

### Guidelines & References

Handbook p176

2022. An evidence-based guide for the identification and nutritional management of malnutrition and frailty in Australian and New Zealand community

GLIM criteria to diagnose malnutrition

2009. DA best practice guidelines on management of malnutrition

### Screening

**MST 3-5** = referral to APD. *Acute and outpatient hospital settings*

**MNA-SF**. 0-11 points = at risk. *Older adults (≥65 years), especially in hospitals, community and aged care*

**MUST**. *All adults in hospital, community and residential care settings*

Low risk of malnutrition: MST 0-1, MUST 0

Moderate risk of malnutrition: MST 1, MUST 1.

High risk of malnutrition: MST 3-5, MUST 2+.

*Usually by nurse/Nut assistant*

### S/S

poor handgrip strength	oedema
thin calf	bones prominent
sunken eyes	inability to sit up

### Complications

Muscle wasting & weakness (↑ falls risk)	↓ immune function = more infections
Delayed wound healing	Cognitive impairment
Gastrointestinal dysfunction	↓ bone health
Hormone imbalances	Hair thinning
Cold intolerance	Fatigue

### Intervention

**HPHE**

ONS/EN

Refer: OT - eating assistance tools.

Speechie – signs of dysphagia

### Diagnosis

**SGA** (acute, aged care, post-op)

**PG-SGA** (oncology)

### Diagnosis (GLIM Criteria)

**Weight loss (%)** >5% 6/12 *OR* >10% >6/12

**BMI** <20 (<70 years), <22 (>70 years). **Asia** <18.5 (<70 years), <20 (>70 years)

**Reduced muscle mass** Physical findings SGA - signs of muscle wasting

**Reduced food intake** <50% of ER >1/52 *OR* any reduction for >2/52, *OR* chronic GI condition impacting intake or absorption

**Inflammation** Acute disease/injury or chronic disease-related

### GLIM Grading

**Moderate** (stage 1) 5-10% weight loss 6/12, *OR* 10-20% beyond 6/12. BMI <20 (<70 years), <22 (>70 years)

**Severe** (stage 2) >10% within 6/12, *OR* 20% beyond 6/12. BMI <18.5 (<70 years), <20 if >70 years)

### Biochem

Refeeding risk

GI profile: liver function tests

Endocrine function: BGL, Fasted BG

Inflammatory response: BGL, CRP

Nutritional anaemia: Hb, Hct, s. Iron

Stress: Alb, WC

### Strategies

**Education** eating order,

**Food** food fortification (e.g. enriched milk), mid-meal snacks, smaller portions more frequently, finger foods, meal delivery services, encourage social eating, favourite foods, HE swaps

**HE additives** cream, peanut butter, oil, mayo, cheese, honey, jam, sour cream

Enriched milk = 1L full cream, 1 cup milk powder

### Nut Reqs

NEMO repletion

Key Nuts: Vit D, total energy, total P, calcium

### ONS

ONS Type	Uses
Fruit based supplements	good for patients tired of milky drinks
Puddings	Pts on thickened fluids or texture modified diets (different texture to milk)
Powders	fortifying meals, mid-meals and desserts without increasing volume of food
Pressure injury specific	contains nutrients reputed to aid wound healing
1.0-1.5-cal/mL	Standard milk-based supplements
2-2.5-cal/mL	patients on fluid restrictions or small appetites



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### Example PESS

- P** Inadequate protein-energy intake (NI-5.2), Inadequate fluid (NI-3.2), Malnutrition (NC-4.1.2.1), Inadequate oral intake, chronic disease related malnutrition
- E** Reduced appetite, inability to self-feed, chewing difficulty, cognitive impairment, nausea S/E of \_\_\_\_ medication, dislike of texture-modified diet, food refusal, low mood, poor eating environment
- SS** Meeting \_\_\_\_% of E/P requirements, SGA score of \_\_\_\_, recent \_\_\_\_% weight loss \_\_1/12

### Consider

Liaising with family/partners	Medication S/E (eg. N/V/D)
mobility/pain – tremors	ability to self feed/open packets
likes/dislikes – hospital menu	texture-mod/fluid restrictions
refeeding risk	dysphagia/choking fear
mood (e.g. grief)	social network
access to support	financial situation
changes to taste/smell/nausea in dementia	

### Monitoring

Weight weekly	BMI monthly
Rescreen monthly	Recheck likes/dislikes



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