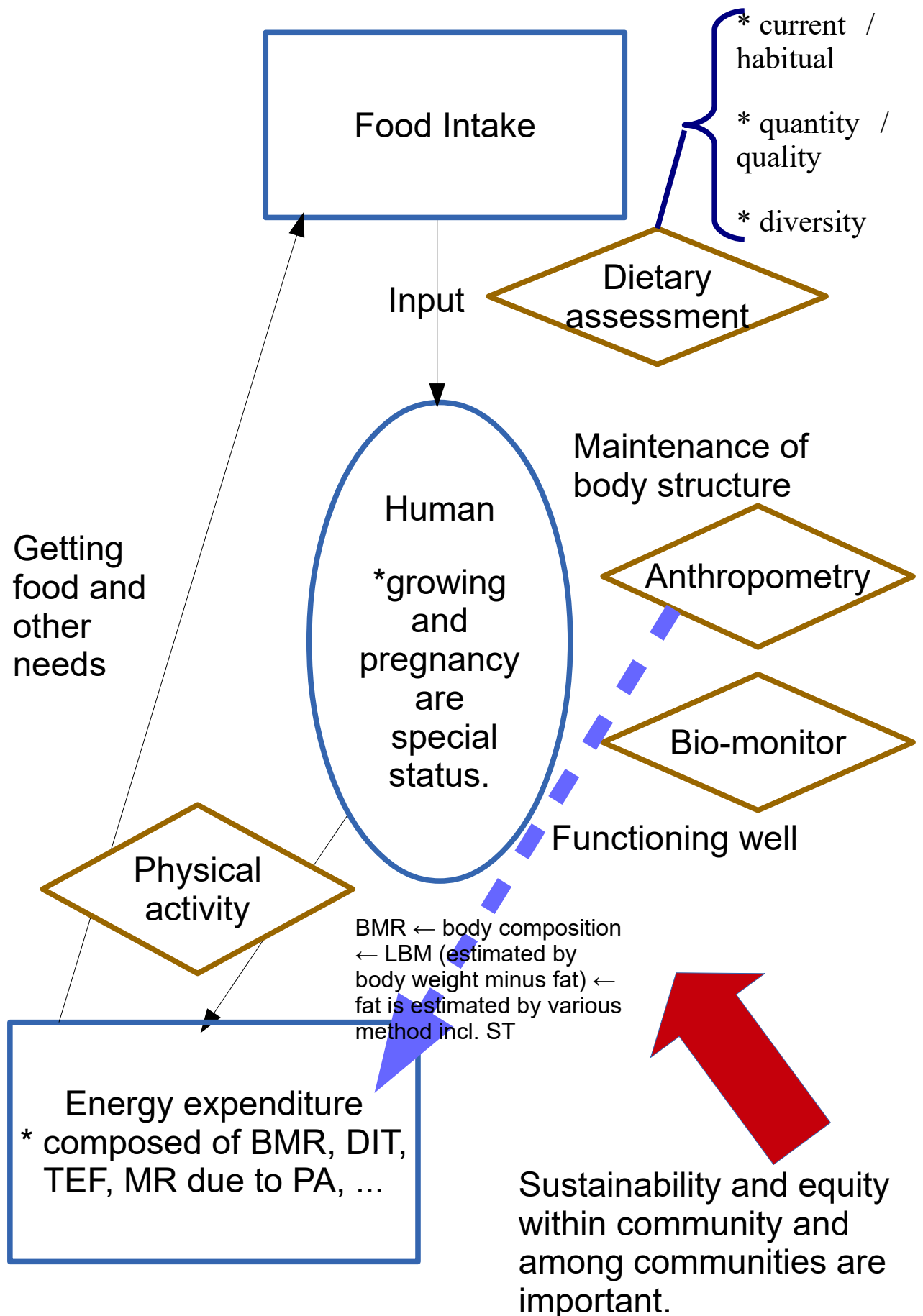


COMMUNITY NUTRITIONAL ASSESSMENT

(June 27 and July 4, 2019)



Step 1 + Step 2 + Step 3

BMI score **Weight loss score** **Acute disease effect score**

BMI kg/m ²	Score
>20(>30 Obese)	= 0
18.5-20	= 1
<18.5	= 2

Unplanned weight loss in past 3-6 months %	Score
<5	= 0
5-10	= 1
>10	= 2

If patient is acutely ill and there has been or is likely to be no nutritional intake for >5 days
Score 2

If unable to obtain height and weight, see reverse for alternative measurements and use of subjective criteria

Step 4

Overall risk of malnutrition

Add Scores together to calculate overall risk of malnutrition
Score 0 Low Risk Score 1 Medium Risk Score 2 or more High Risk

Step 5

Management guidelines

0 Low Risk
Routine clinical care

- Repeat screening
Hospital – weekly
Care Homes – monthly
Community – annually for special groups e.g. those >75 yrs

1 Medium Risk
Observe

- Document dietary intake for 3 days if subject in hospital or care home
- If improved or adequate intake – little clinical concern; if no improvement – clinical concern - follow local policy
- Repeat screening
Hospital – weekly
Care Home – at least monthly
Community – at least every 2-3 months

2 or more High Risk
Treat*

- Refer to dietitian, Nutritional Support Team or implement local policy
- Improve and increase overall nutritional intake
- Monitor and review care plan
Hospital – weekly
Care Home – monthly
Community – monthly

* Unless detrimental or no benefit is expected from nutritional support e.g. imminent death.

All risk categories:

- Treat underlying condition and provide help and advice on food choices, eating and drinking when necessary.
- Record malnutrition risk category.
- Record need for special diets and follow local policy.

Obesity:

- Record presence of obesity. For those with underlying conditions, these are generally controlled before the treatment of obesity.

Re-assess subjects identified at risk as they move through care settings
See The 'MUST' Explanatory Booklet for further details and The 'MUST' Report for supporting evidence.

<http://www.bapen.org.uk/screening-for-malnutrition/must/introducing-must>

Anthropometry

* Height, Weight, MUAC, skinfold thickness, ...

Bio-monitoring

* Measure nutrients in biological specimen such as blood, urine, ...(incl. Stable isotope in hair and nail)

Dietary Intake Research

* Dietary Diversity: FAO's DD, FDSK-11, ...

* FFQ: NHANES version, BDHQ, ...

* 24 hours dietary recall: ASA24, ...

* Food diary

* Direct weighing of duplicated spare meals

... See, <http://minato.sip21c.org/publichealth-special/>

Physical Activity

* Sedentary behavior

* Questionnaire: RAPA, IPAQ, ...

* Diary / Log

* Pedometry

* Accelerometry

* Heart rate monitor

* Other: DLW, Indirect calorimetry, GPS, ...