

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 & \downarrow immune function
weakness (\uparrow falls) = more infections
risk)

Delayed wound healing Cognitive impairment

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

Severe $>10\%$ 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 **Uses**

Type

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 ___/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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