

Clinical Task Instruction

Delegated Task

D-DN02: Malnutrition Screening Tool (MST)

Scope and objectives of clinical task

This CTI will enable the Allied Health Assistant to:

- safely and effectively administer the Malnutrition Screening Tool (MST) and record the results.

VERSION CONTROL

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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 Delegation 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.
- 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 and Dietetics guide for Allied Health Assistant Combined Learner Guide – part 2. Malnutrition screening, page 224-232.

Access the module/s at: <https://www.health.qld.gov.au/ahwac/html/ahassist-modules>

- Implementation of this CTI by some local services may include protocol-driven processes that support additional information collection about the client's risk of malnutrition such as calculation of a BMI, completion of a Subjective Global Assessment (SGA), local re-screening protocols and the provision of information. Where this is the case, additional training is required e.g. workplace instructions and CTIs that support the model.

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 its identification.
 - the purpose of undertaking the MST including when it is used, the information collected, process for collection, scoring and documentation requirements.
 - any relevant local processes and procedures related to the local service delivery model e.g. workplace instructions, intake criteria.
- 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.

Equipment, aids and appliances

- Nil

Environment

- Nil

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.

2. Preparation

- Collect the local MST recording form and a pen.

3. Introduce task and seek consent

- The AHA introduces themselves 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 am going to ask you a few quick questions about your weight and appetite to review your risk of malnutrition”.
- 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:
 - in a comfortable position where they are able to converse with the AHA to answer questions e.g. comfortably seated in a chair or lying in bed.
- The AHA's position during the task should be:
 - in a position that allows the AHA to converse with the client e.g. seated or standing opposite the client and at eye level.

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. Complete the MST with the client using the exact wording provided. Refer to the Learning resource.
 2. Where required, follow the additional prompts. Refer to the Learning resource.
 3. Note any additional diet/weight information that the client provides.
 4. Calculate the MST score.
 5. Implement any required processes as per the local service model protocol e.g. commence high protein and high energy diet, provide standard education or implement referral pathway.
- 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.
- At the conclusion of the task:
 - encourage feedback from the client on the task.
 - provide summary feedback to client, as per the local service model.
 - ensure the client is comfortable and safe.

Note: If the AHA is to provide ongoing regular screening of the client, the frequency of re-screening must be included in the delegation instruction/local protocol, for example Metro North Hospital and Health, Royal Brisbane and Women's Hospital. Malnutrition - Is your patient at risk?

6. Document

- Document the outcomes of the task in the clinical record, consistent with relevant documentation standards and local procedures.
- For this task, the following specific information should be presented:
 - MST score.

7. Report to the delegating health professional

- Provide comprehensive feedback to the health professional who delegated the task. This includes findings of the MST score and any specific concerns, questions or additional comments the client made with regard to their nutrition or care generally. Feedback should be provided consistent with the local delegation feedback procedure.

References and supporting documents

- Banks M, Bauer J, Graves N, Ash S (2010). Malnutrition and pressure ulcer risk in adults in Australian health care facilities. *Nutrition*. 26: 896–901.
- Correia M, Hegazi R, Higashiguchi T, Michel J-P, Reddy B, Tappenden K, et al (2014). Evidence-based recommendations for addressing malnutrition in health care: an updated strategy from the feed M.E. Global Study Group. *Journal of the American Medical Directors Association*. 15: 544–50.
- Ferguson M, Capra S, Bauer J and Banks M (1999). Development of a valid and reliable malnutrition screening tool for adult acute hospital patients. *Nutrition* 15(6): 458-464.
- Lim SL, Ong KCB, Chan YH, Loke WC, Ferguson M, Daniels L (2011). Malnutrition and its impact on cost of hospitalization, length of stay, readmission and 3-year mortality. *Clinical Nutrition*. 31: 345–50.
- Metro North Hospital and Health, Royal Brisbane and Women’s Hospital. Malnutrition – Is your patient at risk? Available at: https://www.health.qld.gov.au/_data/assets/pdf_file/0029/148826/hphe_mst_pstr.pdf
- 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
- Tappenden K, Quatrara B, Parkhurst M, Malone A, Fanjiang G, Ziegler T (2013). Critical role of nutrition in improving quality of care: an interdisciplinary call to action to address adult hospital malnutrition. *Journal of the Academy of Nutrition and Dietetics*. 113:1219–37.

Assessment: performance criteria checklist

D-DN02: Malnutrition Screening Tool (MST)

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.			
Completes preparation for the task including gathering equipment – MST form and pen.			
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.			
Delivers the task effectively and safely as per delegated instructions and CTI procedure. a) Clearly explains the task, checking the client's understanding. b) Completes the MST and calculates the score. c) During the task, maintains a safe clinical environment and manages risks appropriately. d) 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 on the local service model:			
e.g. CTIs, workplace instructions and protocols included during the training phase			

Comments:**Record of assessment competence:**

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

Review date:	/ /	
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Malnutrition Screening Tool (MST): Learning resource

Malnutrition develops as a result of inadequate dietary intake, increased nutritional requirements and/or increased nutrient losses. Malnutrition is an issue that affects people in hospitals and residential care facilities worldwide. Unfortunately, the nutritional status of a significant number of patients in our hospitals deteriorates over the course of admission. The impact of malnutrition can be an increased length of stay and poorer patient outcomes, including pressure ulcers/injuries. Early identification and intervention for patients at risk of malnutrition is a key component of providing evidence-based care (Banks, Bauer, Graves and Ash 2010; Correia, Hegazi, Higashiguchi, Michel, Reddy and Tappenden 2014; Lim, Ong, Chan, Loke, Ferguson and Daniels 2011; Tappenden, Quatrara, Parkhurst, Malone, Fanjiang and Ziegler 2013).

Required reading

- Queensland Government (2015). Metro North Hospital and Health Service. Royal Brisbane and Women's Hospital. Malnutrition - Is your patient at risk? Available at: https://www.health.qld.gov.au/_data/assets/pdf_file/0029/148826/hphe_mst_pstr.pdf
- Nutrition Education Materials Online (2017). Malnutrition in-service for nursing, medical and allied health staff. Available at: https://www.health.qld.gov.au/_data/assets/pdf_file/0017/150614/hphe_inservice.pdf
- Local service workplace instructions and relevant documents that support decision making for the outcome of the MST e.g. flow chart, workplace protocols, triaging criteria.

Example workplace instruction for Malnutrition Screening

- Abbott Nutrition (2013). Malnutrition Screening Tool (MST). Available at: <https://abbottnutrition.com/tools-for-patient-care/rd-toolkit>
- Metro North Hospital and Health Service (2015). Royal Brisbane and Women's Hospital. Malnutrition Action Flowchart (MAF). Available at: https://www.health.qld.gov.au/_data/assets/pdf_file/0015/143502/hphe_maf.pdf

Example summary feedback to the client regarding their MST score

- If MST = 0 or 1 e.g. "I will provide this information to (name of delegating health professional) and he/she will determine if you will require further review. A score of 0 or 1 on this test indicates that at this time it is unlikely that you will require further review with regard to your nutrition."
- If MST = 2 e.g. "The information from this test will be provided to the nutrition support team. A score of 2 on this test indicates that you may be reviewed by a dietitian or other member of the team with regard to your nutrition".
- If MST is 3 or more e.g. "The information from this test will be provided to the nutrition support team. A score of 3 on this test indicates that you are likely to be reviewed by a dietitian with regard to your nutrition".

