Screening for Malnutrition:
The role of the Allied Health Assistant

Barbara Kitto
Allied Health Assistant
Nutrition & Dietetics Department
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
How common is malnutrition?

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

Study at St Vincent's¹ - 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 hospitalised patients Nut & Diet (2008); 65: 144 - 150
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
How can we identify malnutrition?

• Routine screening at and during admission
• Use a validated nutrition screening tool for the population being screened.
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
Malnutrition Screening Tool

Adapted from M Ferguson, J Bauer, M Banks, Dr S Capra

<table>
<thead>
<tr>
<th>A. Have you had trouble eating <strong>in the last few weeks</strong> because of: a decreased appetite</th>
<th>Yes</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
<td>0</td>
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<table>
<thead>
<tr>
<th>B(i). Have you lost weight over the last 6 months without trying?</th>
<th>Yes</th>
<th>1</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>No</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Unsure</td>
<td>2</td>
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<table>
<thead>
<tr>
<th>B(ii). If yes, how much weight have you lost? (in kilograms)</th>
<th>1.0 – 5.0</th>
<th>1</th>
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<tbody>
<tr>
<td></td>
<td>6.0 – 10.0</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>11.0 – 15.0</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>&gt; 15.0</td>
<td>4</td>
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**Total Score (A+B):**
# Action Plan for MST

<table>
<thead>
<tr>
<th>Score</th>
<th>Risk of Malnutrition</th>
<th>Action Plan</th>
</tr>
</thead>
</table>
| 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 |
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
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
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
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