

Food and Nutritional Health for Adults

Risk Screening and Monitoring Outline



INSTRUCTIONS – NUTRITIONAL RISK SCREENING & MONITORING TOOL

Introduction

This screening tool will assist in the process of identifying and planning assistance for home based people who are nutritionally at risk. An outline of nutritional risk screening & monitoring is shown below. Further detail and information on simple intervention and resources is available in the companion Resource Manual.

Screening takes place at the same time as General Needs Assessment. It is intended for use by general health professionals and community workers. The process is supported and enhanced by the provision of training, information and continued support to health professionals by local dietitians.

Key Instructions:

- 1) Observe the answers to the nutrition screening trigger questions during general needs assessment with the client. Most people will have 0-2 risks.
- 2) Nutritional risk increases with the number of risks observed. Unintentional weight loss and swallowing problems are safety issues requiring urgent attention. Obvious underweight and frailty is also a safety issue.
- 3) Look in the general needs assessment and try to find out why the person is at risk.
- 4) Plan simple interventions to correct/reverse the underlying problems which are often complex.
- 5) Ensure agreement is made with the client for the planned interventions and put these in place where appropriate with the carer.
- 6) Arrange monitoring at appropriate intervals with particular attention being placed on client safety.
- 7) If simple interventions are not effective seek specialist assistance as indicated by risks – ie. consult with doctors, dietitians, dentists, social workers and others.

Additional Information:

Body weight is a good global indicator of health. Achievement and maintenance of best body weight is a basic principle of nutritional risk screening and monitoring.

As the number of home based elderly and adults with disabilities increases in our community, community service responsiveness to individual needs is most important. Identification of needs and the planning of appropriate intervention is the most useful and is also cost effective.

Poor nutrition (sometimes malnutrition) is one of the major reasons for frailty and dependency, and increase morbidity and mortality. Poor nutrition also reduces quality of life and increases the cost of health for us all.

Nutritional risk screening and monitoring focusses on increased awareness of individual client needs and the better targeting of intervention. Such screening is similar for both the elderly and younger adults with disability. However intervention and dietary information differ between the two groups because of age differences in nutritional needs. High dependency adults with disability are likely to require specialist assessment and care.

Timely and well coordinated action to prevent deterioration in nutritional health improves quality of life and may also prevent premature illness and admission into residential care for vulnerable people. Poor nutrition is much harder and more expensive to treat than prevent.

GENERAL NEEDS ASSESSMENT FACTORS WHICH ARE RELATED TO NUTRITIONAL RISK

DATE: _____

- ▮ Has food run out in the past week with no \$ to buy more?
- ▮ Less than \$30 for food for each adult every week?
- ▮ Social problems?
- ▮ Personal and food hygiene problems?
- ▮ Mental health problems?
- ▮ More than three different medications?
- ▮ Nausea and vomiting, gastritis?
- ▮ Diarrhoea? Constipation?
- ▮ Rumination? Regurgitation?
- ▮ Incontinence?
- ▮ Breathing problems?
- ▮ Medical problems?
- ▮ Alcoholism? Substance abuse?
- ▮ Irregular meals or less than 3 meals a day?
- ▮ Doesn't take 1 3 3 4 5+ food plan most days (older people)?
- ▮ Doesn't take 1 2 3 4 5+ food plan most days (adults 16-64 years)?
- ▮ Omitted to have one or more of the major food groups yesterday?
- ▮ Excessive use of sweet or savoury foods?
- ▮ 2+ alcoholic drinks daily?
- ▮ Housebound? No direct skin exposure to sunlight?
- ▮ Highly dependent person needing food and fluid texture modification?
- ▮ Tube (enteral) feeding is required?
- ▮ Eats inedible objects such as dirt, soap (pica)?
- ▮ Inappropriate and challenging behaviours which involve food?
- ▮ Unable to access or use secure, clean food storage and preparation area?
- ▮ Rummaging, foraging, begging or stealing food?

NUTRITIONAL RISK SCREENING AND MONITORING TOOL

CLIENT: _____

DATE: _____

INSTRUCTIONS:

Fill in the client's name and the date you use the tool: tick the box when the answer to your observation is YES

<input type="checkbox"/>	Obvious underweight-frailty?
<input type="checkbox"/>	Unintentional weight loss?
<input type="checkbox"/>	Reduced appetite or reduced food and fluid intake?
<input type="checkbox"/>	Mouth or teeth or swallowing problem?
<input type="checkbox"/>	Follows a special diet?
<input type="checkbox"/>	Unable to shop for food?
<input type="checkbox"/>	Unable to prepare food?
<input type="checkbox"/>	Unable to feed self?
<input type="checkbox"/>	Obvious overweight affecting life quality?
<input type="checkbox"/>	Unintentional weight gain?

SIGNATURE: _____

POSITION: _____

OUTCOME:

- ▮ YES to one or more questions means that nutritional risk exists
- ▮ Nutritional risk increases when the person is affected by an Increasing number of general needs assessment factors
- ▮ In particular, deterioration in health and loss of independence can result from under-nutrition and perhaps malnutrition

ACTION:

- ▮ Try TWO weeks of simple intervention strategies (less time if severe weight loss); if no response refer to a specialist
- ▮ Monitoring at monthly intervals (or more frequently) by a team member is required to ensure that nutritional risk has decreased through the most effective intervention

Nutritional Risk Screening and Monitoring Trigger Questions

Obvious underweight-frailty?

- The underweight adult has little body energy and nutrient reserves for use in times of emergency such as illness and/or reduced food and fluid intake. This is even more critical to health, if underweight is not usual.
- Even a short bout of poor food intake and/or increased need for nourishment can precipitate severe weight loss in the vulnerable person.
- Prevention of underweight is highly desirable.

Unintentional weight loss?

- When a person loses a lot of weight without trying (say 5 kg in less than six months), it is a serious sign of decline which is more rapid and worse if the person was underweight before the weight loss began.
- Severe weight loss is a factor clearly associated with relatively higher rates of morbidity and mortality-it is not a sign to be ignored.
- Review food intake and implement simple intervention strategies.
- Always consider referral to a specialist.

Reduced appetite or reduced food and fluid intake?

- In the underweight person, more than one or two days of reduced food and reduced fluid intake can rapidly lead to severe weight loss.
- Many medical conditions affect food intake and the need for food and can be risk factors for malnutrition.
- Loss of appetite can sometimes be related to a change in medication.

Mouth or teeth or swallowing problem?

- It is very difficult to ingest enough nourishing food if teeth or dentures are loose, broken or missing, if the tongue or gums are sore; if there are any swallowing difficulties.
- As a result of these problems, major food groups may be omitted and the person may avoid socialisation.
- Severe deficiencies of some of the micro-nutrients can actually cause mouth problems.

Follows a special diet?

- People are put at nutritional risk by any acute or chronic illness which causes change in their usual diet.
- Nobody should be on a modified or special diet, unless the aim and benefit of the diet is clearly known to them.
- If a special diet is required for specific treatment, then it becomes very important to follow it properly.

Unable to shop for food?

- The vulnerable person may only buy foods which are easy to carry or easy to prepare and to cook.
- A person who is unable to shop may not eat enough because of reduced food choice (no ideas or prompts), and a reduced level of independence.

Unable to prepare food?

- A person may not be physically able to prepare and cook food.
- This lack of independence can seriously affect enjoyment and intake.
- There may be problems organising their food into nourishing meals and snacks, and possibly dislike of the foods and fluids offered.

Unable to feed self?

- A person who requires feeding may not eat enough.
- This may be because of embarrassment, insufficient assistance and care, or not enough time to eat and drink.
- It might be due to inappropriate presentation and types of items offered, or dislike of the foods and fluids offered.

Obvious overweight affecting life quality? Unintentional weight gain?

- A good body weight is a protective factor in the vulnerable person.
- Body fat is an energy store for stress (infections, trauma) or reduced appetite, reduced food or fluid intake or unintentional weight loss.
- An overweight person on a very restricted diet is at risk of muscle wasting, falls, infection and illness. If weight loss is essential, always refer to a specialist.