

# Nutrition Screening Tools for Aged Care

All Residential Care Facilities are required to show that they have a process for identifying residents at risk of malnutrition and nutrition problems. An ideal way of achieving this is through the use of a nutrition screening tool. There are a variety of screening tools that can be implemented in a facility. Some are far more complex than others. A screening tool must be able to be easily implemented by staff. Any nutrition screening tool should also be a validated tool to make sure it truly identifies residents at nutrition risk. A screening tool is not a nutrition assessment - it simply identifies individuals at risk. If simple intervention strategies do not reduce risk the resident should be referred to a dietitian for a more comprehensive nutrition assessment.

The screening tool itself is just the beginning. More important is the action to be taken when a resident is identified at risk. There must be very clear action pathways for staff regarding implementation of high protein high energy diets, nourishing fluids, supplements and referral to a dietitian.

The following table summarises the pros and cons of some of the key screening tools validated in the aged residential care setting. Different tools are validated for acute, rehab or community settings.

Screening tool	Features	Advantages	Disadvantages
<b>MNA</b> Mini Nutrition Assessment <a href="http://www.mna-elderly.com/">www.mna-elderly.com/</a>	Used widely in research. Has a screening section and a fuller assessment. Developed by Nestle.	Validated specifically in Aged Care. Has some intervention orders that must be filled in by appropriate person. Has an iPhone app: <a href="https://itunes.apple.com/us/app/mna/id389361779?mt=8">https://itunes.apple.com/us/app/mna/id389361779?mt=8</a>	Complex. Requires a BMI & consequent height measurement. Uses demi span to estimate height. Does not have a full intervention action plan.
<b>MNA Short Form</b> <a href="http://www.mna-elderly.com/">www.mna-elderly.com/</a>	A simplified version of the Full MNA. Also has a self-administered version.	Validated in aged care. Much simpler and shorter than the full MNA. Has good support materials	<b>MNA Short Form</b> <a href="http://www.mna-elderly.com/">www.mna-elderly.com/</a>
<b>MUST</b> Malnutrition Universal Screening Tool <a href="http://www.bapen.org.uk">www.bapen.org.uk</a>	Widely used in UK. Validated and recommended by the British Malnutrition Advisory Group. Incorporated into the Best Practice Food and Nutrition Manual for Aged Care.	Relatively simple tool if height known. Has a basic action pathway. Has an iPhone app: <a href="http://www.bapen.org.uk/must-app.html">http://www.bapen.org.uk/must-app.html</a>	Requires a BMI (chart provided to calculate height from ulna length). Does not use recommended BMI 22-27.
<b>Simple Nutrition Screening Tool</b>	Not widely used but is validated in aged care setting.	Only 2 questions, very short and simple.	Requires BMI and %weight loss to be calculated. No intervention action plan included.
<b>Simplified Nutritional Appetite Questionnaire © (SNAQ)</b>	Developed in USA. Is copyright. Validated in aged care.	Four simple questions. Does not need any measurements including weight.	Must be purchased. Need to be able to communicate verbally with the resident being screened. Does not have an action/intervention pathway.

Some of the screening tools have been adapted by supplement companies and commercial supplements may be embedded in the pathways. Note that for tools that use BMI a height measurement is required. It can be difficult to estimate height. Small differences in estimate can result in big changes to score. Ulna length can be measured and height estimated using a formula or table.