

Assessment (Subjective Global Assessment)

Patients identified to be at nutrition risk require a diagnosis to confirm malnutrition. Subjective global assessment (SGA) ([Appendix 2](#)) is an internationally recognized 'best practice' for diagnosing malnutrition and identifying those who would benefit from nutrition care.

The updated (2015) SGA DVD can be ordered through the [CMTF website](#). [SGA training](#) is also available through the CMTF.

"I don't think I'm seeing more people [because of screening]. I'm seeing probably the same amount of people but more appropriately."

- Dietitian

How do I diagnose malnutrition?

The SGA is recommended by CMTF for triaging nutrition care. SGA is a simple bedside assessment that can be completed in 10 minutes; it provides an accurate diagnosis. SGA has been validated in a variety of patient populations and is used worldwide to diagnose malnutrition.

The SGA assessment includes:

- Changes in recent food/nutrient/fluid intake
- Weight change
- Gastrointestinal symptoms and other reasons for low intake
- Physical exam for wasting of muscle and loss of fat
- Functional capacity

Remember that SGA only determines protein-energy malnutrition; there may be other reasons for a dietitian assessment and treatment of patients.

When should SGA be used?

Dietitians or other trained professionals should conduct SGA within 24 hours of a hospital patient determined to be at nutrition risk. SGA should also be used when nutrition risk screening is not possible or necessary (e.g. for those patients with delirium or dementia; high risk conditions such as trauma, pressure injury or SIRS; language or communication difficulties; receiving enteral or parenteral nutrition; or recently transferred from critical care). In these cases, SGA should be completed to rule out malnutrition, preferably on the first day of admission. When developing a screening and assessment process for triaging patients, ensure that staff knows the process and what to do for patients who cannot be screened (i.e. automatic dietitian referral for SGA completion).

How Do I Triage Patients Using SGA?

The SGA score triages patients into levels A, B or C. Within INPAC, the path of care for each level is:

Level A (well nourished): Despite a positive screen for nutrition risk, SGA A patients do not require further advanced or specialized care to address protein-energy malnutrition. Re-screen after one week of admission.

Level B (mild/moderate malnutrition): It is left to the discretion and clinical expertise of the professional doing the SGA to determine if a more comprehensive nutrition assessment is required to determine cause of protein-energy malnutrition, potential micronutrient deficiency, or other investigations that could change the treatment plan.

Level C (severe malnutrition): Patients should receive a more comprehensive dietitian assessment and individualized treatment plan to address protein-energy malnutrition.

Key Tips

The following are tips to facilitate detection and treatment of malnutrition using SGA:

- When the SGA is completed, it is more efficient to immediately continue with the comprehensive nutrition assessment for all Level C patients, and if deemed appropriate, for Level B patients.
- Develop a plan for standardized treatment and follow up of patients. This plan is especially relevant to Level B patients who may be put on advanced care strategies and do not receive a comprehensive assessment.
- To promote efficiency, Level B patients can be followed by a diet technician. Some regulatory bodies have determined that treating malnourished patients is a regulated practice for dietitians only.
- At the point of identifying malnutrition, consider what strategies can be put in place for Level B and C patients and implement immediately (e.g. liberalizing the diet order, obtaining food preferences, etc.).
- Some advanced care (Level B) strategies may be useful for Level A patients and are considered at the discretion of the health professional completing SGA.
- Consider implementing medpass (small amount of oral nutritional supplement provided by nursing, typically at medication administration times) for Level B and C patients.