

FEEDING AT RISK

Worcestershire **NHS**
Acute Hospitals NHS Trust

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. Date of entry in medical notes recording communication with patient's relatives. If this decision has not been discussed, please state why.

Name of relative(s)..... Date of discussion.....

5. Have advanced care plans been considered, discussed and agreed?

YES

NO

6. Speech and Language Therapy suggest the following feed at risk consistencies

These consistencies have been discussed and agreed with the patient or N.o.K YES NO

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

Consultant signature..... Date..... Time.....

Consultant names printed Date..... Time.....

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

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

SLT informed Please tick

Reason for cancellation: