Identification of patients who are at risk for malnutrition

Ask the patient the following questions*

- Have you lost weight in the past 6 months WITHOUT TRYING to lose this weight?
  - Yes
  - No
- Have you been eating less than usual FOR MORE THAN A WEEK?
  - Yes
  - No

Two “YES” answers indicate nutrition risk†

* If the patient is unable to answer the questions, a knowledgeable informant can be used to obtain the information. If the patient is uncertain regarding weight loss, ask if clothing is now fitting more loosely.

† If a patient is not at risk, rescreen within a week. Only consider weight change in the past week.

Patients at nutrition risk need an assessment to confirm malnutrition

Nutrition screening using a valid tool can generate a significant volume of requests for nutrition evaluation. Subjective Global Assessment (SGA) is a simple and efficient first-line assessment of nutritional status that can be used following a positive screening and to help prioritize cases.

If a patient is malnourished (SGA B or C), an in-depth nutrition assessment, along with treatment, is required by a registered dietitian.

The Canadian Nutrition Screening Tool was rigorously validated and tested for reliability in Canadian hospitals. Non-expert raters completed the tool and it was compared to the SGA conducted by a dietitian or trained nutrition researcher.

† If a patient is not at risk, rescreen within a week. Only consider weight change in the past week.
THE IMPORTANCE OF NUTRITION SCREENING

Strategies to support adequate food intake

- Position patients properly for eating
- Assist patients in opening packages and containers
- Avoid scheduling tests or examinations during meal times
- Consider in-between meal snacks and supplements to support intake
- Clarify why the patient is not eating and find solutions to overcome these problems
- Determine if the patient has pain, is depressed, anxious or in need of medication and social support

Flag patients who are eating 50% or less of their hospital meals

Obtain measured weight of patients using a portable, digital chair scale at their bedside. Weight should be measured at admission and at least, weekly. Communicate discharge weight and nutritional status with the patient, family and formal service providers.