

REGIONAL DIETETIC ACCESS CRITERIA

March 2021

Sources of Referral for Adult Dietetic Services

Nutrition and Dietetic services will accept referrals from the following sources:

- Medical Staff
- GPs
- Nurses and Midwives
- Specialist Teams
- Health & Social Care Nutrition and Dietetic services
- Other Health & Social Care Professionals
- Dentists

REGIONAL DIETETIC ACCESS CRITERIA – ADULT SERVICES

for dietetic booked elective services

URGENT REFERRALS

AIM: to be seen within 3 weeks of receipt of referral

Nutrition support

Commencement, consideration or service transfer of alternative methods of feeding
eg nasogastric, PEG, jejunal feeding

Dysphagia

- Newly presenting with Level 3 (Liquidised/Moderately Thick) or Level 4 (Pureed/Extremely Thick), following assessment by a Speech & Language Therapist
- Change is required to prescribed ONS where a risk of choking is identified following SLT assessment

Severely malnourished/underweight BMI <16

Cancer/Oncology

Patients with upper GI cancer (oesophageal/gastric), pancreatic or with head and neck cancer at any stage of the cancer journey including presumed diagnosis in the presence of new/continued weight loss /dysphagia / malabsorption, or who have just discontinued enteral feeding and transitioning onto oral diet.

Gastro-Intestinal Disorders

- **Inflammatory Bowel Disease e.g. Crohns Disease or Ulcerative Colitis**
Active /symptomatic - dietary management to aid symptom control or management of strictures
- **High output or new ileostomy/fistula**
- **Newly formed ileo-caecal pouch**
- **GI obstruction eg upper or lower stent**
- **Intestinal failure**
- **Short bowel syndrome**
- **Decompensated liver disease**

Malabsorption Syndromes/Food intolerances

- Newly diagnosed Coeliac Disease and Dermatitis Herpetiformis
- Commencement of Pancreatic Enzyme Replacement Therapy (PERT)

Renal Disease

Hyperkalaemia

- Patients referred with a potassium level $\geq 6\text{mmol/l}$ (non-haemolysed sample) will be contacted urgently within 2 working days of receipt of referral.
- Patients with a potassium $\geq 5.5 - 5.9\text{mmol/l}$ will receive initial dietary advice sent by post within 2 days of receipt of referral.

ROUTINE REFERRALS (adults)

AIM: to be seen within 13 weeks of receipt of referral

1. Obesity: BMI \geq 30

2. Nutrition support:

- Malnutrition Universal Screening Tool (MUST) score of ≥ 2 or MUST score 1 with deterioration over 2 - 3 months
- BMI ≤ 18.5
- Unintentional weight loss of 10% or more over the previous 3 – 6 months
- Wound healing:
 - Grade 3 or 4 pressure ulcer
 - Dehiscent abdominal wound
 - Wound with high level exudate
- Cancer leading to impaired food intake as a result of:
 - Dry or sore mouth
 - Mucositis
 - Altered taste perception
 - Nausea & vomiting
 - Constipation
 - Early satiety
 - Anorexia
 - Oesophagitis

3. Diabetes:

- Newly diagnosed diabetes
- Type 2 diabetes or secondary diabetes – commencing on insulin
- Type 2 diabetes or secondary diabetes – change to the type of insulin regimen
- Hypoglycaemia – recurrent, erratic, nocturnal, late or hypoglycaemic unawareness if dietary intervention will assist in resolution of the problem or for advice on hypoglycaemia if starting a sulphonylurea
- Hyperglycaemia – deteriorating/recurrent increase in blood glucose levels which are considered a risk factor to the individual and HbA1c is above the QoF threshold of 58 mmol/mol
- Stage 3 Chronic Kidney Disease eGFR 30-60mL/min with HbA1c is above the QoF threshold of 58 mmol/mol

4. Cardiovascular Disease Risk Prevention

- Established atherosclerotic CVD eg MI/CABG/Angioplasty or
- Established multifactorial CVD risk $\geq 20\%$ over 10 years or
- Familial dyslipidaemia diagnosed in secondary care

5. Gastro-Intestinal Disorders

- **Diverticular disease** – dietary management to aid symptom control
- **Functional Gut Disorders** – including Irritable Bowel Syndrome and Functional Dyspepsia

ROUTINE REFERRALS adults (continued)

AIM: to be seen within 13 weeks of receipt of referral

6. Renal Disease

- **Chronic kidney disease – Stage 3 (eGFR 30-59 mL/min)** with one or more of the following:
 - Hypertension BP > 130/80
 - Hyperkalaemia currently using/ requiring ACEi/ARB for blood pressure management.

***Note** Chronic Kidney Disease Stage 4 and 5 (eGFR < 29 mls/min) referred to Renal Services will usually be referred to and seen by the Specialist Renal Dietitian.*

8. Malabsorption Syndromes/Food intolerances (following definitive diagnosis)

- **Coeliac disease** – established patient requiring review or medical request for trial of gluten free diet, due to potential non-gluten sensitivity
- **Intolerances** such as lactose, wheat intolerance etc
- **Pancreatic insufficiency**
 - Dietary management to aid symptom control
 - Management of PERT

9. Dietary assessment to confirm/treat dietary related vitamin and mineral deficiencies eg Vitamin B12 or iron deficiency anaemia, hyperemesis

10. Dietary assessments to assist in the diagnosis of food intolerance

NB Food intolerances diagnosed by non-NHS agencies will not be included

Notes:

Patients referred with Impaired Glucose tolerance/Impaired fasting glucose should not be accepted