

Nutrition Screening Tools

WHAT

There are a wide variety of nutrition screening tools readily accessible on the internet. It is important to use a tool that has either been designed specifically for or tested as suitable for use in Residential Aged Care, because it will give you the most meaningful result and it will be easier to use.

WHY

Nutrition screening is important because, if used correctly, it can identify residents at risk of malnutrition, and provide an opportunity to prevent malnutrition or treat the residents and give them the best care.

Nutrition screening is part of your accreditation, see excerpt below.

- Initial and ongoing assessment of needs and preferences in relation to the home's provision of nutrition, hydration, oral and dental services...
 - Identification of residents at risk of poor nutrition, hydration, oral and dental care
 - Identification of poor appetite and poor thirst sensation
 - Identification of residents at risk of developing malnutrition and dehydration...(pg. 6) ¹



This information sheet and Information Sheet 2: Screening Residents' Nutritional Status will help you to meet this aspect of accreditation.

HOW

There are a number of methods to screen nutrition status, most commonly they are tools designed in a checklist or questionnaire format. The following list of tools is validated in the Residential Aged Care setting:

1. Malnutrition Universal Screening Tool (MUST)
2. Short-Form Mini-Nutritional Assessment (MNA-SF)
3. Simplified Nutritional Appetite Questionnaire (SNAQ)
4. Simple Nutrition Screening Tool ²⁾
5. Malnutrition Screening Tool (MST)

See Table 2 over the page for an explanation of the above tools. Alternatively you could use the *Nutrition Screening Flowchart (Tool 2)* which also has a plan of action.

WHEN AND WHO

Every resident should have nutrition screening on admission to the facility and then as required by the type of tool you are using and the level of nutritional risk of the resident.

1. Agency ACSaA. *Assessment module 7: Nutrition, hydration, oral and dental care*. Parramatta: Aged Care Standards and Accreditation Agency Ltd; 2009.
2. Watterson C, Fraser A, Banks DM, Isenring DE, Miller DM, Silvester K, et al. *Evidence based guidelines for nutritional management of malnutrition in adult patients across the continuum of care*: Dietitians Association of Australia; n.d.

Table 2: Nutrition screening tools validated for use in Residential Aged Care. Table adapted from Watterson C, Fraser A, Banks DM, Isenring DE, Miller DM, Silvester K, et al. (In press) ⁽¹⁾

NAME	AUTHOR/S, YEAR	TOOLS INTENDED TARGET GROUP, SETTING	WHAT THE TOOL COMPRISES	USER, WHEN	COST, AVAILABILITY
Malnutrition Universal Screening Tool (MUST)	Malnutrition Advisory Group (MAG); A standing committee of the British Association for Parenteral and Enteral Nutrition (BAPEN) ² 2003	Acute and community dwelling adults.	BMI Weight loss (%) Acute illness score	All care workers. On admission and repeated regularly.	Freely available on the internet for non-commercial use. http://www.bapen.org.uk/musttoolkit.html
Short-Form Mini-Nutritional Assessment Tool (MNA-SF)	Rubenstein LZ, Harker JO, Salva A, Guigoz Y, Vellas B. ³ 2001	Elderly people	Six questions about food intake, weight loss, mobility, psychological stress or acute disease, neuropsychological problems, and BMI OR calf circumference.	Not stated	Freely available on the internet at: www.mna-elderly.com
Simplified Nutritional Appetite Questionnaire (SNAQ)	Wilson M-MG, Thomas DR, Rubenstein LZ, Chibnall JT, Anderson S, Baxi A, et al. ⁴ 2005	Nursing home and hostel residents and community dwelling adults.	Four questions about appetite, satiety, taste and number of meals eaten daily.	The resident completes the questionnaire and the staff tallies the results. Not stated.	Freely available on the internet at: http://www.ajcn.org/cgi/reprint/82/5/1074.pdf
Simple Nutrition Screening Tool	Laporte M, Villalon L, Payette H. ⁵ 2001	Adults in acute care or nursing home or hostel residents.	Tool 1: BMI and weight loss (%) OR Tool 2: BMI and albumin	Nursing staff. Not stated.	Available for download from the Canadian Journal of Dietetic Practice and Research for \$20 http://dcjournal.metapress.com/home/main.mpx
Malnutrition Screening Tool (MST)	Maree Ferguson, Sandra Capra, Judy Bauer and Marilyn Banks. ⁶ 1999	Acute adult patients in hospital.	Two questions regarding appetite and recent unintentional weight loss.	Doctors, nurses, dietitians, administrative staff, family, friends or patient. On admission (<24hrs) and weekly thereafter for patients not at risk of malnutrition.	It is freely available on the internet. http://www.health.qld.gov.au/patientsafety/pupp/documents/malsc.pdf

1. Watterson C, Fraser A, Banks DM, Isenring DE, Miller DM, Silvester K, et al. *Evidence based guidelines for nutritional management of malnutrition in adult patients across the continuum of care*: Dietitians Association of Australia; n.d.
2. for MAGMASCOTBA, (BAPEN) PaEN. *The 'MUST' Explanatory Booklet. A Guide to the Malnutrition Universal Screening Tool' ('MUST') for Adults*: BAPEN; 2003.
3. Rubenstein LZ, Harker JO, Salva A, Guigoz Y, Vellas B. Screening for Undernutrition in Geriatric Practice: Developing the Short-Form Mini-Nutritional Assessment (MNA-SF). *Journal of Gerontology A Biol Sci Med Sci* 2001;56(6):366-372.
4. Wilson M-MG, Thomas DR, Rubenstein LZ, Chibnall JT, Anderson S, Baxi A, et al. Appetite assessment: simple appetite questionnaire predicts weight loss in community-dwelling adults and nursing home residents. *The American Journal of Clinical Nutrition* 2005;82(5):1074-1081.
5. Laporte M, Villalon L, Payette H. Simple Nutrition Screening Tools For Healthcare Facilities: Development and Validity Assessment. *Canadian Journal of Dietetic Practice and Research* 2001;62(1):26-34.
6. Ferguson M, Capra S, Bauer J, Banks M. Development of a Valid and Reliable Malnutrition Screening Tool for Adult Acute Hospital Patients. *Nutrition* 1999;15(6):458-464.