmust/must/introducing-must>



2. Discuss oral intake with patient, relative or carer

- Ask to complete 3 day food diary OR take a 24 hour dietary recall
- Establish food likes/ dislikes e.g. sweet/ savoury foods, milk
- Manage any barriers to eating e.g. ill-fitting dentures, swallowing difficulties, oral thrush, bowel movements, nausea/ vomiting, medication side effects



3. Encourage nourishing fluids

- Full cream milk with added milk powder – milkshakes, malted milk drinks, hot chocolate, milky coffees (serve between meals)
- Fruit juice/smoothies if dislikes milk or consider cow's milk alternatives if cow's milk intolerance/allergy/vegan
- Try over the counter oral supplements e.g. Complan (Nutricia), Meritene (Nestlé) and make with fortified milk (serve between meals or if a meal is missed)



4. Pattern of eating

- Encourage a little and often approach to eating if appetite is reduced e.g. three small meals with three small snacks between meals
- Snack ideas include: full fat yoghurt, rice pudding, custard, piece of cake + butter/ cream/ ice cream/ custard, handful nuts, crumpet/muffin/slice toast with spread + jam/ marmalade, cheese and biscuits, scone with cream and jam



5. Review after 2-4 weeks, based on clinical judgement

- Recheck weight
- Discuss any changes to diet that patient has made
- If no progress (further weight loss/patient not gaining weight, depending on aim) and MUST 2 or more consider oral nutritional supplement prescription (2 x first line ONS)
<http://www.dorsetccg.nhs.uk/> Search "Adult ONS" click on "Adult ONS Formulary Sept 17"
(see first line supplement options in green)



6. Review after 4 weeks

- If no improvement, refer to Dietitian by email completing the Dietetic referral form and send to Dietetic.Secretary@dchft.nhs.uk
- If improving, continue to monitor monthly and complete MUST score, discontinue oral supplements once aim achieved. Follow low/medium malnutrition risk guidelines for MUST (see BAPEN link above).

DIETETICS REFERRAL FORM - ADULTS

(Weymouth & Portland, North, West and Mid-Dorset localities)

Patient Information

Date of Referral ____ / ____ / ____

Name		NHS Number	
DOB		Registered GP	
Address			
Telephone			
*Height:		BMI:	
Weight:		Previous Weight:	

Referrer Details

Name of Referrer	
Role (e.g. GP)	
Address/Location	
Telephone Number	

Reason for Referral

Refer to Dietetics Referral Guidelines for further information

Reason for Referral (please tick)	Essential Referral Information (please complete)
<input type="checkbox"/> Malnutrition/Nutrition Support	MUST Score: _____ <input type="checkbox"/> Height, BMI and weight history provided above* <input type="checkbox"/> First line advice has been implemented for minimum 1 month (community) or 1 week (inpatient) and first line ONS prescribed
<input type="checkbox"/> Tube Feeding (Community Hospital)	<input type="checkbox"/> New <input type="checkbox"/> Existing Tube Type: _____
<input type="checkbox"/> Irritable Bowel Syndrome (IBS)	<input type="checkbox"/> TTG, FBC and CRP tests are all normal <input type="checkbox"/> First line advice has been implemented for minimum 1 month
<input type="checkbox"/> Coeliac Disease	<input type="checkbox"/> Diagnosis is confirmed
<input type="checkbox"/> Inflammatory Bowel Disease (IBD)	Please specify: _____
<input type="checkbox"/> Liver Disease	
<input type="checkbox"/> Pancreatitis/Pancreatic Insufficiency	
<input type="checkbox"/> Diabetes Type 1	<input type="checkbox"/> New <input type="checkbox"/> Poorly Controlled
<input type="checkbox"/> Diabetes Type 2	<input type="checkbox"/> New <input type="checkbox"/> Poorly Controlled
<input type="checkbox"/> Renal Impairment	CKD Stage: _____
<input type="checkbox"/> Allergy	Please specify: _____
<input type="checkbox"/> Other	Please specify: _____

Please provide supporting information on next page

Medical History including any relevant diagnoses/investigations, blood test results

[insert]

Medications

[insert]

Supporting Information e.g. 6 month weight history, social information/carers

[insert]

Home Visit Information

		Yes	No	Don't Know
1	Is a home visit essential?			
2	Does the person need a carer or family member present?			
	If Yes, please state specific named person if known:			
3	Are there any known communication problems i.e. Hearing, Sight, Learning Disability?			
	If Yes, please state:			
4	Is there a known history of violence/harassment, alcohol or drugs abuse from the person/family?			
	Any other relevant information:			

Send Referrals to

Email: dietetic.secretary@dchft.nhs.uk

Fax: 01305 253352

Post: Dietetics Department, Damers House, Dorset County Hospital, Dorchester, Dorset DT1 2JY