

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 (AHA) 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 should be used under a delegation framework implemented at the work unit level. The framework is available at: <https://www.health.qld.gov.au/ahwac>

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/HHS clinical roles are assumed knowledge for this CTI.
 - Completion of the following Queensland Health allied health assistant training module (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 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 an SGA, local re-screening protocols. 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:

- completing 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 & 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:
 - this task does not include provision of information on specific dietary needs. If a client wishes to seek information about their specific nutritional needs, the AHA should offer, with the client's consent, to inform the dietitian for follow-up according to local workflow processes.

Equipment, aids and appliances

- Nil

Environment

- Nil

Performance of Clinical Task

1. Delegation instructions

- Receive the delegated task from the health professional.
- The delegating 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 him/herself to the client.
- The AHA checks three forms of client identification: full name, date of birth, *plus one* of the following: hospital 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 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, high energy diet, provide standardised 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 the client, as per the local service model.
 - 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. Record the MST outcome in the relevant local clinical information management system.

7. Report to delegating health professional

- Provide comprehensive feedback to the health professional who delegated the task. Include findings from the MST and report 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.
- Discuss with the delegating health professional if the client requires regular screening including frequency of rescreening as indicated by Queensland Government 'Malnutrition - Is your patient at risk?' document or local protocol.

References and supporting documents

- 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 vol. 15, no. 6. pp. 458-464.
- Queensland Health (2015). Clinical Task Instruction D-WTS01 When to stop.
<https://www.health.qld.gov.au/ahwac/html/clintaskinstructions.asp>
- Queensland Health (2017). Guide to Informed Decision-making in Health Care (2nd edition).
https://www.health.qld.gov.au/_data/assets/pdf_file/0019/143074/ic-guide.pdf

Assessment: Performance Criteria Checklist

D-DN02: Malnutrition Screening Tool

Name:

Position:

Work Unit:

Performance Criteria	Knowledge acquired	Supervised task practice	Competency assessment
	Date and initials of supervising AHP	Date and initials of supervising AHP	Date and initials of supervising AHP
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 – pen and the MST form.			
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) Complete the MST and calculate the overall 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 about the local service model:

e.g. additional documents reviewed a part of the service model

Comments:

Record of assessment of competence

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

Review date / /

Malnutrition Screening Tool: Learning Resource

Malnutrition develops as a result of inadequate dietary intake, increased nutritional requirements and/or increased nutrient losses, and 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 (CGI, 2012). Early identification of patients at risk of malnutrition is a key component of providing evidence-based care.

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
- 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 Malnutrition Screening Tool recording forms

- Queensland Government (2014). Royal Brisbane Women's Hospital: Malnutrition Screening Tool. Available at: http://hi.bns.health.qld.gov.au/forms/patient_record/forms/mr_60392.pdf

Example workplace instruction for Malnutrition Screening

- Abbott Nutrition (2013). Malnutrition Screening Tool (MST). Available at: https://static.abbottnutrition.com/cms-prod/abbottnutrition-2016.com/img/Malnutrition%20Screening%20Tool_FINAL_tcm1226-57900.pdf
- Darling Downs Hospital and Health Service: Work Instruction (2017). Malnutrition Screening: Toowoomba Hospital Nutrition and Dietetics. Available at: https://qheps.health.qld.gov.au/_data/assets/pdf_file/0022/1984000/3-02-010-001.pdf
- 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 2 or more 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 are likely to be reviewed by a dietitian with regard to your nutrition".