Lung Cancer Nutritional Care Pathway

ALL PATIENTS

- Nutritionally screen at diagnosis with local or national tool e.g. 'MUST'[1]
- Identify barriers impacting on nutritional intake as part of a holistic needs assessment e.g. 'Distress Thermometer[2]'
- Consider:
  - Eating and drinking difficulties
  - Appetite loss
  - Early satiety
  - Nausea and other GI issues
  - Sore mouth or swallowing problems including pain
  - Impact of fatigue and breathlessness
- Encourage mouth care strategies

Nutritional management and supportive care

LOW RISK

- Offer a 'Nutrition Starter Information Pack*'
- Rescreen at next visit

MEDIUM RISK

As for low risk patients plus:

- Agree care plan with patient and carer
- Involve other members of the Multidisciplinary Team (MDT) if required e.g Speech and Language Therapist
- Optimise symptom control and nutritional intake e.g.
  - Food fortification advice and texture modified diet
  - Small and frequent meals/snacks/nourishing drinks
- Consider appropriate use of oral nutritional supplements (ONS) as per local guidelines e.g. 2 ONS** per day (range 1-3)[3, 4]
- Monitor and review at next visit and/or consider Dietitian referral

HIGH RISK

As for low/medium risk patients plus:

- Refer to dietitian for assessment and treatment plan
- If food intake is insufficient (<50% of 3 meals per day) recommend:
  - ONS e.g. 2 ONS per day (range 1-3) alongside oral intake, 12 week duration, according to clinical condition/nutritional needs[4-7] as per local guidelines
- Consider enteral tube feeding as appropriate
- Appropriate dietary advice if oesophageal stent is in situ
- Ongoing monitoring and review regularly:
  - Check compliance and adjust nutritional intervention as required to maximise intake

Rescreen and/or refer to Dietitian as per local policy

ACTIVE SUPPORTIVE CARE

- Optimise nutritional care
- Liaise with patient, family, carer, and MDT regarding ethics i.e. provision of nutrition as treatment/basic care
- Liaise with palliative care team as required

1. http://www.bapen.org.uk/pdfs/must/must_page3.pdf (accessed 10 November 2014).
2. http://www.ncsi.org.uk/wp-content/uploads/DT-Tool-Revised-Bristol-Method.pdf (accessed 10 November 2014).
3. Arends *et al.*, ESPEN Guidelines on Enteral Nutrition:Non-surgical oncology. Clin Nutr 2006; 25: 245-259.
4. Percival C, Hussain A, Zadora-Chrzastowska S et al. Providing nutritional support to patients with thoracic cancer; findings of a dedicated rehabilitation service. Respiratory Medicine 2013;107(5):753-761.
5. NICE. Nutrition support in adults: oral nutrition support, enteral tube feeding and parenteral nutrition. Clinical Guideline 32. 2006.
6. Stratton RJ and Elia M. A review of reviews: A new look at the evidence for oral nutritional supplements in clinical practice. Clin Nutr Suppl 2, 5-23. 2007.
7. Norman K *et al.* Three month intervention with protein and energy rich supplements improve muscle function and quality of life in malnourished patients with non-neoplastic gastrointestinal disease – a randomized controlled trial. Clin Nutr 2008; 27(1):48-56.

* A nutrition starter pack for patients and carers, which gives them some basic nutritional support information has been developed in conjunction with the National Lung Cancer Forum for Nurses and is available via www.nlcfn.org.uk

** ONS: Oral Nutritional Supplement

These recommendations are based on the NCAT Lung Rehabilitation Care Pathway http://webarchive.nationalarchives.gov.uk/20130513211237/http:/www.ncat.nhs.uk/our-work/living-beyond-cancer/cancer-rehabilitation#tab-bestpracticepathways' (accessed 10 November 2014)

NB: Pathway aimed at adults as lung cancer in children is incredibly rare.