

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, rehabilitation or community settings.

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.

Nutrition Assessment:

Following screening a full malnutrition assessment should be conducted by a dietitian if the resident is identified as high risk. The dietitian may use a variety of tools e.g.:

MNA- full assessment: www.mna-elderly.com/

Patient Generated Subjective Global Assessment: http://pt-global.org/?page_id=13

A number of other screening tools are mentioned in the literature. There is little support material readily available and they do not appear to be in common use in Australia:

Simple Nutrition Screening Tool (Residential Care)

<http://www.ncbi.nlm.nih.gov/pubmed/11753498>

<http://www.ncbi.nlm.nih.gov/pubmed/11518553>

Rapid Screen (Rehabilitation)

<http://ageing.oxfordjournals.org/content/33/3/260.long>

SCREEN II (Community- older adults only)

<http://www.nature.com/ejcn/journal/v59/n10/pdf/1602225a.pdf>

<http://www.flintbox.com/public/project/2750>

Screening tool	Features	Validated for:	Advantages	Disadvantages
MNA (Nestle) MNA-SF or Mini Nutrition Assessment Short Form www.mna-elderly.com/	A simplified version of the Full MNA. Also has a self-administered version. Has an iPhone app: https://itunes.apple.com/us/app/mna/id389361779?mt=8	Acute care Rehabilitation Aged Care Community living elderly	As effective as the Full MNA® in identifying malnutrition. Used widely in research. Extensive support materials provided.	Longer than other tools. Requires a BMI & consequent height measurement. Requires some training.
MST Malnutrition Screening Tool	Validated and almost universally used in the acute care setting in Australia. Validated in Aged Care. www.health.qld.gov.au/nutrition/resources/hphe_mst_pstr.pdf www.health.qld.gov.au/nutrition/resources/hphe_maf.pdf	Acute care Aged Care	Simple tool. No training required to use. Has a simple action pathway. Does not use BMI.	Does not detect chronically underweight individuals as only looks at change in weight and appetite. No specific support materials provided.
MUST Malnutrition Universal Screening Tool www.bapen.org.uk	Validated and recommended by the British Malnutrition Advisory Group. Has an iPhone app: http://www.bapen.org.uk/must-app.html	Acute care Aged Care Community	Relatively simple tool if height known. Has a basic action pathway. Extensive support materials provided.	Requires a BMI (chart provided to calculate height from ulna length). Does not use recommended BMI for over 65 (BMI 22-27). Requires some training.
SNAQ® (US) Short Nutritional Assessment Questionnaire	http://www.stuurgroepondervoeding.nl/wp-content/uploads/2015/02/SNAQ-ontwikkeling-envalidatie.pdf	Aged Care Community	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.
SNAQ (Netherlands) Simplified Nutritional Appetite Questionnaire	3 different simple tools: Aged Care Acute Care Over 65s	Acute care Aged Care Community	Tool and information available in a variety of languages. Extensive support material included.	Aged Care tool requires a BMI & consequent height measurement.