Malnutrition care takes a team

Malnutrition is common and often goes unnoticed. Identifying it early takes more than one set of eyes, and everyone who spends time with a patient has a part to play. **Here's how each role can help:**

Nurses

- Use validated tools like the Malnutrition Screening Tool (MST) upon admission
- Do a quick mealtime check: adjust position to be upright, and make sure the tray, plate and utensils are within easy reach

Speech pathologists

- Assess swallowing and recommend the least restrictive safe texture and re-assess regularly
- Notify the dietitian if texture modification is affecting how much a patient eats

Physiotherapists

- Time therapy sessions to avoid clashing with mealtimes
- Complete an MST if handgrip strength is reduced or the patient has had a fall, and refer to the dietitian if indicated

Occupational therapists

- Assess a patient's ability to open packaging, use cutlery and reach their tray
- Recommend aids for reduced grip or dexterity, and plan support needed after discharge

Doctors

- Examine for physical signs of malnutrition including muscle wasting, slow wound healing, oedema or pressure injuries
- Manage symptoms that are reducing intake, including nausea, constipation or pain

Pharmacists

- Flag medications known to affect appetite or absorption, and advise on meal timing to manage side effects
- Ensure patients understand how their medicines can affect nutrition and vice versa

Foodservice staff

- Notice when a tray consistently comes back untouched and notify the clinical staff
- Provide culturally and religiously appropriate options where possible
- Ask if a patient needs help or more time before clearing their tray

Malnutrition Week ANZ #malnutritionweekanz