



## Nutritional considerations for primary care teams managing patients with or recovering from Covid-19

**Target audience:** Community healthcare professionals (such as GP practices, clinical pharmacists, medicines management teams, specialist nursing and rehabilitation teams).

### Patient population:

- Patients discharged from hospital with moderate and severe symptoms
- Patients managed in the community during the acute phase
- Patients with mild symptoms who were malnourished pre Covid-19
- Patients with mild symptoms who had a healthy weight or were overweight/obese prior to Covid-19 but have experienced rapid weight loss
- Patients with co-morbidities such as diabetes, pulmonary disease and/or renal disease

**Aim:** To support health professionals to ensure that patients receive the most appropriate nutrition treatment to support their rehabilitation.

### Recommendations:

1. A range of treatment strategies may be needed to ensure timely care, patient empowerment and patient safety with the focus on quality nutrition as fuel to help functional recovery (see table below).
2. Patients who are malnourished or at high risk of malnutrition, as well as those with specialist dietary requirements (e.g. diabetes, renal disease), should be referred to a dietitian.
3. Prescribed oral nutritional supplements are to be used appropriately, in line with national and local guidance.
4. Communication between different health professionals and settings is essential for seamless delivery of care.
5. Hospital teams discharging patients with identified nutritional concerns should communicate this in writing to primary care teams. In the absence of documented nutritional status, the discharge team should be contacted and the risk of missing this information highlighted in line with local CCG policies e.g. using Datix incident reporting. Doing so is in line with NICE Quality standard 24<sup>1</sup>.
6. Community dietetic teams should consider re-aligning services in line with: **COVID-19 Prioritisation within Community Health Services - prioritising urgent care needs (malnutrition and enteral feeding support)**.

Strategy	Method
<b>Identify level of nutritional risk</b>	<p>Nutritional risk should be assessed on first contact and when there is concern<sup>2</sup>. The Malnutrition Universal Screening Tool (MUST<sup>3</sup>) is a validated tool used across all care settings. The MUST template is available from most electronic clinical systems, e.g. SystemOne, EMIS.</p> <p>If regular weighing is not possible during the pandemic, please consider using the <a href="#">subjective measures of MUST<sup>4</sup></a> or the <a href="#">Patients Association Nutrition Checklist<sup>5</sup></a> to identify risk of malnutrition when conducting virtual reviews. Both are validated tools.</p> <p>Consider symptoms associated with Covid-19 which could reduce ability to eat and drink for adequate nutritional intake, e.g. shortness of breath, persistent coughing, new onset of dysphagia, loss of sense of smell and taste<sup>6</sup>.</p> <p>Sarcopenia (loss of muscle mass) can cause fatigue and weakness. A <a href="#">simple questionnaire</a> can be used to identify if it is present. While malnutrition can result in sarcopenia, the strategies for addressing each may be different. <b>Referral to dietitians is recommended if malnutrition or sarcopenia are identified.</b></p>
<b>Assess level of independence and access to food</b>	<p>It is essential for patients to have consistent access to food from a range of sources including:</p> <ul style="list-style-type: none"> <li>• Supermarket food deliveries, government food parcels</li> <li>• Help from family, neighbours, churches, local community, carers</li> <li>• Support from Royal Voluntary Service for shopping</li> <li>• Consider referral to local services supporting shielding/vulnerable patients</li> </ul> <p><b>Social Prescribers are continuing to manage existing social prescribing caseload as well as supporting patients who are shielded and other vulnerable patients<sup>7</sup>.</b></p>

<b>Emotional or psychological factors which may impact on eating and drinking</b>	<p>Extensive hospital admission and/or social isolation can impact on patients’ mental wellbeing. Where there is concern, consider referral to local mental health services or seek guidance from social prescribers regarding local services<sup>8</sup>. More information and resources are available from:</p> <ul style="list-style-type: none"> <li>• <a href="#">Adults</a></li> <li>• <a href="#">People with dementia</a></li> <li>• <a href="#">People with learning disabilities or autism</a></li> </ul>
<b>Rehabilitation</b>	<p>The combination of well-balanced nutrition and physical activity play a key role in recovery. Dietitians should work as key MDT members within Covid-19 rehabilitation services. If patients are struggling with activity and are not under rehab services, referral for MDT rehab should be discussed with these patients<sup>6</sup>. This may include support from physiotherapy and occupational therapy, depending on availability of services locally.</p> <p>The <a href="#">Moving Medicine</a> website<sup>9</sup> provides advice for healthcare professionals to facilitate discussions around activity with patients.</p>
<b>Food fortification advice</b>	<p><a href="#">Food fortification</a> advice should focus on nutrient dense foods and should include good sources of protein as part of all meals and snacks.</p> <p>For further guidance, please follow local NHS guidance or refer to the following leaflets:</p> <ul style="list-style-type: none"> <li>• <a href="#">Improving your nutrition during and after COVID 19 illness</a></li> <li>• <a href="#">A guide to eating well with a respiratory disorder</a></li> <li>• <a href="#">Protein. Why it is important and where to find it</a></li> </ul>
<b>Over the counter nutritional supplements</b>	<p>For patients unable to meet their nutritional needs from diet alone, discuss use of over the counter nutritional supplements (e.g. Complian, Aymes Retail, Meritene, or Nourishment<sup>10</sup>). If patients raise financial concerns, please note that lack of financial resources is <b>not</b> an ACBS indication for prescribing these products. Please consider signposting patients to local social care services when developing a nutritional care plan if indicated.</p>
<b>Micronutrients</b>	<p>Adequate vitamins and minerals intake is also essential but may be difficult to achieve with a reduced food intake. It may be beneficial to advise taking an over the counter, once daily, multivitamin and mineral supplement during the recovery phase<sup>6</sup>. Ensure the supplement contains 10 micrograms of Vitamin D if patients are unable to go outside<sup>11, 12</sup>. Major supermarket brands tend to be the most cost-effective options.</p>
<b>Oral Nutritional Supplements (ONS) on prescription</b>	<p><b>It is best practice to ensure all patients requiring ONS have dietetic input<sup>6, 16</sup>.</b> However, this may not always be possible due to variation in capacity across the country – please follow local guidance.</p> <p>ONS should be considered when food intake (including food fortification) does not meet nutritional goals<sup>6, 16</sup>, <b>and</b> where the ACBS criteria<sup>13</sup> for the prescribed ONS are met. Patients should have written instructions on when, how, and for how long to take these products in conjunction with food fortification guidance.</p> <p>Patients should have a clear documented nutritional care plan with goals, including when the product will be stopped, and efficacy should reviewed regularly (ideally monthly<sup>6</sup>).</p> <p>Health professionals requesting GP practices to prescribe ONS for their patients should specify in writing how the patient meets the ACBS criteria for the product requested (as defined in the Drug Tariff<sup>13</sup>). While it is the prescribers’ responsibility to prescribe safely<sup>14</sup>, the person requesting the prescription is responsible for providing evidence on how the patient meets the prescribing criteria.</p> <p>Examples which may evidence disease-related malnutrition include:</p> <ul style="list-style-type: none"> <li>• Patients unable to meet nutritional requirements as unable to manage more than 25-50% of all meals.</li> <li>• Patients unable to meet nutritional requirements despite food fortification implementation.</li> <li>• Patients with significant unplanned weight loss over the past .... weeks/months as evidenced by .... % loss.</li> </ul> <p>Almost all CCGs and Health Boards will have local formularies and guidance on products that can be prescribed in the local area<sup>15</sup>. Prescription of the most cost-effective, clinically appropriate ONS should be requested.</p>

Examples of cost-effective ONS		
Type of supplement	Examples include	Cost
Powdered Shakes (patients/carers ability to mix the shakes required) 380-390kcal 17-19g protein	Aymes Actasolve Smoothie; Aymes Shake; Complan Shake; Energieshake; Ensure Shake; Foodlink Complete; Fresubin Powder Extra	£0.44 - £1.00
Ready to use 200ml milkshakes 300-330kcal 11-13g protein	Aymes Complete; Energieshake Complete 1.5; Ensure Plus Milkshake Style; Fortisip Bottle; Fresubin Energy; Resource Energy	£1.05 - £2.11
Ready to use, compact 125ml milkshakes (if struggling with volume) 300kcal 11-13g protein	Altraplen Compact; Ensure Compact; Fortisip Compact	£1.33
Ready to use, juice-style 200-220mls drinks (if milky drinks disliked, all contain milk) 300kcal 8-11g protein	Altrajuce; Ensure Plus Juce; Fortijuce; Fresubin Jucy	£1.70 - £2.02

**Other specialist products should only be prescribed on the direction of a dietitian.**

## Summary

It is important to utilise a range of strategies and be flexible in approaches used to enable nutritional rehabilitation. This will help ensure that all patients are supported and enabled to recover while recognising the significant challenges and demand for community care, healthcare services, and products prescriptions.

## Further resources

[Patient webinar on malnutrition](#) includes a range of patient information to support recovery  
[Further clinical guidance for dietitians from the BDA can be found here](#)  
[Further advice for the general public from the BDA can be found here](#)

## References/Evidence/Weblinks

1. [NICE Quality Standard 24](#). 2012
2. [NICE Clinical Guideline 32](#). 2006 (Updated 2017)
3. [Malnutrition Universal Screening Tool](#)
4. British Association of Parenteral and Enteral Nutrition (BAPEN). [Practical guidance for using 'MUST' to identify malnutrition during the COVID-19 pandemic: Malnutrition Action Group \(MAG\) update](#). May 2020
5. [Nutrition Checklist](#)
6. [ESPEN expert statements and practical guidance for nutritional management of individuals and SARS CoV-2 Infection](#). March 2020
7. Melan, C. Chief Executive of National Association of Social Prescribing Link Workers (April 2020). How social prescribing can help practices during COVID-19 outbreak
8. [Meeting the Psychological needs of people recovering from severe Coronavirus \(Covid 19\)](#) April 2020
9. [Moving Medicine](#) website
10. Manual of Dietetic Practice, 6th edition 2019
11. British Dietetic Association, guidance on Vitamin D during COVID
12. Public Health England Guidance regarding vitamin D
13. [Drug tariff](#)
14. RPC, A Competency Framework for all Prescribers, July 2016
15. Local Clinical Commissioning Group Guidance
16. NHS England. [After-care needs of inpatients recovering from COVID-19](#). June 2020