

Clinical Task Instruction

Delegated Task

D-DN04: Administer the Subjective Global Assessment (SGA)

Scope and objectives of clinical task

This CTI will enable the Allied Health Assistant to:

- accurately and effectively administer the Subjective Global Assessment (SGA) and record the results.

VERSION CONTROL

Version: 1.1

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Document custodian: Chief Allied Health Officer, Allied Health Professions' Office of Qld. Review date: 12/10/2024

Acknowledgements: South West Hospital and Health Service

The CTI reflects best practice and agreed process for conduct of the task at the time of approval and should not be altered. Feedback, including proposed amendments to this published document, should be directed to AHPOQ at: allied_health_advisory@health.qld.gov.au.

This CTI must be used under a skill sharing framework implemented at the work unit level. The framework is available at: <https://www.health.qld.gov.au/ahwac/html/calderdale-framework.asp>

Please check <https://www.health.qld.gov.au/ahwac/html/clintaskinstructions.asp> for the latest version of this CTI.

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Requisite training, knowledge, skills and experience

Training

- Completion of:
 - CTI D-WTS01 When to stop
 - CTI D-DN01 Height, Weight and BMI.
- Mandatory training requirements relevant to Queensland Health/Hospital and Health Service (HHS) clinical roles are assumed knowledge for this CTI.
- Completion of the following Queensland Health allied health assistant training modules (or corresponding units of competency in HLT43015 Certificate IV in Allied Health Assistance) or equivalent work-based learning:
 - Nutrition & Dietetics Guide for Allied Health Assistants (part 2). Learning Topic 5 - Nutrition risk screening and implementation of nutrition support, pages 221-252.
Access the module/s at: <https://www.health.qld.gov.au/ahwac/html/ahassist-modules>

Clinical knowledge

- The following content knowledge is required by an AHA delivering this task:
 - the definition and common clinical features of malnutrition and the rationale for the early identification of malnutrition.
 - the purpose of the SGA including when it is used, the information collected, process for collection and forming a rating and documentation requirements.
 - the meaning of a percentage weight change and how it is calculated.
- The knowledge requirements will be met by the following activities:
 - complete the training program/s (listed above).
 - reviewing the Learning resource.
 - receiving instruction from an allied health professional in the training phase.

Skills or experience

- The following skills or experience are not identified in the task procedure but support the safe and effective performance of the task and are required by an AHA delivering this task:
 - Nil

Safety and quality

Client

- The AHA will apply CTI D-WTS01 When to stop at all times.
- In addition, the following potential risks and precautions have been identified for this clinical task and should be monitored carefully by the AHA during the task:

- the SGA has not been validated for pregnant women or clients who are less than 18 years of age. If the client is pregnant or less than 18 years of age, cease the task and inform the delegating health professional.
- as the SGA includes the collection of subjective information and consent to view and palpate body parts, effective communication is important. This may include ensuring the client is wearing hearing aids, using an interpreter or conducting the assessment in an environment where distractions are reduced e.g. by turning off the television/radio. If the client is unable to answer questions or does not consent to having body parts viewed or being palpated, cease the task and liaise with the delegating health professional.
- the examination of fat stores is best performed in sitting, either on the side of the bed or in a chair. Any limitations or restrictions to sitting should be included in the delegation instruction and documented in protocols, theatre notes, or medical orders. If the client is unable to sit, conduct the assessment in a lying position. Restrictions must be able to be adhered to throughout the task. If restrictions are unclear, liaise with the treating team. If the client is lying in bed during the physical assessment of the calf, knee and quadriceps, the client should be positioned to lie flat with one leg bent i.e. the knee is at a right angle.

Equipment, aids and appliances

- Nil

Environment

- Examination of the client's fat and muscle stores includes viewing of the knees, lower legs, arms and back. Generally, full removal of clothing items is not required. However, if performing the task in a shared area, it is advisable to draw the curtain or close the door to maintain privacy.

Performance of clinical task

1. Delegation instructions

- Receive the delegated task from the health professional.
- The delegating allied health professional should clearly identify parameters for delivering the clinical task to the specific client, including any variance from the usual task procedure and expected outcomes. This may include performing only part of the SGA e.g. history or physical assessment only, or the need to examine the client in lying.

2. Preparation

- Obtain a local SGA recording form, black pen, clipboard and calculator.
- If the client has not been weighed in the last seven days, locate the scales for weighing.

3. Introduce task and seek consent

- The AHA introduces self to the client.
- The AHA checks three forms of client identification: full name, date of birth, **plus one** of the following: hospital unit record (UR) number, Medicare number, or address.

- The AHA describes the task to the client. For example:
 - “I have been asked by the dietitian to gather some information about your nutritional status. This will involve asking you some questions about your weight, food intake, any symptoms you have been experiencing that may affect your food intake and your recent activity levels. It will also involve a physical examination of your muscle and fat stores.”
- The AHA seeks informed consent according to the Queensland Health Guide to Informed Decision-making in Health Care, 2nd edition (2017).

4. Positioning

- The client’s position during the task should be:
 - comfortably sitting on the side of the bed or in a chair, with feet resting flat on the ground or lying in bed.
- The AHA’s position during the task should be:
 - standing in front of the client if in sitting or standing beside the bed if the client is in lying.

5. Task procedure

- Explain and demonstrate (where applicable) the task to the client.
- Check the client has understood the task and provide an opportunity to ask questions.
- The task comprises the following steps:
 1. Collect information from the client and the medical chart on the client’s weight history (previous six months and two weeks), changes in dietary intake, history of gastrointestinal symptoms (duration and frequency) and history of functional capacity using the SGA recording form. See ‘Required reading’ in the Learning resource for example questions to elicit responses from clients.
 2. Confirm the client’s current weight. If the client has not been weighed in the last 7 days, weigh the client by implementing CTI D-DN01.
 3. If the client history indicates a loss of weight, determine the percentage weight change using a calculator. Note: this can occur after examining fat stores as part of completing documentation.
 4. Complete hand hygiene procedures prior to examining the client. If the client is lying in bed, position the client for examination. See Safety and quality section.
 5. Examine the client’s fat stores (under the eyes, triceps, biceps), muscle mass (temple, clavicle, shoulder, scapula/ribs, quadriceps, calf, knee, interosseous muscle) and note signs of oedema or ascites.
 6. Repeat hand hygiene procedures.
 7. Using the information gathered, complete the rating for each sub-section in the medical history and physical examination section of the standard form using the rating scale.
 8. Allocate an overall SGA rating. If the final rating is unclear, such as if mixed sub-section ratings are present, liaise with the dietitian prior to allocating an overall rating.
- During the task:
 - monitor for adverse reactions and implement appropriate mitigation strategies as outlined in the Safety and quality section above including CTI D-WTS01 When to stop.

- provide feedback and correct errors in the performance of the task including when examining fat stores, the client may tense their muscles, making it difficult to accurately rate subcutaneous fat. Clients should be encouraged to “relax their muscles” during the examination.
- At the conclusion of the task:
 - encourage feedback from the client on the task.
 - provide summary feedback to client e.g. “Thank you for your time. I will provide this information to the dietitian. The dietitian will use this information with consideration of your medical history, to determine if there are any concerns about your nutritional status.”
 - ensure the client is comfortable and safe.

6. Document

- Document the outcomes of the task in the clinical record, consistent with relevant documentation standards and local procedures. Include observation of client performance, expected outcomes that were and were not achieved, and difficulties encountered, or symptoms reported by the client during the task.
- For this task, the following specific information should be presented:
 - “Completed Subjective Global Assessment (SGA) as delegated by dietitian (dietitian’s name) on (date of request). Overall rating (A, B or C). Completed SGA form provided to dietitian for review and follow-up as required.”
- The SGA form is to be filed into the client’s chart as per local processes after the dietitian has reviewed information.

7. Report to the delegating health professional

- Provide comprehensive feedback to the health professional who delegated the task including:
 - ratings and observations.
 - any specific concerns or questions that the client or carer/family had with regard to nutrition or care generally.

References and supporting documents

- Detsky, AS, McLaughlin, JR, and Baker, JP, Johnston, N, Whittaker, S, Mendelson, RA & Jeejeebhoy, KN (1987). What is subjective global assessment of nutritional status? *Journal of Parenteral and Enteral Nutrition* (11)1: 8–13.
- Newman, CS, Cornwell, PL, Young, AM, Ward, EC, & McErlain, AL (2018). Accuracy and confidence of allied health assistants administering the subjective global assessment on inpatients in a rural setting: a preliminary feasibility study. *Nutrition & Dietetics* 75(1): 129-136.
- Queensland Health (2015). Clinical Task Instruction D-WTS01 When to stop. Available at: <https://www.health.qld.gov.au/ahwac/html/clintaskinstructions.asp>
- Queensland Health (2017). Guide to Informed Decision-making in Health Care (2nd edition). Available at: https://www.health.qld.gov.au/_data/assets/pdf_file/0019/143074/ic-guide.pdf

Assessment: performance criteria checklist

D-DN04: Administer the Subjective Global Assessment

Name:

Position:

Work Unit:

Performance criteria	Knowledge acquired	Supervised task practice	Competency assessment
	<i>Date and initials of supervising AHP</i>	<i>Date and initials of supervising AHP</i>	<i>Date and initials of supervising AHP</i>
Demonstrates knowledge of fundamental concepts required to undertake the task.			
Obtains all required information from the delegating health professional, and seeks clarification if required, prior to accepting and proceeding with the delegated task.			
<p>Completes preparation for the task including:</p> <ul style="list-style-type: none"> a) Reviews client's medical record to identify any limitations for conducting the SGA. b) Collects relevant information to complete the subjective section of the SGA i.e. weight changes, dietary changes, gastrointestinal impairment and functional impairment. c) Gathers required equipment - SGA form, pen and if required, a calculator and scales. 			
Introduces self to the client and checks client identification.			
Describes the purpose of the delegated task and seeks informed consent.			
Positions self and client appropriately to complete the task and ensure safety.			
<p>Delivers the task effectively and safely as per delegated instructions and CTI procedure.</p> <ul style="list-style-type: none"> a) Clearly explains the task, checking the client's understanding. b) Completes the collection of required subjective information and confirms information gathered from the medical record. If required, uses example questions from the learning resources to elicit responses from clients. c) Confirms the client's current weight. If indicated, weighs the client by implementing CTI D-DN01. d) If the client records a weight loss, determines the percentage weight change for the client using a calculator. e) Completes hand hygiene procedures prior to examining the client. 			

f)	Positions the client correctly for examination (either sitting or lying) and examines the client's fat stores, looking for signs of oedema or ascites.			
g)	Repeats hand hygiene procedure.			
h)	Correctly records a rating for each sub-section using the scale.			
i)	Allocates an overall rating or seeks support if rating unclear.			
j)	During the task, maintains a safe clinical environment and manages risks appropriately.			
k)	Provides feedback to the client on performance during and at completion of the task.			
Documents the outcomes of the task in the clinical record, consistent with relevant documentation standards and local procedures.				
Provides accurate and comprehensive feedback to the delegating health professional.				

Comments:

Record of assessment competence:

Assessor name:		Assessor position:		Competence achieved:	/ /
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Scheduled review:

Review date:	/ /	
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Administer the Subjective Global Assessment (SGA): Learning resource

Newman, CS, Cornwell, PL, Young, AM, Ward, EC, & McErlain, AL (2018) in a feasibility study examined if AHAs could administer the SGA with acceptable levels of clinical accuracy compared with dietitians in rural hospitals. The agreement for overall SGA ratings was high (kappa 0.84, PEA 84.4%). This is considered to be 'almost perfect' and consistent with previous studies for assessing reliability of the SGA. AHAs were more likely to provide a more severe rating of malnutrition than the dietitian. The study concluded that trained AHAs completed the SGA with similar accuracy to dietitians.

Required reading

- Newman CS, Cornwell PL, Young AM, Ward EC, McErlain AL (2018). Accuracy and confidence of allied health assistants administering the subjective global assessment on inpatients in a rural setting: a preliminary feasibility study. *Nutrition & Dietetics* 75(1): 129-136. Read Appendix 1. SGA training guide. Available through CKN for Queensland Health staff.

Required viewing

- Subjective Global Assessment Nutrition Assessment training video and case studies. Available at: <https://www.health.qld.gov.au/nutrition/clinicians/sga-videos>

Example recording form

- Queensland Health (2009). Subjective Global Assessment. Available at: https://www.health.qld.gov.au/_data/assets/pdf_file/0030/143877/hphe_sga.pdf

How to calculate a percentage weight change

To calculate a percentage weight change, determine the client's usual weight and their current weight.

$$\frac{(\text{usual weight} - \text{current weight})}{\text{usual weight}} \times 100 = \text{percentage weight change}$$

Example: usual weight is 70kg, current weight is 67kg

$$\frac{(70\text{kg} - 67\text{kg})}{70\text{kg}} \times 100 = 4.3\% \text{ weight loss}$$

Optional reading

- Fitwatch (2017). Weight loss percentage calculator. Available at: <https://www.fitwatch.com/calculator/weight-loss-percentage/>
Note: If using this calculator, ensure the setting is metric i.e. kilogram (kg)

Optional viewing

- Rush Nutrition (2013). SGA Presentation. Available at: <https://youtu.be/NC1x5hnFKtA>