**St Andrew’s Healthcare Nutrition Screening Instrument (SANSI)**

**Patient Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Ward** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Completed by** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ð

*Check box if the service user is unable to be weighed and an estimate is being used*

**Step 1 Current weight and BMI**

Weight (kg) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Height (m) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Body Mass Index (BMI) \_\_\_\_\_\_\_\_\_\_\_\_\_

BMI Category \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* BMI **below 20** Underweight **high risk** – *Refer to Dietitian*
* BMI **from 20 to 24.9** Healthy weight **low risk** – *continue to weigh weekly and screen monthly*
* BMI **from 25 to 29.9** Overweight **medium risk** – *offer first line weight management information*
* BMI **30 and above** Obese **high risk** – *Refer to Dietitian*

**Step 2 Weight change in the last 3 months**

Weight 3 months ago (self-reported if records not available) \_\_\_\_\_\_\_kg Weight change \_\_\_\_\_\_%

* **Change of 0-5%** weight – **low risk** – *continue to weigh weekly and screen monthly*
* **Change of 5-10%** weight – **medium risk** – *alert clinical team to monitor intake, activity levels, weight*
* **Loss of 10%** weight or more (unplanned) – **high risk** – *Refer to Dietitian*
* **Gain of 10%** weight or more (unplanned) – **high risk** – *Refer to Dietitian*

**Step 3 Other significant dietary issues to consider;**

*If* ***YES*** *to any of the below, alert clinical team, care plan, and refer to dietitian if appropriate*

|  |  |  |
| --- | --- | --- |
| **1** | Does the patient have specific dietary requirements (e.g. diabetic, allergy)? | Yes / No |
| **2** | Is there a nasogastric or gastrostomy feeding tube in place? | Yes / No |
| **3** | Is the patient prescribed nutritional supplements? | Yes / No |
| **4** | Does the patient have a history of/been observed to have disordered eating? | Yes / No |
| **5** | Does the patient **refuse or not attend** 2 or more main meals a day? | Yes / No |
| **6** | Does the patient **fail to eat at least half** of their serving at most mealtimes? | Yes / No |
| **7** | Does the patient regularly refuse or not complete drinks? | Yes / No |
| **8** | Does the patient have any chewing or swallowing difficulties? | Yes / No |
| **9** | Does the patient suffer from nausea, involuntary vomiting or diarrhoea? | Yes / No |
| **10** | Are whole food groups (e.g. dairy products, fruit & vegetables) avoided? | Yes / No |

**Comments**

**Step 4 Action Plan / Comments**

ð

* No immediate action

ð

* Alert clinical team

ð

* Refer to Dietitian

Adapted from: St Andrew’s Healthcare Nutrition Screening Instrument (SANSI), © St Andrew’s Healthcare 2011, [www.stah.org](http://www.stah.org)