



Health and  
Social Care



# NIL BY MOUTH

**Regular Mouth Care Required**

**Please consider administration routes for medications**

Name: \_\_\_\_\_ H&C No. \_\_\_\_\_ NBM since: \_\_\_\_\_

## GUIDANCE FOR STAFF COMPLETING THE NIL BY MOUTH SIGN

### NIL BY MOUTH SIGNS SHOULD BE CLEARLY VISIBLE TO ALL STAFF:

The decision to place a person NIL BY MOUTH (NBM) is often a complex one and should only be taken following a specialist assessment or consideration of the risks versus benefits and appropriateness of this decision; and, where possible, taking fully into account the individual's wishes and the rest of the MDT's views. The patient and or Family/Carer should be involved in the decision where appropriate.

- NBM may be recommended for people who have swallowing difficulties. Other reasons for a NBM recommendation could be for those, e.g. fasting for a procedure, post-surgery, in ICU, or receiving enteral nutrition.
- It is essential that the decision to place a person NIL BY MOUTH is clearly documented and communicated with all staff on the ward, including the MDT, support staff, and where appropriate family/carers/visitors.
- Consideration should be given to:
  - **Medications:** In certain cases, oral administration of critical/essential medications may continue, but only on the advice of a medical practitioner and pharmacist
  - **Mouth Care:** A regular mouth care regime should be in place
  - **Nutrition & Hydration while NBM - plan should be in place**
  - **Referral to Dietetics** (if appropriate)
  - **Referral to Speech & Language Therapy for swallowing assessment** (if appropriate)

### **Who may place a person NIL BY MOUTH?**

Medical Practitioner in Charge, Registered Nurse, Speech & Language Therapist, Dietitian or other relevant Registered Health Care Professional.

<b>Name:</b>	Refers to the <b>Person</b> being placed NIL BY MOUTH.
<b>NBM since:</b>	Refers to the <b>Date</b> the NIL BY MOUTH order commenced.

**Please PRINT CLEARLY Overleaf:**