# RATE-A-PLATE

The nutritional status of many patients deteriorates during treatment or during a stay in hospital or nursing home. The best way to identify patients at risk of a deteriorating nutritional status is to record their intake of foods and fluids.

# Recording food intake

The Rate-a-Plate intake list can be used to record the intake of a patient, indicating the proportion of a meal that has been eaten (full, half, guarter, none) and the amount of fluid that has been drunk. The number of points corresponding to a patient's intake is recorded.

Points for food intake can be found next to the images of the meals. For example: a half plate of a hot meal and an bowl of custard would constitute 4 points. At the end of the day all points are aggregated into a day score. The day score is evaluated to determine if extra measures are needed. One point equates to approximately 130 kcal and 5 grams of protein. The allocation of points is based on the average requirements of older patients admitted to Dutch hospitals. 1900 kcal and 90 grams of protein per day was found to be sufficient for 75% of a group of 2000 older adults.

# Intake of fluids

By separately noting the amount of fluid the patient has drunk you will gain an impression of the total daily fluid intake. The target is 1500-2000 ml per day. Patients who have a restricted fluid intake will not be included here, and any medical advice can be recorded on the list.



### Eén punt staat voor ongeveer 130 kcal en 5 gram eiwit



- A full plate hot meal
- 2-3 notatoes 2-3 tablespoons of vegetables (150 g)
- serving of meat (75-100 g)



A half plate, hot meal: 1-2 potatoes - 2 tablespoons of vegetables (100 g) a small portion of meat (50 g)



- A quarter plate, hot meal:
- 1 potato
- a small amount of vegetables



- Per slice of bread with cheese or
- meat products (2 pt)
- Per cracker or rusk with cheese or meat products (1 pt)



- A cold meal with bread with other spreads: Per slice of bread with sweet sandwich
- filling (1 pt)
- Per cracker or rusk with sweet sandwich filling (1/2 pt)
- 1 currant bun (1 pt)



- Breakfast cereal and oral nutritional supplements: Yoghurt with cerea
- Oral nutritional supplements (ONS)
- a extra small portion of meat (25 g)



Other dairy products: Yoghurt, milk, custard Chocolate milk, yoghurt drink



Other in-between meals: (for example) - A chunk of cheese or sausage

- A hand full of nuts
- Evergreen - A boiled egg





### Assessment and advice from nursing and care staff

A member of nursing or care staff will assess if a patient's intake is adequate. When necessary, he/she will ensure a timely intervention with in-between meals or referral to a dietitian.

The diagram indicates which patients should have their nutritional intake recorded, who will keep the records, when and for how long.

	Hospital	Care- and Nursing Homes	Home care
For Whom?	Preferably all patients	All residents	Patients at risk of malnutrition
By Whom?	The diet aide / nurse together with the patient	Care staff together with client and/or family and volunteer carers	Patients together with family and volunteer carers
When?	From admission	On admission and subsequently before the Multidisciplinary Consultation, when the care plan is amended and/or if nutritional intake is expected to be insufficient	When nutritional intake is expected to be insufficient, when the care plan is amended or at the request of the dietitian.
For how long?	During period of admission	1 week	1 week

As a member of nursing or care staff you can do the following:

- Provide information about the consequences of insufficient food intake and the importance of good nutrition
- Recommend standard quantities, full fat products and in between meals (6 small meals per day)
- Consult with a GP or dietitian if necessary
- Discuss whether different meals can and should be provided

# Intake list



The intake list can be downloaded from: www.fightmalnutrition.eu

Scores and action points The patient is allocated a score for each day, with the following cut-off points:

### Total score per day

16 points or more = sufficient intake 10 - 15 points = moderate intake 9 points or less = poor intake

### Care homes and nursing homes/Home care

In-between meals in case of  $\geq$  3 days of moderate intake A dietitian should be involved in case of:  $\geq$  3 days of poor intake, or  $\geq$  5 days of moderate intake

### Hospitals

- In-between meals in case of ≥ 2 days of moderate intake
- A dietitian should be involved in case of:
  - ≥ 2 days of poor intake or ≥ 4 days of moderate intake

