

Nutritional Care Pathway for COVID-19 patients at Yeovil District Hospital

All patients diagnosed with COVID-19 are considered high nutritional risk

Order calorific meals (as below) and offer assistance with feeding if required
[Menu/Snack choices for COVID-19](#) and bedside [Nutrition Care Plan for COVID19](#)

Nutrition Support may need to be increase depending oxygen therapy:

No O₂ therapy or Nasal Cannula

Face mask or Non-Invasive Ventilation

Ventilated

Refer to the Dietitians if either/or:

- MUST 3 or more
- Eating less than 25% meals/snacks
- Eating less than 50% meals/snacks for 2-3 days

Place NG tube

and start NG feeding if:

- history of poor oral intake for 5 days or more before admission
- Eating less than 50% of meals for 2 days

[Emergency NG Feeding Regimen](#)

Refer to Dietitians.

NG feeding will commence and Refer to Dietetics

[Emergency ICU NG feeding regimen](#)

Patient for EOL care: Remove enteral feeding tube as per medical team advice

Food and fluids as tolerated

Monitor Refeeding risk in all Covid-19 patients - see [Refeeding Syndrome guidelines](#) on Ycloud

Continue to order calorific meals (as below) and offer assistance with feeding if required

[Menu/Snack choices for COVID-19](#) and [Nutrition Care Plan for COVID19](#)

For **modified consistencies** (food and fluids) follow the Speech and Language Therapy advice and **Refer to Dietetics**.

See [Menu/snack choices for COVID19 with Dysphagia](#) and [Nutritional Drinks or Supplements for COVID19 with Dysphagia](#)

Post-ICU

If High Risk/Malnourished: (change to finebore NG tube) and...

- Continue NG feeding for 2 weeks or until at least 2/3 meals eaten (use [Ongoing Tube Feeding Protocol for Wards](#) if no regimen), then
- Give Fortisip Compact Protein BD once NG out
- Order a High Energy and Protein diet (soft)
- Offer 2 snacks per day
- Consider symptoms affecting eating below

Post ICU Syndrome (symptoms)

Patients may be confused, agitated or have increased fatigue. This can affect their oral intake and they will require increased assistance with meals.

Patients may also experience taste changes, decreased appetite or a sense of feeling full quickly after eating. Please provide plenty of snacks options that have different consistencies and temperatures such as ice lollies, yoghurt and crisps.

Please speak with a dietitian if you are concerned about a patient's oral intake and document if there are any significant barriers such as agitation and taste changes.

Discharging patients:

Provide the following leaflets:

[Build up information sheet](#)

[Nourishing drinks leaflet](#)

[Maintaining weight with COVID-19](#)

Consider nutrition for Post-ICU

For **modified consistencies** follow the Speech and Language Therapy advice. The resources above may be helpful

For patients who have been discharged the Dietetic department will:

- Provide or post patients with [Build up information sheet](#), [Nourishing drinks leaflet](#) and [Maintaining nutritional status with COVID-19 leaflet](#)
- Those on supplements will be registered will supplement sample services (Aymes) and sent nutritional supplements to support their recovery along with a letter to their GP detailing their nutritional risks.
- High risk patients will be referred to community dietitians following acute dietetic advice with a copy of the discharge summary included.