Screening

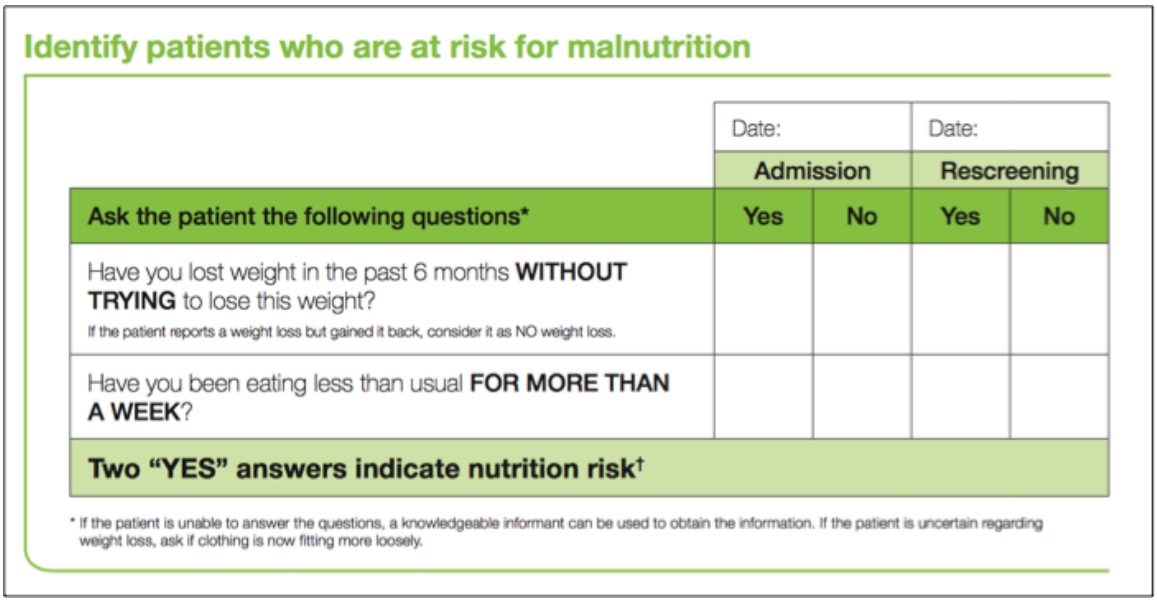
Nutrition risk screening is the first step in identifying patients at risk for malnutrition. Screening is also the first step of the Integrated Nutrition Pathway for Acute Care (INPAC) and promotes the detection of malnourished (medical and surgical) patients within 24 hours of admission.

> *"Everything starts with CNST* [screening]. *It's probably the most important thing we did. You can't make a change, you can't make an improvement for patients if you don't identify the at risk people."*
>
> - Nurse

What screening tool should I use?

We recommend Canadian Nutrition Screening Tool (CNST) because it is:

- Short (only 2 questions)
- Easy to use
- Valid and reliable for the acute care setting
- Questions can be asked of family or friends
- Does not need to be completed by a nutrition professional
- Nurses agree it is easy to include in their admission assessment



Identify patients who are at risk for malnutrition

	Date:		Date:	
	Admission		Rescreening	
Ask the patient the following questions*	**Yes**	**No**	**Yes**	**No**
Have you lost weight in the past 6 months **WITHOUT TRYING** to lose this weight? If the patient reports a weight loss but gained it back, consider it as NO weight loss.				
Have you been eating less than usual **FOR MORE THAN A WEEK**?				
Two "YES" answers indicate nutrition risk†				

* If the patient is unable to answer the questions, a knowledgeable informant can be used to obtain the information. If the patient is uncertain regarding weight loss, ask if clothing is now fitting more loosely.

For CNST, a 'Yes' to both questions indicates that the patient is at nutritional risk and requires further assessment to diagnose malnutrition. (One yes answer does not denote a positive screen.) Note that a referral to a dietitian may be necessary for other nutrition and health problems that are not malnutrition.

Who should ask the screening questions and when?

When planning the screening process, talk to staff about who should ask the questions, and when they should be asked. Having screening questions included in the existing nursing admission forms can be the simplest option. Nursing staff have said it was not hard to ask two more questions and were more likely to ask the questions when they knew it connected to an action that benefited the patient.

The CNST questions can be easily embedded in the current admission forms. Others who interact with the patient within a few hours of admission (e.g. diet technician) could also complete nutrition screening. If your unit has long stay patients, consider weekly rescreening as a potential mechanism to identify patients who have iatrogenic malnutrition. This is especially important if food intake monitoring is not being used for all patients to identify poor food intake during hospitalization and may require intervention to improve.

Adherence to and sustainability of screening can be increased by adding this tool to an electronic medical record (EMR), which can provide automatic flags for screening, referral, and rescreening for long stay patients. If adding the questions into an existing form/EMR is not immediately possible, adding a separate page to the admission package may be an option. This method typically requires more reminders for staff to ask the questions.

How will screening connect to assessment?

When a patient is screened at risk, referral for assessment to diagnose malnutrition is always needed. All screening tools tend to over-identify risk for malnutrition, so assessment is essential.

Referrals that can be automated through an EMR can help ensure that this important step of referral for diagnosis after screening occurs. Other ways of ensuring follow through with a positive screen include education about:

- The importance of screening
- The importance of following through with a referral to the dietitian
- Using exact wording of questions (not adapted/simplified)
- What is a positive screen for risk
- How to make a referral to a dietitian
- When not to screen and to go directly to a referral

Other strategies for getting screening into regular practice are:

- Make it easy to refer at risk patients by providing instructions or contact information for unit dietitian on the screening form
- Provide check boxes and other reminders on assessment forms to promote accountability (e.g. initials for those who completed steps)
- Work with staff who conduct the screening to find out what would make the process easier
- Audit screening completion and feed back those results to the staff
- Celebrate successes when screening adherence is high

What are some practice models for screening?

The following chart provides an overview of the models tested by More-2-Eat study hospitals. Consider these as examples as to how the process of screening and referral can be tailored to your hospital or unit.

Who Screens?	Where are the screening questions?	How is the Dietitian notified?
Nurses	Admission paper-based form with dietitian referral instructions included on the form	Referral to dietitian (phone or paper based)
		RD (or designate) checks the admission forms for positive screen
Nurses	Admission form (electronic)	Electronic referral to dietitian or other clinician to complete SGA
Diet Clerk/ Technician	CNST form completed when diets, preferences and other pertinent information collected from patients.	Diet clerk/technician leaves paper CNST for those scoring at-risk in dietitian mailbox.

Top Tip

The goal is to screen all newly admitted/transferred patients. If the patient is at nutrition risk, a referral is made to the dietitian (or other trained health professional) to determine the patient's nutritional status using subjective global assessment (SGA).