

Nutrition Screening - working towards an All Wales approach

Amelia Jukes

All Wales Nutrition Screening Group

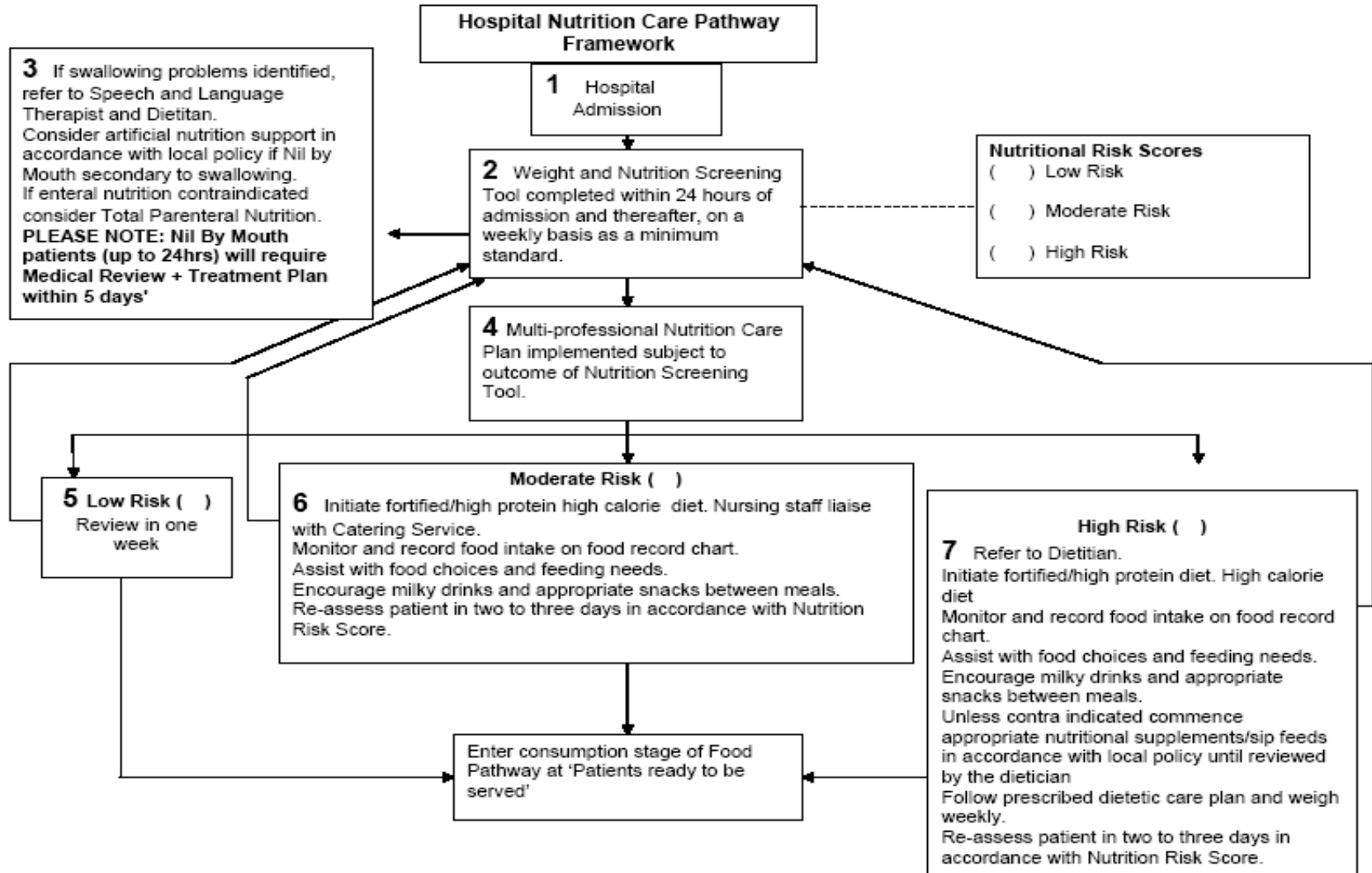


e-nursing

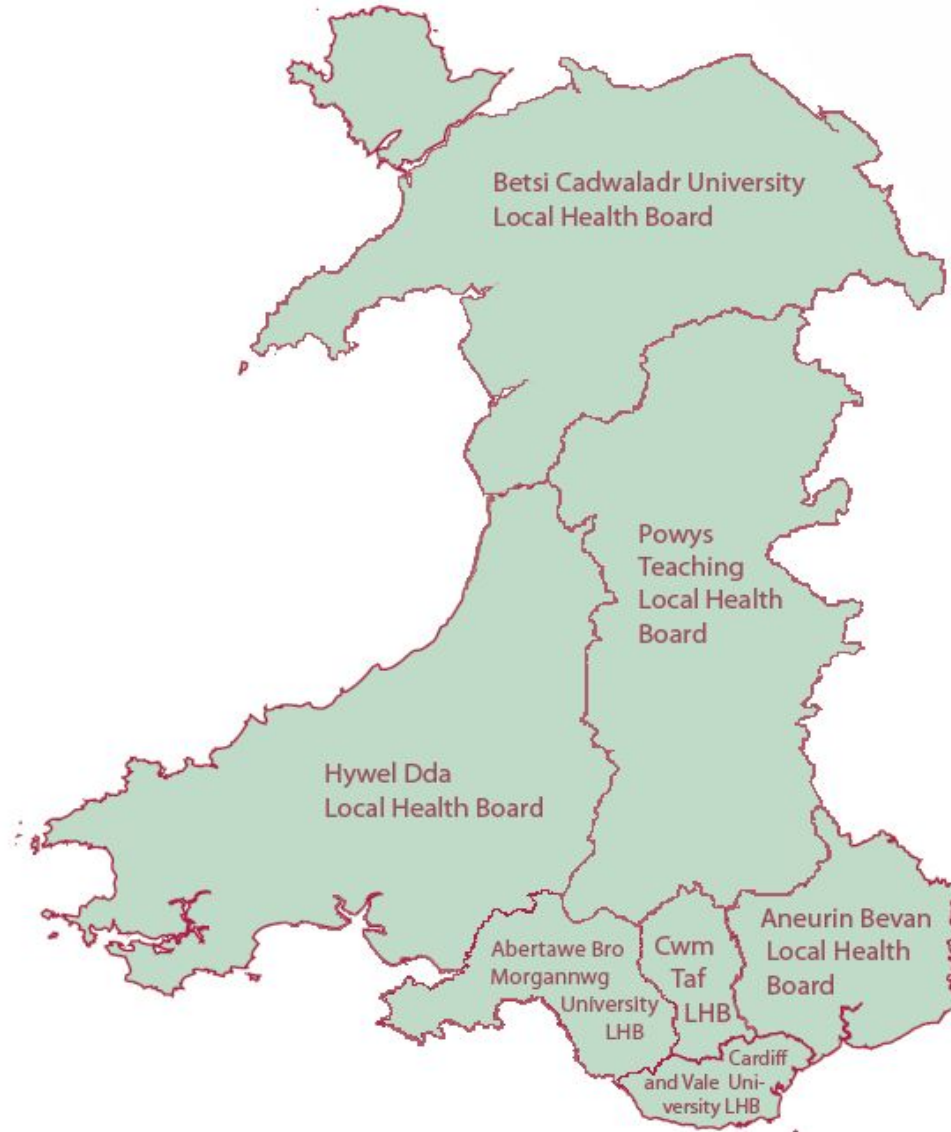
The work programme will be broken down into phases, for Phase 1 April 2018 - March 2020 we will:

- Standardise data definitions and information standards to adopt a common language and terminology for nursing documents across Wales.
- Develop and implement e-nursing documents, with the first prioritised documents being:
 - integrated nursing assessment document
 - All Wales electronic core risk assessments document(s) for
 - Falls •Skin •Pain •Contenance •Nutrition •Manual Handling
 - Develop vital signs electronically that will calculate a National Early Warning Score (NEWS),

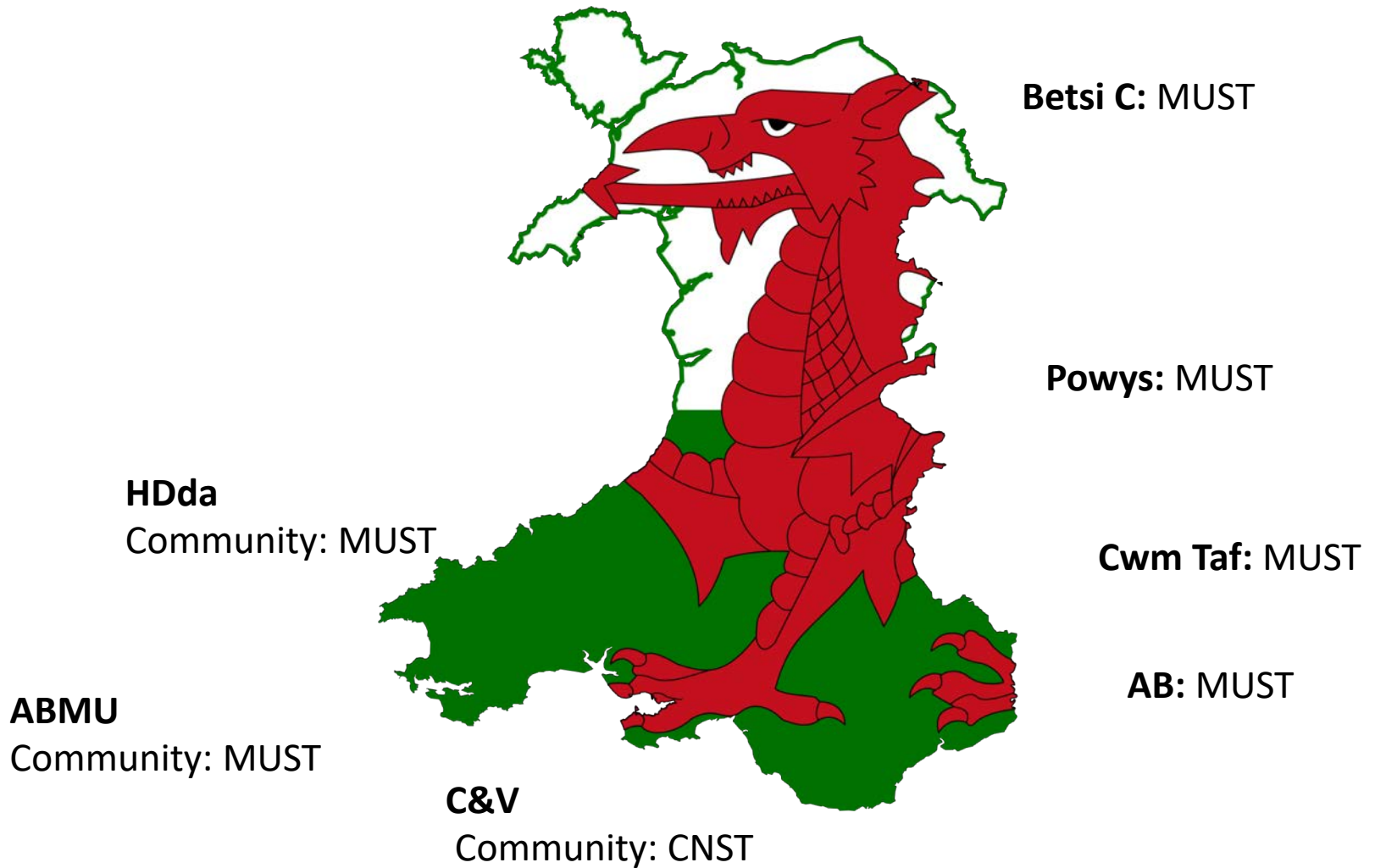
Nutritional Care Pathway



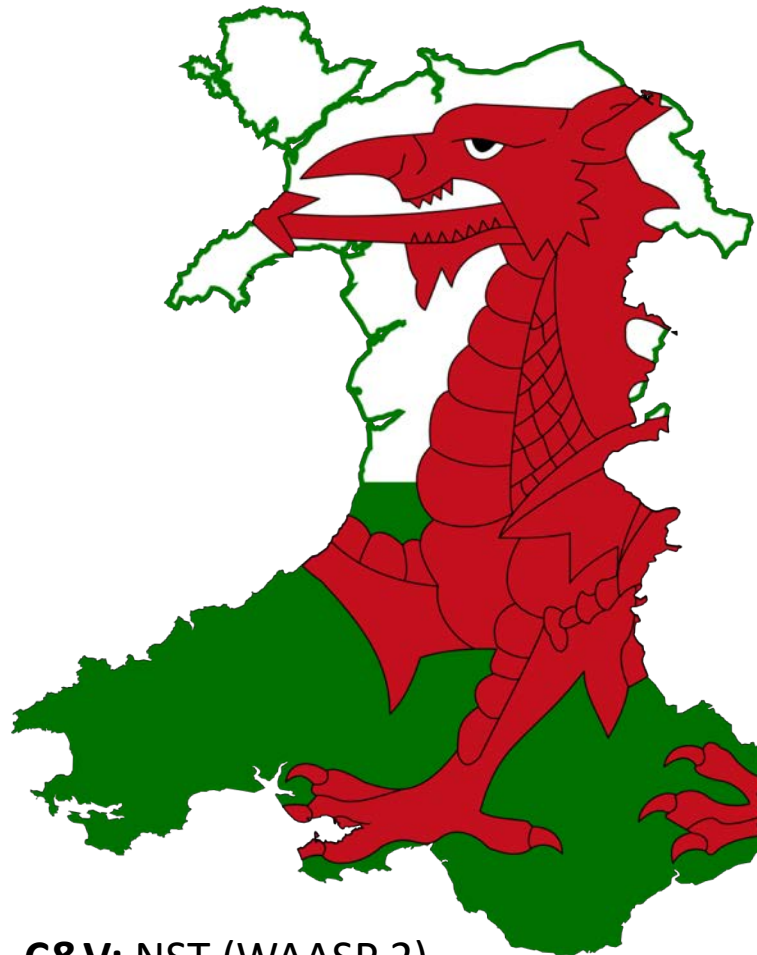
Scoping exercise



Current NRST's in Community



Acute NRST's used across Wales



Betsi C: MUST

HDda: NST

Cwm Taf: MUST

ABMU: NST (WAASP 1)

AB: MUST

Velindre: NST (RM)

C&V: NST (WAASP 2)

NUTRITION RISK ADULT SCREENING TOOL

DATE	SCORE								
WEIGHT • Weight loss 6kg within 6 months/extremely thin or cachectic • Unintentional weight loss 3kg within past 6 months • No weight loss	7 2 0								
APPETITE • Little or no appetite/refuses meals and drinks • Poor, leaves most meals and drinks or new tube feed • Reduced, eating less than 1/4 meals or puree diet/thickened fluids • Good: 3 meals/day or established tube feed eg gastrostomy	4 3 1 0								
ABILITY TO EAT • Unable to tolerate food/fluid via gastrointestinal tract • Difficulty in chewing and swallowing • Requires assistance to be fed • Ability to eat normally and independently	4 3 1 0								
STRESS FACTORS • Admitted for major GI surgery eg oesophagogastrctomy, small/large bowel resection • Severe conditions affecting nutritional requirements eg malignant disease, recent multiple trauma, acute renal failure, unconsciousness, severe infection/sepsis. Admitted for major surgery excluding GI • Chronic conditions affecting food intake eg motor neurone disease, multiple sclerosis, stroke, Parkinson's disease, chronic gastrointestinal disease, depression, chronic renal failure • Acute condition affecting food intake eg contusion, pain, vomiting, nausea, constipation, diarrhoea, chest infection, minor surgery • Uncomplicated condition with no interruption in food intake	7 4 2 1 0								
PRESSURE SCORES • Grade 4 • Grade 3 • Grade 2 • Grade 1	7 2 1 0	SURGICAL WOUNDS • Infected wound • New wound • Healing • Healed							
SCORE									
WEIGHT (kg)									
SIGNATURE									
0-2 LOW RISK Review in 1 week	3-6 MODERATE RISK Assist with food choices. Commence food chart. Encourage milky drinks and snacks between meals eg yoghurt, sandwiches, cheese and biscuits. Review in 3 days. Implement nutrition assessment care plan.	7-9 HIGH RISK Commence food chart. Refer to Dietitian. Review every 3 days. Implement nutrition risk screening tool care plan.							

NUTRITIONAL ASSESSMENT SCORING SHEET

Date	Category	Time (24hour clock)																
	Weight (consider fluid retention when assessing weight history)	Weight loss of 6 kg or more (1 stone) within last 6 months, extremely thin or cachectic, BMI < 18.5 kg/m ² Unintentional weight loss 3kg (7lb) within last 6 months No weight loss	7 2 0															
	Appetite	Little or no appetite or refuses meals and drinks Poor – eating less than a quarter (1/4) of meals and drinks Reduced – eating half of meals Good – eats 3 meals/day or is fully established on tube feed	4 3 1 0															
	Ability to eat	Unable to tolerate food via gastrointestinal tract due to nausea/vomiting or difficulty chewing/swallowing Requires prompting, encouragement or assistance to eat and drink No difficulties- able to eat and drink normally and independently	7 4 0															
	Stress Factor (if clinical condition is not listed, choose a similar condition)	Major surgery e.g. oesophagectomy, gastrectomy, bowel resection Head & neck surgery, kidney and pancreas transplant Moderate surgery e.g. cardiothoracic, kidney transplant, vascular Malignant disease, leukaemia, mucositis. BMT/PBSCT. Recent multiple injuries/spinal injury/trauma, head injury, severe infection, sepsis, endocarditis, pneumonia, peritonitis Acute kidney injury, renal replacement therapy (HD/PD) Chronic liver disease, chronic pancreatitis, HIV	7 4 2															
	Pressure Ulcer/ Wound	TMRD, MS, Parkinson's, dementia, heart failure, COPD, CVA, Fractured neck of femur, inflammatory bowel disease Uncomplicated condition with no interruption in food intake e.g. MI Cat 4 pressure ulcer or open abdomen Cat 3 pressure ulcer or dehisced/infected/moderate exudate wound Cat 1-2 pressure ulcer or non-healing/low level exudate wound Pressure areas intact, healing or healthy wound	0 7 4 2 0															
	Total score																	
	Weight																	
	Initials																	

ADULT INPATIENT NUTRITIONAL SCREENING TOOL (VERSION 2)



Patient Details / Addressograph

TO BE COMPLETED:
Within 24 hours of admission.
Rescreen weekly or sooner if clinical condition deteriorates.
Review on transfer to a new ward.

DATE

Weight (KG)

--	--	--	--	--	--

WEIGHT	Usual weight Steady weight	Unintentional weight loss up to 3.2 kg in the last 3 months	Unintentional weight loss over 3.2 kg in the last 3 months	Visibly underweight & / or rapid unintentional weight loss over 3.2kg # [6]
	[1]	[3]	[4]	[6]
APPETITE	• Usual appetite • Full meals normally finished [1]	• Reduced appetite • Portions reduced, compared with usual intake e.g. eats 1/2 to 3/4 meals [2]	• Poor appetite • Portions much reduced, compared with usual intake e.g. eats less than 1/2 meals [3]	• Eats less than 1/4 meals • Declines most meals and drinks # [4]
ABILITY TO EAT AND DRINK	• Able to eat and drink normally without assistance [1]	• Requires some assistance to eat and drink [2]	• Requires a lot of help to eat and drink • Swallowing difficulties [3]	• Totally dependant • NBM • Enteral or Parenteral nutrition # [4]
PSPS	• <6 [1]	• 6 – 9 At risk [2]	• 10 – 11 High risk [3]	• 12 – 16+ Very high risk [4]
MEDICAL TREATMENT / CONDITION	• Non-complex medical/surgic al condition • No interruption of food intake e.g DVT, knee surgery [1]	• Acute condition affecting food intake e.g. Confusion, Pain, Nausea, Chest infection, Pneumonia, Non-GI surgery, NBM < 48hrs [2]	• Chronic condition affecting food intake e.g. Chronic chest condition, MIND, Parkinson's, Alzheimer's, CVA, chronic GI condition, NBM >48-72 hours. Chronic/unhealing wounds [3]	• Conditions severely affecting food intake e.g. Chemo / Radio therapy, Cancer, G.I. surgery, Severe infection, Unconscious, NBM >72 hours, liver disease # [4]
TOTAL SCORE				

Possible re-feeding risk – highlight to Doctor

Date					
Today's weight (kg)					
1. Has the patient experienced unintentional weight loss in the last 3 months?					
No weight loss	0	0	0	0	0
Unintentional weight loss over 3 months:					
>7 kg (1 stone) in men	10	10	10	10	10
>5.5 kg (3/4 stone) in women					
Unintentional weight loss less than the above	5	5	5	5	5
2. Does the patient look underweight?					
No	0	0	0	0	0
Yes	5	5	5	5	5
3. Has the patient had a reduced food intake (less than 50 % of meals) in the last 5 days (this may be due to mucositis, dysphagia, nausea, bowel obstruction, vomiting)?					
No	0	0	0	0	0
Yes	5	5	5	5	5
4. Is the patient experiencing symptoms that are affecting food intake e.g. mucositis, nausea, vomiting, diarrhoea and constipation?					
No	0	0	0	0	0
Yes	3	3	3	3	3
Total Score					
Sign, print name, designation and date					

RISK OF MALNUTRITION
0-4 LOW RISK, 5-9 MEDIUM RISK, 10+ HIGH RISK

ACTION PLAN GUIDELINES OVERLEAF

Compliance with completion (acute)

UHB	Tool used	24 hr Compliance	Weekly Compliance	Nursing dashboard Compliance
Velindre NHS Trust	NST	95%	76%	na
Cardiff & Vale UHB	NST	84%	83%	90-96%
Hywel Dda UHB	NST	79%	28-33%	86-92%
Abertawe Bro Morgannwg UHB	NST	57%	35%	na
Betsi Cadwaladr UHB	MUST	49.5%	47.6%	71-100%
Aneurin Bevan UHB	MUST	67% (ns)		80-90%
Cwm Taf UHB	MUST	Generally used but quality poor		92%
Powys Teaching HB	MUST	Not provided		na

Accuracy and reproducibility

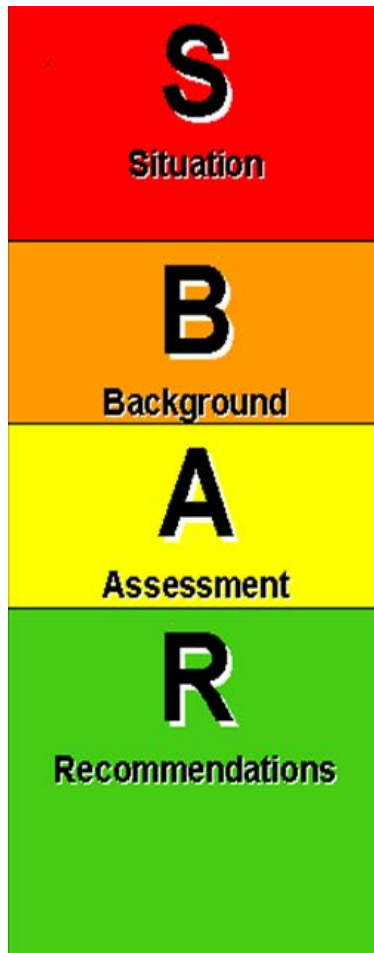
UHB	Tool used	Nurse completed	Dietitian completed	Dietitian MUST
HD	NST	35%	45%	12%
C&V	Original NST	11%	30%	21%
	Vs revised 2012	30% original, 46% revised when completed by Dietitian 34 in their clinical opinion, 33 revised, 26 original, 21 MUST		
	2016	30% different category, 8% in high risk missed		
	2017	39% different category, 13% in high risk missed		
ABM	NST	52% scored different to Dietitian Identified 76% of high risk		12%
Vascular		83% accurate but only 44% referred to Dietitian		
DETOX		68% scored differently, 20% changed scores		
BC	MUST 2015	50% accurate		

Screening.....

- Simple, quick and easy to complete
- Practical
- Reliable
- Specific
- Sensitive – identify risk and actual malnutrition
- Measures what it is intended to
- Reproducible
- User friendly
- MDT developed
- Include weight ,unintentional weight loss, BMI



Proposal



- MUST – Community
- NRST (WAASP) - Acute

Considerations

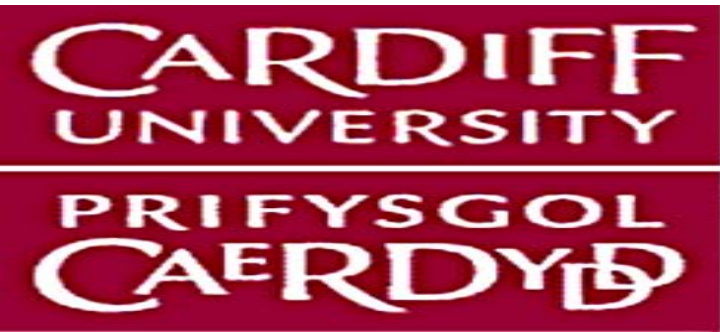
- Validation of WAASP NRST and amendments
- All Wales NRSTool, BMI
- Addressing concerns of potential caseload

Validation

Barlow R, Duncan D, Hood K, Jenkins J, & Mehmet U (1999) *Proceedings of the Nutrition Society* 58, 119A.
Davidson C & Sables I (1996) *Nursing Times* 92, 35-37.

Development and validation of nutrition risk assessment for routine use in an acute hospital trust.
By RACHAEL BARLOW, DONNA G. DUNCAN, KERENZA HOOD¹ and JUDYTH JENKINS,
Department of Nutrition and Dietetics, University Hospital of Wales NHS Trust, Health Park, Cardiff.
Department of General Practice, University of Wales College of Medicine , Llanederyn Health Centre, Cardiff¹

Clinical effectiveness of routine nutritional risk assessment in an acute hospital trust. By
DONNA G. DUNCAN¹ and KERENZA HOOD² and JUDYTH JENKINS¹, ¹*Department of Nutrition and Dietetics, University Hospital of Wales NHS Trust, Health Park, Cardiff, CF14 4XW and*
²*Department of General Practice, University of Wales College of Medicine , Llanederyn Health Centre, Cardiff, CF23 9PN*



Recommended Guidelines

- MUST is BAPEN recommended tool
- BMI – NICE, BAPEN



- BAPEN acknowledge use of alternative – if it has demonstrated to identify those at risk
- ? BMI reliable in elderly population (↑)
- ? BMI reduces compliance in completion

AWNRS (WAASP)

All WALES ADULT NUTRITIONAL RISK SCREENING TOOL (WAASP)

Guidelines for completion

- Complete assessment within 24 hours of admission to hospital
- Record weight and height (if unable, ask the patient or relative to estimate)
- Select the **highest** score that applies in each section
- **Add** the score of each section and record the **total** score in the box below
- Assess risk depending on score and take appropriate action
- Reassess weekly

Height ____ m Weight ____ kg (on admission)
(estimated or actual?)

S CORE and ACTION

0-2 LOW RISK

- Repeat screening in one week or sooner if patient condition changes

3-6 MODERATE RISK

- Assist with meal choice
- Encourage eating and drinking and assist if required
- Encourage milky drinks and snacks between meals
- Monitor intake on the All Wales Food Record Chart
- Repeat screening in one week or sooner if patient condition changes
- Complete/initiate local care plans – refer to local policy

7+ HIGH RISK

- Monitor intake on the All Wales Food Record Chart
- Refer to the Dietitian
- Repeat screening in one week or sooner if patient condition changes
- Complete/initiate local care plans – refer to local policy

Referral to the Dietitian should be made irrespective of WAASP score if the patient:

- Requires or is receiving any form of Enteral or Parenteral nutrition support
- Reports the use of prescribed nutritional supplements on admission
- Newly diagnosed therapeutic diet e.g. gluten free, Type 1 Diabetic

Special diets e.g. gluten free, potassium restriction, milk free – inform catering +/- local guidance - ? going to remove an add to admission document?

Note: This nutrition risk screening tool does not supersede clinical judgement – please refer to the Dietitian if you have any concerns regarding the patient's nutrition

All WALES ADULT NUTRITIONAL RISK SCREENING TOOL (WAASP)

NB: Where more than one score applies per section please select the highest
(consider fluid retention when assessing weight history)

W EIGHT	Score
• Weight loss of 6 kg or more (1 stone) within last 6 months, extremely thin or cachexic, BMI < 18.5 kg/m ²	7
• Unintentional weight loss 3kg (7lb) within last 6 months	2
• No weight loss	0

A PPETITE (current)	Score
• Little or no appetite or refuses meals and drinks	4
• Poor – eating less than a quarter (1/4) of meals and drinks	3
• Reduced – eating half of meals	1
• Good – eats 3 meals/day or is fully established on tube feed	0

A BILITY TO EAT (current)	Score
• NBM for more than 5 days	7
• Unable to tolerate food via gastrointestinal tract due to nausea/vomiting or difficulty chewing/swallowing	4
• Requires prompting, encouragement or assistance to eat and drink	1
• No difficulties - able to eat and drink normally and independently	0

S TRESS FACTOR (for CURRENT condition. If the clinical condition is not listed, choose a similar condition)	Score
• Major surgery e.g. oesophagectomy, gastrectomy, extensive bowel resection, Head & neck surgery, kidney and pancreas transplant	7
• Moderate surgery e.g. cardiothoracic, kidney transplant, vascular Malignant disease, leukaemia, mucositis Recent multiple injuries/spinal injury/trauma, head injury, uncomplicated bowel surgery	4
• Severe infection/sepsis, endocarditis, pneumonia, peritonitis Acute kidney injury, renal replacement therapy (HD/PD) Chronic liver disease, acute and chronic pancreatitis, HIV	4
• MND, MS, Parkinson's, dementia, heart failure, COPD, CVA, Fractured neck of femur, inflammatory bowel disease	2
• Uncomplicated condition with no interruption in food intake e.g. MI	0

P RESSURE ULCER/WOUND (if ungradable, choose higher grade/score)	Score
• Category/Grade 4 pressure ulcer or open abdomen	7
• Category/Grade 3 pressure ulcer/dehisced/infected/mod exudate wound	4
• Category/Grade 1-2 pressure ulcer or non-healing/low level exudate wound	2
• Pressure areas intact, healing or healthy wound	0

Note: This nutrition risk screening tool does not supersede clinical judgement – please refer to the Dietitian if you have any concerns regarding the patient's nutrition

Potential referral increase



CARDIFF
UNIVERSITY

PRIFYSGOL
CAERDYDD

- Use of Awnrst
 - Referral form (paper/electronic)
 - Prioritise caseload
 - Audit/Evidence for resources
- Cardiff University research project?





e-nursing

Progress and plans

The work programme will be broken down into phases, for Phase 1 April 2018 - March 2020 we will:

