

###  Leicestershire Nutrition and

##  Dietetic Service

**NUTRITIONAL SCREENING TOOL FOR USE IN**

**THE COMMUNITY**

|  |  |
| --- | --- |
| **Weight on Admission (Kg**):…………………**Height (m)**………………………………………….**BMI = (Kg/m2)**:………………………………….Normal Healthy Weight (Kg)………………… | **NHS No:** ……………………………………………..**Name**:…………………………………………………**Address:**……………………………………………………………………………………………………………………………………………………………………**D.O.B**:…………………………………………………**Named Nurse**……………………………………….. |
| * Calculate the nutritional score on assessment visit and document
* Recheck monthly or more frequently if there is a change in condition
* Score more than one criteria per section if applicable
* See over for interpretation of results
* Calculate nutritional score on discharge visit and document
 |
| DATE |  |  |  |  |  |  |  |
| WEIGHT |  |  |  |  |  |  |  |
| **BODY WEIGHT FOR HEIGHT** |  |  |  |  |  |  |  |
| Acceptable (BMI 19-25) | 0 |  |  |  |  |  |  |
| Overweight (BMI greater than 25) | 2 |  |  |  |  |  |  |
| Recent significant weight loss | 3 |  |  |  |  |  |  |
| Underweight (BMI less than 19) | 4 |  |  |  |  |  |  |
| **ABILITY TO EAT** |  |  |  |  |  |  |  |
| Able to eat independently | 0 |  |  |  |  |  |  |
| Sore mouth | 2 |  |  |  |  |  |  |
| Ill-fitting dentures, chewing and swallowing problems | 3 |  |  |  |  |  |  |
| Requires help with feeding | 4 |  |  |  |  |  |  |
| Complete dysphagia | 5 |  |  |  |  |  |  |
| **SKIN TYPE** |  |  |  |  |  |  |  |
| Healthy | 0 |  |  |  |  |  |  |
| Oedematous | 3 |  |  |  |  |  |  |
| Poor wound healing/pressure sores (all grades) | 5 |  |  |  |  |  |  |
| **SYMPTOMS/SIDE EFFECTS OF DRUGS** |  |  |  |  |  |  |  |
| Nausea | 2 |  |  |  |  |  |  |
| Vomiting | 2 |  |  |  |  |  |  |
| Constipation | 2 |  |  |  |  |  |  |
| Diarrhoea | 2 |  |  |  |  |  |  |
| **APPETITE AND DIETARY INTAKE** |  |  |  |  |  |  |  |
| Normal appetite, all meals eaten | 0 |  |  |  |  |  |  |
| On special diet, e.g. supplements, modified texture | 2 |  |  |  |  |  |  |
| Reduced appetite, ½ - ¾ of meals eaten | 3 |  |  |  |  |  |  |
| Poor appetite, less than ½ of meals eaten | 5 |  |  |  |  |  |  |
| **PSYCHOLOGICAL STATE** |  |  |  |  |  |  |  |
| Mental state not affecting food intake | 0 |  |  |  |  |  |  |
| Confused | 2 |  |  |  |  |  |  |
| Depression/Anxious/Apathetic | 4 |  |  |  |  |  |  |
| **AGE** |  |  |  |  |  |  |  |
| Over 65 | 2 |  |  |  |  |  |  |
| TOTAL | Add score |  |  |  |  |  |  |
| **SIGNATURE** |  |  |  |  |  |  |  |
| **Action Plan A, B, or C – Refer overleaf for action**  |  |  |  |  |  |  |  |

**ACTION**

|  |  |  |
| --- | --- | --- |
| A = Nutritional Score 0 – 9 | **⇒** | * Check weight every visit or as appropriate
* Repeat screening tool monthly or sooner if condition changes
* Encourage a well balanced diet
 |
| B = Nutritional Score 10 – 15 | **⇒** | **At Risk of Malnutrition.****Try the following action points**:-* Ask patient to record a food diary to help highlight problem areas in their diet.
* Suggest practical tips to improve nutritional intake. e.g.
* Sandwiches
* Cheese and Biscuits
* Yogurt
* Toast
* Biscuits
* Fruit juice
* “Build Up” type soups
* Encourage milk based drinks e.g:
* Milky Tea or Coffee
* Malted Milk Drink
* Hot Chocolate
* ‘Build Up ‘ type milk shakes
* Check weight every visit or as appropriate
* Use written resources to supplement advice given
* Repeat screening tool monthly or earlier if appropriate. If no improvement in nutritional score refer to section C.
 |
| C = Nutritional Score > 15 | **⇒** | * Refer to the Dietitian
* In addition, try the action points listed in B above
 |

 **ACTION TAKEN DATE**

 **Care Plan completed ------/-----/-----**

 **Referred to Dietitian ------/-----/-----**

REMEMBER THIS IS ONLY A SCREENING TOOL, IF IN ANY DOUBT ABOUT THE SCORE LOOK AT YOUR CLIENT AND USE YOUR PROFESSIONAL JUDGEMENT.

The help of various sources has been valued in the development of this screening tool, in particular Judy Waterlow; in addition Derby City Hospital NHS Trust, Plymouth Nutrition and Dietetic Service and Netheridge Hospital multi-disciplinary team.

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