Screening for Malnutrition: The role of the Allied Health Assistant

Barbara Kitto
Allied Health Assistant
Nutrition & Dietetics Department

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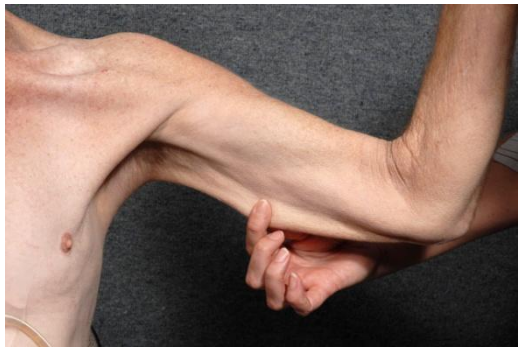
What is Malnutrition?

Definition: A state of nutrition where there is insufficient intake of energy, protein and/or other nutrients to cause measurable adverse effects on the body structure, function and clinical outcome.

Results in:

- Loss of weight
- Muscle wasting and reduced strength
- Increased risk of poor wound healing and wound breakdown
- Increased risk of infection
- Reduced immune function
- Increased length of hospital stay
- Increased mortality



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How common is malnutrition?

Prevalence of malnutrition in Australian Hospitals estimated to be 30 – 43 %.

Study at St Vincent's[1] - 100 elderly patients (>70 years)

- 61% identified at risk of malnutrition
- 30% were assessed as malnourished
- Documentation of recent weight loss or poor appetite was low (19% LOW, 53% poor appetite)
- Even when documented only 7% (LOW) and 9% (poor appetite) of patients were referred to dietitian for assessment.

1 Adams NE, Bowie AJ, Simmance N, Murray M, Crowe TC Recognition by medical and nursing professionals of malnutrition ad risk of malnutrition in elderly hosptialised patients Nut & Diet (2008); 65: 144 - 150

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Who is at risk?

- Elderly - 40 – 60 % of people over 70 admitted to hospital are malnourished
- People with chronic diseases where the disease increases their requirements such as cancer, lung conditions
- Any hospitalised patients, at any weight, who does not receive an adequate oral intake for more than 7 days

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How can we identify malnutrition?

- Routine screening at and during admission
- Use a validated nutrition screening tool for the population being screened.

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Use of MST in a sub-acute ward

- High proportion of elderly patients, at high nutrition risk
- Longer hospital stay
- Low EFT for dietitian so unable to assess all patients

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Malnutrition Screening Tool

Adapted from M Ferguson, J Bauer, M Banks, Dr S Capra
(Development of a valid and reliable malnutrition screening tool for adult acute hospital patients. Ferguson M, Capra S, Bauer J and Banks M. Nutrition 15:458-464. 1999)

A. Have you had trouble eating **in the last few weeks** because of: a decreased appetite	Yes No	1 0
B(i). Have you lost weight over the last 6 months without trying?	Yes No Unsure	1 0 2
B(ii). If yes, how much weight have you lost? (in kilograms)	1.0 – 5.0 6.0 – 10.0 11.0 – 15.0 > 15.0	1 2 3 4
Total Score (A+B):		

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Action Plan for MST

Score	Risk of Malnutrition	Action Plan
0-1	Low	1. Weigh patient, document score. 2. Rescreen in a week
2	Moderate	1. Weigh patient, document score 2. Select High energy, high protein (HEHP) meal options 3. Commence food record (three days) 4. Re-weigh patient in a week 5. If further weight loss or poor diet refer to dietitian
≥ 3	High	1. Weigh patient, document score 2. Refer to dietitian. 3. Select HEHP meal options + HEHP supplement drinks MT + AT 4. Commence food record (three days) 5. Re-weigh patient in a week

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Results of AHA screening

- 10 month trial
- 263 people screened (excluding patients already being seen by dietitian)
  - 186 (70%) low nutrition risk.
  - 77 (30%) moderate – high nutrition risk
    - Referred to dietitian for further assessment

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Outcomes

- AHA ideally placed to screen patients for nutrition risk
- Provides a cost effective means for identifying those at risk patients needing a dietitian referral
- Resulting process is a more timely and effective treatment and prevention of malnutrition

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Challenges for the AHA

- Not a nurse and not a dietitian either – patients often don't understand who you are!
- Takes time to weigh patients – ideally a nursing role
- Screening takes less than a minute but each screen can take much longer by the time you have a chat.
- Time inefficiency of finding patient histories to document screen.
- Finding the actual patient – may be at treatment, having a shower, off the ward with visitors, having medical assessments … Language Barriers and cognition

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Future directions at GV Health

- Screening on surgical (acute) ward
- Different type of patient (broader age range, patients may be quite unwell, different stage of treatment
- Much quicker turnover of patients

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