

Unintended Weight Loss in Older Adults Toolkit

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Step 1

BMI score

+

Step 2

Weight loss score

+

Step 3

Acute disease effect score

BMI kg/m ²	Score
>20 (>30 Obese)	= 0
18.5-20	= 1
<18.5	= 2

Unplanned weight loss in past 3-6 months	
%	Score
<5	= 0
5-10	= 1
>10	= 2

If patient is acutely ill **and** there has been or is likely to be no nutritional intake for >5 days
Score 2

If unable to obtain height and weight, see reverse for alternative measurements and use of subjective criteria

Acute disease effect is unlikely to apply outside hospital. See 'MUST' Explanatory Booklet for further information

Step 4

Overall risk of malnutrition

Add Scores together to calculate overall risk of malnutrition
Score 0 Low Risk Score 1 Medium Risk Score 2 or more High Risk

Step 5

Management guidelines

0 Low Risk
Routine clinical care

- Repeat screening
Hospital – weekly
Care Homes – monthly
Community – annually for special groups e.g. those >75 yrs

1 Medium Risk
Observe

- Document dietary intake for 3 days
- If adequate – little concern and repeat screening
 - Hospital – weekly
 - Care Home – at least monthly
 - Community – at least every 2-3 months
- If inadequate – clinical concern – follow local policy, set goals, improve and increase overall nutritional intake, monitor and review care plan regularly

2 or more High Risk
Treat*

- Refer to dietitian, Nutritional Support Team or implement local policy
- Set goals, improve and increase overall nutritional intake
- Monitor and review care plan
Hospital – weekly
Care Home – monthly
Community – monthly

* Unless detrimental or no benefit is expected from nutritional support e.g. imminent death.

All risk categories:

- Treat underlying condition and provide help and advice on food choices, eating and drinking when necessary.
- Record malnutrition risk category.
- Record need for special diets and follow local policy.

Obesity:

- Record presence of obesity. For those with underlying conditions, these are generally controlled before the treatment of obesity.

Re-assess subjects identified at risk as they move through care settings

See The 'MUST' Explanatory Booklet for further details and The 'MUST' Report for supporting evidence.

Medical Nutrition Therapy Flowchart of Encounters for Unintended Weight Loss in Older Adults

This document is designed to assist registered dietitians and registered dietitian nutritionists (RDN) in completing the Medical Nutrition Therapy for Older Adults Comprehensive Nutrition Assessment and Quarterly/Nutrition Progress Note, also located in this toolkit. A more extensive description of each encounter is located in the Medical Nutrition Therapy Encounter Process.

The format follows the Nutrition Care Process, which includes Nutrition Assessment, Nutrition Diagnosis, Nutrition Intervention, and Nutrition Monitoring and Evaluation, also known as the “ADIME” format. When completing the Assessment and Quarterly/Nutrition Note, use of the most current Academy of Nutrition and Dietetics Standardized Language manual is also recommended. For more information on the Academy Nutrition Care Process and Standardized Language, see <http://www.eatright.org/HealthProfessionals/content.aspx?id=7077>.

Screening/Referral/Consult Information	
1. HBCS and Assisted Living: <30 days OR 2. SNF and NF: 5-14 days	
Related documents/forms:	
<i>Determine Checklist</i>	
<i>EAT 10</i>	
<i>MNA Short Form</i>	
<i>SNAQ</i>	
<i>Sample Policy: Referrals to Registered Dietitian/Dietetic Technician Registered (RD/DTR) Communication/Referrals For RD/DTR Professional</i>	
RD to obtain pertinent clinical data from referral source or individual’s medical record or information system.	
✓ Laboratory values (e.g., HgbA1c, WMP, CBC)	✓ Swallowing problems, eating dependency, low physical activity level, decreased activities of daily living
✓ Other clinical data: Anthropometric data (e.g., height, weight, weight change)	✓ Presenting signs and symptoms
✓ Physician, nurse practitioner or physician assistant referral with signature	✓ Medications (dose, frequency), dietary/herbal supplements
✓ Past medical history: Recent hospitalization, surgeries, fractures, admission to healthcare communities	✓ Physical activity clearance or limitations
✓ Nutrition Screening Risk Score (from MNA- SF or Determine Checklist)	



Eat Right

Food, Nutrition and Health Tips from the Academy of Nutrition and Dietetics

Get Your Plate in Shape

Before you eat, think about what goes on your plate or in your bowl. Foods like vegetables, fruits, whole grains, low-fat dairy products and lean protein foods contain the nutrients you need without too many calories. Over the day, include foods from all the food groups. Try the following tips to “Get Your Plate in Shape.”

Make half your plate fruits and vegetables.

Eat a variety of vegetables, especially dark-green, red and orange vegetables plus beans and peas. Fresh, frozen and canned vegetables all count. Choose “reduced sodium” or “no-salt-added” canned vegetables.

Add fruit to meals and snacks. Try fruits that are dried, frozen or canned in water or 100% juice, as well as fresh fruits.

Make at least half your grains whole.

Choose 100% whole-grain breads, cereals, crackers, pasta and brown rice.

Check the ingredients list on food packages to find whole-grain foods.

Switch to fat-free or low-fat milk.

Fat-free and low-fat milk have the same amount of calcium and other essential nutrients as whole milk, but less fat and calories.

If you are lactose intolerant, try lactose-free milk or a calcium-fortified soy beverage.

Vary your protein choices.

Eat a variety of foods from the protein food group each week, such as seafood, nuts and beans, as well as lean meat, poultry and eggs.

