**Referring to the ELFT Forensics Dietitian**

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

**Step 1 Calculate current Body Mass Index**

* BMI **below 20** Underweight **High risk** – *Refer to Dietitian, start first-line care*
* 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, start first-line care*

**Step 2 Calculate percentage weight change in the last 3 months**

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

* **Change of 0-5%** Low risk – *weigh weekly and screen monthly*
* **Change of 5-10%** Medium risk – *start food and fluid charts, monitor activity levels*
* **Change of 10%** 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, add to care plan, and refer to dietitian*

|  |  |  |
| --- | --- | --- |
| **1** | Does the service user 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 service user prescribed nutritional supplements? | Yes / No |
| **4** | Does the service user have a history of/present with disordered eating? | Yes / No |
| **5** | Does the service user **not complete** 2 or more main meals a day? | Yes / No |
| **6** | Does the service user **fail to eat at least half** of servings at most mealtimes? | Yes / No |
| **7** | Does the service user regularly refuse or not complete drinks? | Yes / No |
| **8** | Does the service user have any chewing or swallowing difficulties? | Yes / No |
| **9** | Does the service user 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**

 ☐ No immediate action, continue to weigh weekly and screen monthly

 ☐ Alert Clinical Team, start first-line nutrition care planning for 2-4 weeks

 ☐ Alert Clinical Team, start first-line nutrition care planning for 2-4 weeks, refer to dietitian



**See** [**https://www.elft.nhs.uk/intranet/nutrition-and-dietetics**](https://www.elft.nhs.uk/intranet/nutrition-and-dietetics) **for first-line nutrition care planning**

**Referrer’s Details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** |  | **Relationship** |  | **Referral Date** |  |
| **JHC** | **Yes/No** | **Consent** | **Yes/No** | **Safe Lone working** | **Yes/No** |
| **WH** | **Yes/No** | **Best Interests** | **Yes/No** | **1st-line care for 2-4 weeks** | **Yes/No** |

**Referrals will be rejected without evidence of 2-4 weeks first-line nutrition care planning**

**Service User Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Ward** |  |
| **Date of Birth** |  | **NHS/RiO number** |  |
| **Mental Health****Condition** | YES ☐ NO ☐ Diagnosis: | **Weight-bearing** | YES ☐ NO ☐ Diagnosis: |
| **Learning Disability** | YES ☐ NO ☐ Diagnosis: | **Interpreter required** | YES ☐ NO ☐ Language: |
| **Autism** | YES ☐ NO ☐ Diagnosis: | **Group suitability** | YES ☐ NO ☐ Diagnosis: |

**Anthropometry**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Current Weight (kg)** |   | **Date**: | **BMI (kg/m2)** | BMI calculator\* |
| **Previous Weight (kg)** |  | **Date:** | **Height (m)** |  |
| **Weight Change (kg)** |  | **(%):** [Calculator](https://www.thecalculator.co/health/Weight-Loss-Percentage-Calculator-213.html#calculator-top)\* | **SANSI Score**  | **Low/Medium/High risk** |
| **Nutritional Remarks (bloods, diagnoses, history, investigations and medications)** |
|  |

\*To open calculator, click on the hyperlink

**Reason for referral (Highlight as many as appropriate):**

|  |  |
| --- | --- |
| Medium SANSI scoreHigh SANSI ScoreRequiring or considering tube feedingDysphagia/Texture-modified dietGastro-oesophageal reflux disease VomitingConstipationDiarrhoea | Nutritional supplement prescriptionProgressive clinical conditionRaised HbA1cRaised lipid profileNon-alcoholic fatty liver diseasePrada-Willi syndromeDisordered eatingFood allergy |
| Seen by a dietitian before? Please outline the previous actions and recommendations. |  |
| **Other / Details of reason for referral**  |  |

**Email the completed SANSI, 2-4 weeks’ observations and referral form to** elft.dietitians@nhs.net