

Referral Pathways for In Patient Mental Health Services

3.7 Referral to Dietetics

Nurses, Medical staff and Allied Health Professionals may refer to the Dietetic Service if they are concerned about a patient's nutritional status. This would usually be indicated for patients with a 'MUST' score of 2 or more.

Additional examples of patients that should be referred to the Dietetic Service are listed below:-

- Diabetes - New Type 1, New Type 2, New Gestational or Other
- Cardio Protective diet
- Renal - New Chronic Patient, New Dialysis, Phosphate or Potassium advice or other
- Coeliac Disease- New diagnosis or Review
- Nutrition Support - Parenteral Nutrition (See Referral Algorithm in Section 5, Part 1), Enteral tube feeding and those requiring oral nutritional supplements
- Other e.g. nutritional assessment, food allergies
- Eating disorders

Method of referral may vary according to local arrangements (See below). There are a variety of referral procedures which include:-

Professional Guidance:

The Nutrition and Dietetic Service must ensure that all referrals comply with the recommendations within:

- Standards of Conduct, Performance and Ethics, Health Professions Council, 2008.
- Code of Professional Conduct, British Dietetic Association, 2004.

Patients can be referred to the Nutrition and Dietetic Service by all qualified healthcare professionals.

To achieve compliance with the above guidance and enable referrals to be appropriately prioritised all referrals should contain:

- Name of patient.
- CHI Number.
- Address of patient
- Current location of patient
- Registered Medical Officer.
- Name, address and designation of referring agent.
- Name and address of General Practitioner
- Diagnosis.
- Reason for referral.
- Previous medical history.
- Relevant blood results.
- List of current medication.
- Height, Weight & BMI
- Nutritional Screening Score (MUST tool).
- Social history including any known risk factors for lone working, e.g. Alcohol/drug use, violence.
- Any physical disabilities/ communication needs/ interpreter required.

Method of Referral:

A standard referral form is attached

All referrals should be made in writing and sent to the Nutrition & Dietetic service within the relevant HSCP/ geographic or in-patient area. Outpatient referrals are NOT accepted by the Nutrition & Dietetic services in Parkhead, Stobhill (Elderly & MH), Gartnavel Royal (Elderly & MH), Leverndale and Forensics Services.

For **urgent** referrals, contact the dietitian by **telephone in addition to sending the written referral**. Document the referral within the current Nutritional MUST Profile and within the patient's notes / multidisciplinary care plan

Acceptance of Referrals:

All referrals received by the Nutrition & Dietetic service are screened by dietetic staff. The referral is checked to ensure:

- Appropriateness of referral.
- That the referral contains all required patient information as defined above.

Only referrals that are complete will be accepted. Incomplete referrals will be returned to the referring agent for further information. Referrals cannot be processed for 'prioritisation' if essential information is unavailable.

Priority List for All Referrals

Treatment priorities are based on the best available evidence as to where the advice dietitians give can make an impact on patient care.

The list below indicates the conditions which fit each priority, with Category 1 being the 'highest priority' focus. Dietitians and referrers should use professional judgment to assess a referral for any condition/ treatment change not listed.

Category	Type of Referral	
1	Patients for whom a lack of dietetic intervention will lead to condition deteriorating to potentially life threatening status.	<ul style="list-style-type: none"> • New tube feed. • HIGH risk of malnutrition - as defined by 'MUST'. • HIGH risk of refeeding syndrome (see Interim Pathway). • Dysphagia (check SLT input). • Eating Disorder with High risk factor. • MAOI – newly commenced. • Complex health needs/ Challenging behaviour.
2	Patients with conditions where a lack of dietetic intervention will lead to a nutritionally compromised status.	<ul style="list-style-type: none"> • Established tube feed. • Requiring nutritional support. • Newly diagnosed/unstable diabetic. • Eating Disorders.(in consultation with psychiatric service input) • Therapeutic dietary requirement e.g. renal
3	Patients whose condition can be improved through dietetic intervention.	<ul style="list-style-type: none"> • Nutritional Deficiency – e.g. Calcium, iron. • G.I. Disorders. • Diagnosed Food Allergies/ Food intolerance e.g. coeliac disease.
4	Patients whose quality of life may be improved through dietetic intervention.	<ul style="list-style-type: none"> • Obesity. • Coronary Heart Disease. • Bowel disorders e.g. IBS

Patients identified as HIGH risk should be assessed by the dietitian within 2 days of referral.

LOCAL CONTACT NUMBERS:-

Renfrewshire & Inverclyde Mental Health Dietitians:

Dykebar Office Tel 0141 3144118 or Ext 34118

Greater Glasgow and Clyde Mental Health Dietitians

Gartnavel Royal Hospital Tel 0141 211 3685 or Ext 33685

Leverndale 0141 211 6424

Stobhill 0141 201 3911

Addictions Services

(Kershaw Unit 0141 232 2217 / 2219)

Forensic Services

(Leverndale and Rowanbank 0141 232 6422 / 0141 211 6445)

Nutrition & Dietetic Service Referral Form

MENTAL HEALTH DIETETIC REFERRAL FORM

Name :

Address (please include post code):

D.O.B. :

CHI No :

Ward/CHP / Location :

Date of Admission (for inpatient) :

GP Name/ Address:

Admitted from :

R.M.O. :

Date of Referral :

Diagnosis :

Reason for Referral :

Height (metres):

Weight (Kgs) :

B.M.I :

MUST Score and Date

Weight History :

Mental Health Summary :

Physical Health Summary (including medical conditions/ disabilities etc) :

Current Medication :

Referrer:

Designation:

Address
.....

Nutritional Screening Completed

Date :

Score :

RISKS / ALERTS :

To be completed by dietitian on receipt of referral :

Dietitian :

Date Received :

Action :

Date Actioned :

