Subjective Global Assessment (SGA) FAQ

1. After completing SGA and I determine that the patient is SGA B or C, should I continue on with the full nutrition assessment immediately?

Yes, it is recommended for efficiency that you carry on with the full assessment since some of the questions that are asked for the SGA are the basis for a full nutrition assessment. Time should not be wasted for malnourished patients, the sooner that a nutrition care plan can be put in place for the patient, the better the outcome for the patient.

2. I don’t have time to do SGA on every patient that is referred to me.

Has your hospital or your unit implemented nutrition screening yet? If not, it is recommended that you start there first. Patients who answer yes to both questions are at risk. However, being at risk does not mean that one is malnourished. To determine if a patient who is at risk is malnourished the next step would be to do a quick (10 minute) assessment of the patient’s nutritional status using SGA. If the patient is well-nourished then you do not need to be involved in that patient’s case. You and the nutrition team will develop a strategy for how to deal with patients who are SGA B and C. (See the Integrated Pathway for Nutrition Care – INPAC for details: http://nutritioncareincanada.ca/inpac/algorithm-for-nutrition-care-in-acute-care-hospitals)

With awareness raising among nurses and doctors this change in practice could lead to more appropriate referrals to the dietitian. As a dietitian you need to consider yourself as a specialist resource, not as front-line staff. Dietitians are not resourced to see every patient; doing SGA and determining which patients who most need your expertise is using your skill set and knowledge to the utmost. This will be rewarding for you professionally.
3. I am nervous to do this on my own.

Until you feel very confident with conducting SGA it is recommended that you buddy with another dietitian or nurse who is an expert, so that they can provide feedback to you on how you conducted the assessment. If there is no expert available, but you and other staff are at the same level of competence, each of you completing the SGA on your own with patients and afterwards, privately, discussing your ratings will help to improve your confidence. It is important that you discuss why you gave the patient the rating that you did so that you can defend your decision.

4. I work alone and have no one with whom I can discuss SGA results.

Please consider joining a Google forum where you can post questions and others can respond to your question. Contact Bridget Davidson at bdavidson@cns-scn.ca to indicate your interest in joining the group.