

Investigating Capacity to Access Nutrition

1. Screen

WHAT is the degree of malnutrition risk?¹

Score the following questions:

	Score
No	0
Unsure	2
Yes 1-5kg	1
Yes 6-10kg	2
Yes 11-15kg	3
Yes >15kg	4
Is client eating, poorly due to reduced appetite (< 3/4 usual intake)?	Yes 1 No 0

Add scores & circle the degree of risk:

1 = Low	2 = Moderate	3-5 = High
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0 = Unlikely

Malnutrition risk exists, proceed to Step 2. Investigate

WHAT is the potential for nutritional risk?

Score the following questions:

Has client had any recent changes that have affected what they eat, how they prepare meals or how they shop?	Yes 2 No 0
Do you have any concerns about client's ability to have an adequate diet?	Yes 1 No 0

Add scores & circle the degree of risk:

1 = Possible	2—3 = Likely
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0 = Not identified

Opportunity exists for improving nutrition. If client wishes to address this, proceed to Step 2. Investigate

No further action required at this point in time

2. Investigate

WHY is the client at nutritional risk?

Are weight loss, reduced food intake, changes to food access or dietary concerns due to: *(discuss with prompts)*

HEALTH STATUS?

<input type="checkbox"/> Chronic condition	<input type="checkbox"/> Explore: Altered nutrition needs?
<input type="checkbox"/> Acute illness	<input type="checkbox"/> Rest /recovery?
<input type="checkbox"/> Wound healing	<input type="checkbox"/> Motivation /social access?
<input type="checkbox"/> Medication change	<input type="checkbox"/> Specialist support?
<input type="checkbox"/> Pain	
<input type="checkbox"/> Mental /Emotional health	
<input type="checkbox"/> Other:	

PHYSICAL ACCESS TO FOOD?

<input type="checkbox"/> Disability /Impairment	<input type="checkbox"/> Explore: Kitchen access?
<input type="checkbox"/> Mobility	<input type="checkbox"/> Use of kitchen appliances?
<input type="checkbox"/> Transport	<input type="checkbox"/> Strength, balance & endurance?
<input type="checkbox"/> Cognition /Memory	<input type="checkbox"/> Planning & sequencing tasks?
<input type="checkbox"/> Communication	<input type="checkbox"/> Specialist support?
<input type="checkbox"/> Dental problems	
<input type="checkbox"/> Other:	

KNOWLEDGE /SKILLS DEFICIT?

<input type="checkbox"/> Special diet	<input type="checkbox"/> Explore: Expert advice in the past 12 months?
<input type="checkbox"/> Cooking	<input type="checkbox"/> Interpreting labels?
<input type="checkbox"/> Recipes	<input type="checkbox"/> Menu planning & food budgeting?
<input type="checkbox"/> Appropriate food choices	<input type="checkbox"/> Specialist support?
<input type="checkbox"/> Portion sizes	
<input type="checkbox"/> Other:	

Encourage action & proceed to Step 3. Act

If action is declined, discuss potential long term effects on health & function. Repeat ICAN monthly to monitor risk

3. Act

HOW will the client be best supported?

To address nutritional risk, strategies will be: *(use prompts to guide referral)*

- ☐ Restorative (goal-directed & time-limited)
- ☐ Supporting maintenance (ongoing)
- ☐ Other (e.g. monitoring, respite)

Consider referral(s) to Allied Health for restorative intervention(s) particularly for functional gain or after a setback or in order to avoid preventable injury²

WHO can support the client to achieve this?

<input type="checkbox"/> Dietitian	<input type="checkbox"/> GP
<input type="checkbox"/> Speech Pathologist	<input type="checkbox"/> Pharmacist
<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> Counselor
<input type="checkbox"/> Physiotherapist	<input type="checkbox"/> Domestic Carer
<input type="checkbox"/> Dentist	<input type="checkbox"/> Personal Carer
<input type="checkbox"/> Education program	<input type="checkbox"/> Meals -home /social
<input type="checkbox"/> Exercise program	<input type="checkbox"/> Other:

WHEN will the ICAN be repeated?

<input type="checkbox"/> ≤ 1 month	<input type="checkbox"/> 6 months
<input type="checkbox"/> 1—2 months	<input type="checkbox"/> 12 months
<input type="checkbox"/> ≥ 2 months	<input type="checkbox"/> Not needed

Who will this be assigned to?

<input type="checkbox"/> DNS	<input type="checkbox"/> GP /Practice nurse
<input type="checkbox"/> Carer	<input type="checkbox"/> Key Worker
<input type="checkbox"/> Other:	

Use the SCTT Nutritional Risk Summary for referral & care coordination purposes