

Appendix J: Example of malnutrition screening tool

Below is an example of a nutrition screening tool which can be used to identify those who may be at risk for malnutrition.

Figure 7: Canadian Nutrition Screening Tool

CANADIAN NUTRITION SCREENING TOOL (CNST)

Name:	Age:	Weight:	Room:

Identify patients who are at risk for malnutrition

	Date:		Date:	
	Admission		Rescreening	
	Yes	No	Yes	No
Ask the patient the following questions*				
Have you lost weight in the past 6 months WITHOUT TRYING to lose this weight? <small>If the patient reports a weight loss but gained it back, consider it as NO weight loss.</small>				
Have you been eating less than usual FOR MORE THAN A WEEK?				
Two “YES” answers indicate nutrition risk†				

* If the patient is unable to answer the questions, a knowledgeable informant can be used to obtain the information. If the patient is uncertain regarding weight loss, ask if clothing is now fitting more loosely.

Patients at nutrition risk need an assessment to confirm malnutrition


Nutrition screening using a valid tool can generate a significant volume of requests for nutrition evaluation. Subjective Global Assessment (SGA) is a simple and efficient first-line assessment of nutritional status that can be used following a positive screening and to help prioritize cases.

If a patient is malnourished (SGA B or C), an in-depth nutrition assessment, along with treatment, is required by a registered dietitian.


The Canadian Nutrition Screening Tool was rigorously validated and tested for reliability in Canadian hospitals. Non-expert raters completed the tool and it was compared to the SGA conducted by a dietitian or trained nutrition researcher.

† If a patient is not at risk, rescreen within a week. Only consider weight change in the past week.

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THE IMPORTANCE OF NUTRITION SCREENING

Strategies to support adequate food intake

- Position patients properly for eating
- Assist patients in opening packages and containers
- Avoid scheduling tests or examinations during meal times
- Consider in-between meal snacks and supplements to support intake
- Clarify why the patient is not eating and find solutions to overcome these problems
- Determine if the patient has pain, is depressed, anxious or in need of medication and social support

Flag patients who are eating 50% or less of their hospital meals



Obtain measured weight of patients using a portable, digital chair scale at their bedside. Weight should be measured at admission and at least, weekly. Communicate discharge weight and nutritional status with the patient, family and formal service providers.

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