

FEEDING AT RISK

PLEASE DO NOT PHOTOCOPY THIS FORM



Adults aged 18 years and over

Date of 'Feeding at Risk' decision:

Name

Address

Date of Birth

NHS or Hospital Number

PLEASE BE AWARE OF THE DNAR STATUS PRIOR TO FEEDING

In the event of a respiratory arrest during feeding due to choking, please treat the patient. If the patient has a cardiac arrest, please refer to the DNAR status.

1. Does the patient have capacity to make and communicate decisions about oral feeding?

If "YES" go to box 2

YES No

If "NO", are you aware if the patient has appointed a Welfare Attorney to make decisions on their behalf? If "YES" they must be consulted.

YES No

All other decisions must be made in the patient's best interests and comply with current law. Go to box 2

2. Summary of the main clinical problems and reasons why alternative non-oral feeding /NBM would be inappropriate, unsuccessful or not in the patient's best interests:

3. Summary of communication with patient (or Welfare Attorney). If this decision has not been discussed state why.

4. Summary of communication with patient's relatives. If this decision has not been discussed, please state why.

Name of relative(s) Date of discussion

5. Summary of any advanced care plans discussed and agreed.

6. Team members involved in this 'Feeding at Risk' decision:

Name Designation/ Band

Name Designation/ Band

Name Designation/ Band

Name Designation/ Band

Name Designation/ Band

Responsible Clinician Signature Date..... Time.....

Consultant made aware

Consultant Name..... Date..... Time.....

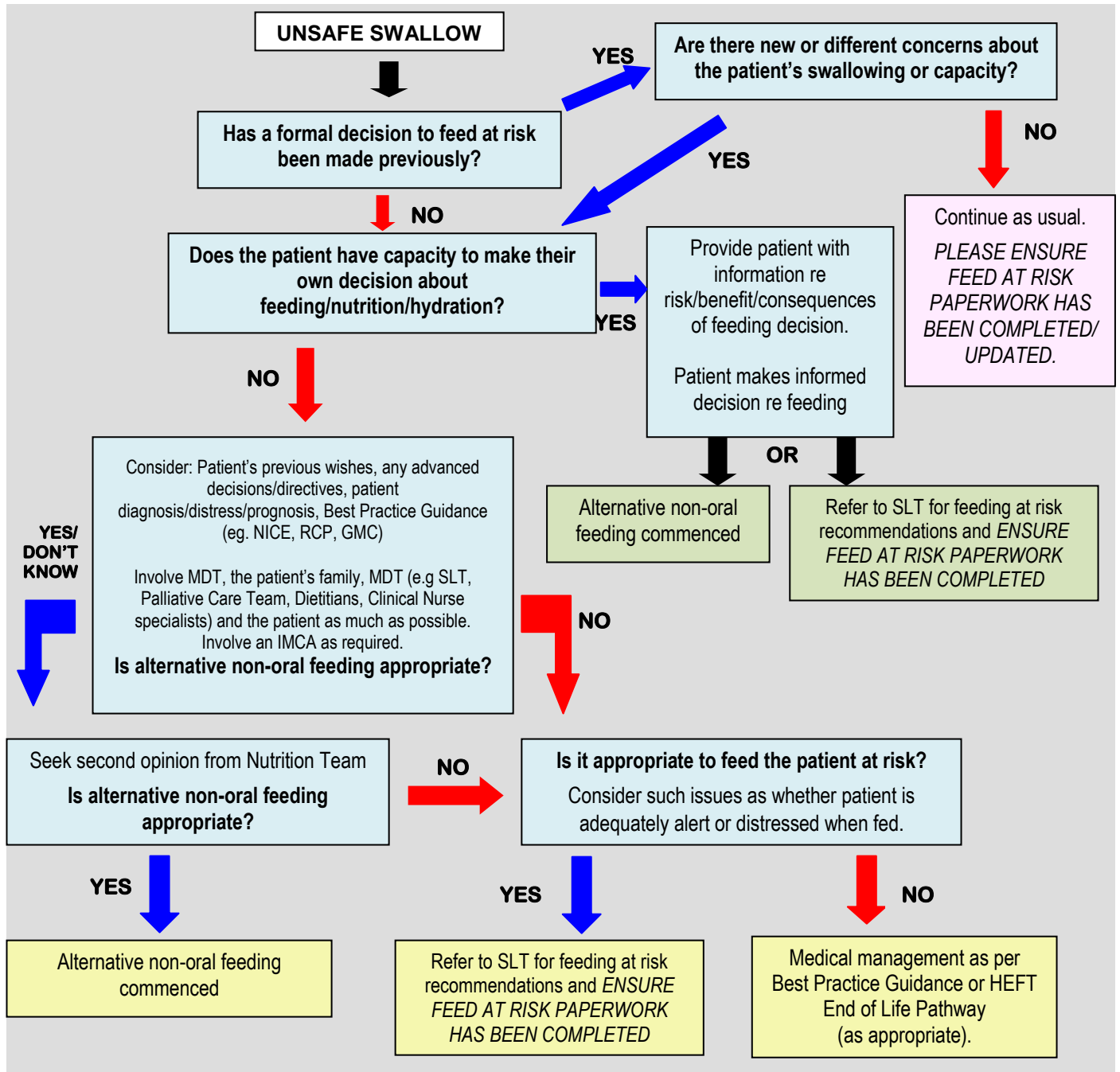
7. 'Feeding at Risk' decision cancellation (Draw two lines through form and write cancelled. Remove from front of notes and file)

Responsible Clinician Signature..... Name..... Date..... Time.....

SLT informed Please tick

Reason for cancellation:

FEEDING AT RISK PATHWAY



NOTES:

1. This form should be completed in accordance with the 'Feeding at Risk' Guidelines.
2. 'Feeding at Risk' decisions are the ultimate responsibility of the consultant in charge of the patient's care. If the consultant is not immediately available, this responsibility may be delegated to the multidisciplinary team and documented by a responsible clinician. If delegated the Consultant must be informed at the earliest opportunity.
3. The 'Feeding at Risk' decision will remain in place unless the patient's wishes change or oral feeding is no longer in their best interests. In this event, the decision-making process must be reviewed.
4. When a 'Feeding at Risk' decision is cancelled, mark the decision through with 2 parallel lines, and write the word 'cancelled'. Record the date, time, your name and the reason for cancellation of the decision. File the cancelled form in the correspondence section of the medical notes.
5. Clinical judgement can override a 'Feeding at Risk' decision, eg. if a patient is drowsy, refusing, distressed or if they are NBM for another reason (e.g. surgical/gastro).

ONCE COMPLETED, THIS FORM SHOULD BE KEPT AT THE FRONT OF THE MEDICAL NOTES BEHIND ANY DNAR FORMS.