

## Care plan for Grip Strength Measurement

To be completed within 1-3 days of admission or transfer to the ward

Patients Details	Admission date	Date of assessing GS	Ward	Name of assessor
Name: Age: Gender:				

Right hand (kg)	Left hand (kg)
Grip strength measurement NO 1=	Grip strength measurement NO 1=
Grip strength measurement NO 2=	Grip strength measurement NO 2=

Maximum grip strength measurement=

### High risk

Maximum Grip less than 27kg for men,  
Less than 16 kg for women

### Lower risk

Maximum Grip is 27 kg or more for men,  
16 kg or more for women

### Intervention plan

- 1- Review patient's medical care.
- 2- Follow the ONS care pathway (see over). Please ask medical team to prescribe Fortisips compact b.d
- 3- Refer the patient to Physio for progressive resistance training.

Refer for usual clinical care

### Communication and documentation

- 1- Place the grip strength sticker on the care plan.
- 2- Place the completed the grip strength care plan in the patient's medical note.
- 3- Place Grip strength magnet on Patient Status at a Glance (PSAG) Board.
- 4- Record the patients with low grip strength on handover sheet.

Record reasons for not completing the care plan:

## **Oral Nutrition Support Pathway (as part of the GRImP study)**

Please follow the following steps:

- Ask medical team to prescribe Fortisip Compact b.d. (amend flavour and temperature to maximise intake).
- Complete accurate, daily food record charts.
- Offer assistance with eating and drinking as required. Involve Meal Time Assistant unless contraindicated e.g. texture modified diet/thickened fluids.
- Identify patient's food preferences from family/carers and inform ward host if patient is not able to communicate this for themselves.
- Offer Complan soup in place of the soup of the day from the menu.
- Offer appropriate snacks between meals via the diet grid e.g. sandwiches, cheese and biscuits, extra yogurts/puddings.
- Encourage 500ml (1pint) of full cream milk per day in milky drinks, including a bedtime milky drink.
- Weigh weekly and document on MUST paperwork.

**Continue this action plan until discharge from hospital.**

**Refer the patient to dietetic department only if:**

- MUST score increases
- NBM or consistently eating <½ meals & not managing Fortisip Compact twice a day
- Weight loss continues/ >15%
- Artificial feeding required
- Re-feeding complications develop eg low phosphate, potassium, magnesium
- Modified texture diet needed, requiring specialist input
- Renal function deteriorating, requiring specialist dietetic advice (e.g. potassium>5.5)