Leicestershire Nutrition and Dietetic Service - Adult Referral Criteria - Primary Care

Complexity guide	Services offered*	Not appropriate to refer		
Nutritional support				
 Already tried food first and ONS for maximum 2 months with no improvement - see LMSG guidelines*** High risk of malnutrition and already having Oral Nutritional Supplements or continuing to lose weight Underlying medical condition which may affect the suitability of supplements e.g. diabetes, food allergy Pressure ulcers / tissue viability issues Undernutrition in addition to other medical conditions Cancer/Oncology Enteral tube feeding indicated *** https://267lv2ve190med3l1mgc3ysprimary-care.pdf	Any primary care clinic To refer an adult for enteral tube feeding at home, please contact our Home Enteral Nutrition Service on 0116 2227161 for advice on how to refer 88-wpengine.netdna-ssl.com/wp-content/uploa	Reduced appetite but able to eat normal foods and/or take milky drinks and low or medium risk of malnutrition - refer to LMSG guidelines*** ads/2017/11/Managing-malnutriton-in-		
Check if patients referred are part of enhan				
	Obesity	DMI OF Laws 2 / - a COLumn 2 / -		
Overweight / obese patients BMI>25kg/m² or BAME patients with a BMI> 23kg/m² living in Leicester city with or without co-existing comorbidities e.g. diabetes, hypertension, hyperlipidaemia or other CHD / stroke risk factors	LEAP and DHAL are 12-week group programmes including nutrition and physical activity with follow up for a year. These groups are available in Leicester City for patients 16 years and over.	BMI<25kgm² (or <23kgm² for BAME patients) with no comorbidities - these patients could be advised by GP, practice nurse or community nurse, Livewell in Leicester city or the county councils weight management services for Leicestershire and Rutland and supported by LNDS resources**		

 Obese with a BMI >40kg/m² or BMI >35kg/m² with comorbidities Post-op bariatric patients 	Specialist weight management service / pre bariatric surgery (tier 3) – consultant input if diabetes Bariatric clinic (>2 years after surgery). Otherwise seen by UHL bariatric team	Follow-up support and weight monitoring for those initially advised by a Dietitian could be done in general practice		
	Diabetes			
 Newly diagnosed diabetes Impaired glucose tolerance / prediabetes / risk of developing diabetes Diabetes with co-existing hyperlipidaemia, obesity or undernutrition Uncontrolled diabetes requiring 	Group education where available or any primary care clinic Some patients may be suitable for LEAP after initial appointment (where available) Any primary care clinic or if BMI>28 LEAP where available Any primary care clinic or specialist diabetes clinic (consultant referrals) Any primary care clinic or specialist diabetes clinic (consultant referrals)	 First line advice while waiting for dietetic appointment could be given by GP, practice nurse or community nurse supported by LNDS resources** Follow-up support if discharged by Dietitian could be done in general practice 		
review	diabetes clime (consultant referrals)			
	Gastroenterology			
Coeliac disease – confirmed diagnosis by biopsy	Group education where available or any primary care clinic. Patient information form to be completed prior to session/clinic			
Irritable Bowel Syndrome	Any primary care clinic initially followed by low FODMAP clinic/group if appropriate			
 Inflammatory Bowel Disease Liver or pancreatic disease Other e.g. post-surgery, stoma, malabsorption, gastroparesis 	If under no consultant can be referred and seen in any primary care clinic or specialist dietetic clinic if available	If patient has current consultant care, ask consultant to refer to secondary care specialist Dietitian.		
Food allergy/intolerance				
 Confirmed or suspected single food allergy or intolerance 	Any primary care clinic or specialist dietetic clinic if available	If patient has multiple food allergy, refer to secondary care allergy clinic		

Psychological issues with food / Eating disorder				
 Restricted eating / few foods Binge / purge eating Suspected eating disorder (not under care of adult Mental Health team) 	Any primary care clinic	If patient is under care of Adult Mental Health Consultant ask them to refer to mental health Dietitian		
	Neurological conditions			
 Dysphagia Neurological conditions e.g. stroke, MND, Parkinson's disease 	Any primary care clinic Any primary care clinic or CINSS service	Huntingdon's disease - Refer to specialist Huntingdon's Disease team at Mill Lodge		
Hyperlipidaemia				
 Hypercholesterolaemia >5mmol/l or >4mmol/l for those at high risk Hypertriglycerideamia 	Any primary care clinic			
	Palliative care			
 Nutrition support for palliative care patients 	Any primary care clinic if not under care of LOROS	When patient is reaching end of life and dietetic intervention will not improve the quality of life		
Miscellaneous				
 Renal –CKD stage 1-3 Suspected vitamin / mineral deficiencies Vegan 	Any primary care clinic	 Healthy eating advice Constipation due to poor dietary intake Low fat for symptomatic cholecystitis First line advice for these conditions can be found on the LNDS website ** Sports nutrition advice - not appropriate for NHS referral 		

*If a patient is unable to attend a clinic appointment or group i.e. housebound, an initial telephone contact will be offered to the patient/carer

^{**}diet information leaflets and other resources can be found on the LNDS website www.lnds.nhs.uk