

Identifying and managing malnutrition and frailty in the community setting: Guidance for health professionals



All health professionals (HCPs) have a role to play in the identification and management of malnutrition and frailty in the community setting.

This quick reference guide provides a summary of “An evidence-based guide for the identification and nutritional management of malnutrition and frailty in the Australian and New Zealand community”.

To access the full guide, scan the code, or visit: <https://bit.ly/anz-community-guidelines>

IDENTIFY malnutrition and frailty: Screening and assessment

Screen

Any HCP can screen for malnutrition and frailty using validated tools such as the MNA-SF or MUST (for malnutrition) and the Clinical Frailty Scale or FRAIL scale (for frailty). Screening should be done on first contact with a new patient, when there is suspected malnutrition or frailty, or upon a change in circumstances (e.g. new diagnosis or recent hospitalisation).



Refer

At-risk patients identified through screening should be referred to a dietitian (for malnutrition/frailty) and/or geriatrician, physiotherapist or exercise physiologist (for frailty).



Assess / Diagnose

Dietitians are trained to diagnose malnutrition using tools such as MNA, SGA or GLIM criteria. Any trained HCP can assess for frailty using tools such as the Frailty Index, FRAIL scale or Comprehensive Geriatric Assessment.

DOCUMENT

the client's malnutrition or frailty status in their health record or care plan

INFORM

the client of their diagnosis or level of risk and engage them in discussions about management

COMMUNICATE

with other health professionals as needed, including handovers at transitions of care

MANAGE malnutrition and frailty: Nutrition intervention

Dietitians are uniquely qualified to provide nutrition care to malnourished or frail clients, and should be the first point of call for the nutritional management of these conditions. Non-dietetic HCPs may also play a role in implementing interventions to support a client's nutrition care.

SET GOALS and SELECT OUTCOME MEASURES

Set reasonable and patient-centred goals with the client and/or their family member/carer, ensuring they are in agreement; and select outcome measures (to monitor the effectiveness of nutrition interventions) that are most meaningful/important to the client.



SELECT and IMPLEMENT

Select and implement nutrition interventions that are appropriate for the client's clinical condition, acceptable to the patient/family, feasible to implement and likely to be effective in addressing malnutrition/frailty.

Dietitians may provide dietary counselling, food-based fortification or oral nutrition supplements. Any HCP can provide education (e.g. using resources developed by dietitians; see full guide) or implement community support services as needed. When selecting interventions, consider the client's condition and treatment context, social and cultural factors, and preferences.



EVALUATE and MONITOR

Evaluate and monitor the effectiveness of nutrition interventions using the goals and outcome measures selected. Adjust nutrition interventions as needed and follow up until client is stable.

Abbreviation index

GLIM: Global Leadership Initiative on Malnutrition

HCP: Health care professional

MNA: Mini Nutritional Assessment

MNA-SF: Mini Nutritional Assessment Short Form

MUST: Malnutrition Universal Screening Tool

SGA: Subjective Global Assessment



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