

Recommendations for Nutrition Intervention

Mini Nutritional Assessment (MNA®) Score

Well nourished
MNA® SF ≥ 12

Rescreen

- After acute event.
- Every 3-6 months.
- No intervention required.

At risk of malnutrition
MNA® SF 8-11

No Weight Loss

Monitor

- Monitor weight 1 x week or as per facility guidelines. If weight loss occurs, intervention required.
- Document intervention in Care Plan.
- Rescreen every 3 months.
- Food fortification if appetite is poor.

Weight Loss

Treat

- High protein/high energy diet.
- Food fortification.
- Oral nutritional supplements.
- Document intervention in Care Plan.
- Monitor weight 1 x week or as per facility guidelines.
- Refer to dietitian for a full nutritional assessment.
- Provide physical assistance and supervision with meals where required.

Malnourished
MNA® SF ≤ 7

Treat

- High protein/high energy diet.
- Food fortification.
- Oral nutritional supplements.
- Document intervention in Care Plan.
- Monitor weight 1 x week.
- Refer to dietitian for a full nutritional assessment.
- Notify GP of screening outcome and intervention plan.
- Provide physical assistance and supervision with meals where required.

MNA® is an ACFI* suggested assessment tool¹

* Aged Care Funding Instrument (ACFI).

1. <https://agedcare.health.gov.au/tools-and-resources/aged-care-funding-instrument-acfi-reports>

Nutritional supplements can only be of assistance where dietary intake is inadequate. Please seek advice on your individual dietary needs from an Accredited Practising Dietitian or your healthcare professional. SUSTAGEN® Hospital Formula Active and SUSTAGEN® Hospital Formula Active Plus Fibre are formulated meal replacements and cannot be used as total diet replacements. Consume as part of a varied and balanced diet and healthy lifestyle. SUSTAGEN® Diabetic is a food for special medical purposes, specifically formulated for people with diabetes who cannot meet their nutritional needs through diet modification alone. RESOURCE® Fruit Flavoured Beverage, RESOURCE® Plus, RESOURCE® Protein, RESOURCE® 2.0 + Fibre and RESOURCE® 2.0 are food for special medical purposes specifically formulated for medical conditions where nutritional needs cannot be met through diet modification alone. ARGINAID® and ARGINAID® Extra are food for special medical purposes specifically formulated with L-Arginine for the nutritional management of wounds. Not suitable for use as a sole source of nutrition. Contains Phenylalanine. RESOURCE® THICKENUP® Clear is a food for special medical purposes for the dietary management of people with swallowing difficulties.

All foods for special medical purposes must be used under medical supervision.

Oral nutrition supplements (ONS)



SUSTAGEN® Hospital Formula Active



SUSTAGEN® Diabetic



RESOURCE® Fruit Flavoured Beverage



RESOURCE® Plus



RESOURCE® Protein

- ONS can be provided as a snack between meals (powdered and ready-to-drink options).
- Provide a diabetes specific supplement where required.
- ONS can be decanted and heated gently (do not boil).
- Powdered supplements can be made up with water, reduced fat milk or full cream milk.

High energy, high protein oral nutrition supplements (ONS)



RESOURCE® 2.0 + Fibre RESOURCE® 2.0

- If appetite is poor, consider adding ONS to the medication chart (e.g. 50-60mL 4 x per day to improve tolerance).
- ONS can also be provided as a snack between meals.

Food Fortification



SUSTAGEN® Hospital Formula Active Neutral

- Mix into food and drinks such as:
 - Tea and coffee (1 scoop per serve)
 - Mashed potato (2 scoops per serve)
 - Cereal (1 scoop mixed into milk first).



BENEPROTEIN®

- Mix 1 scoop per serve into foods such as soup, custard and porridge.

Wound Management



ARGINAID® or ARGINAID® Extra

- For chronic wounds, provide 2 serves per day until wound is healed.
- Mix sachet of ARGINAID® with 180-240mL of water.
- Serving suggestions:
 - Serve over ice
 - Mix ARGINAID® sachet with soda water or lemonade instead of water.

Dysphagia



RESOURCE® THICKENUP® Clear

- When required, thicken fluids to the recommended consistency level.
- Refer to a healthcare professional when mixing protein containing liquids (e.g. milk and oral nutrition supplements), carbonated liquids and alcoholic beverages. These liquids behave uniquely when mixed with RESOURCE® THICKENUP® Clear.

No weight loss

- Monitor weight 1 x week or as per facility guidelines.
- Rescreen every 3 months.

Weight loss

- Refer to/organise review by dietitian.
- Monitor weight 1 x week or as per facility guidelines.

- Continue to monitor in consultation with dietitian and GP.
- Monitor weight 1 x week.

Mini Nutritional Assessment

MNA[®]

Nestlé Nutrition Institute

| | | | | |
|------------|------|-------------|-------------|-------|
| Last name: | | First name: | | |
| Sex: | Age: | Weight, kg: | Height, cm: | Date: |

Complete the screen by filling in the boxes with the appropriate numbers. Total the numbers for the final screening score.

Screening

A Has food intake declined over the past 3 months due to loss of appetite, digestive problems, chewing or swallowing difficulties?

- 0 = severe decrease in food intake
- 1 = moderate decrease in food intake
- 2 = no decrease in food intake

B Weight loss during the last 3 months

- 0 = weight loss greater than 3 kg (6.6 lbs)
- 1 = does not know
- 2 = weight loss between 1 and 3 kg (2.2 and 6.6 lbs)
- 3 = no weight loss

C Mobility

- 0 = bed or chair bound
- 1 = able to get out of bed / chair but does not go out
- 2 = goes out

D Has suffered psychological stress or acute disease in the past 3 months?

- 0 = yes
- 2 = no

E Neuropsychological problems

- 0 = severe dementia or depression
- 1 = mild dementia
- 2 = no psychological problems

F1 Body Mass Index (BMI) (weight in kg) / (height in m)²

- 0 = BMI less than 19
- 1 = BMI 19 to less than 21
- 2 = BMI 21 to less than 23
- 3 = BMI 23 or greater

IF BMI IS NOT AVAILABLE, REPLACE QUESTION F1 WITH QUESTION F2.
DO NOT ANSWER QUESTION F2 IF QUESTION F1 IS ALREADY COMPLETED.

F2 Calf circumference (CC) in cm

- 0 = CC less than 31
- 3 = CC 31 or greater

Screening score

(max. 14 points)

- 12-14 points:** Normal nutritional status
- 8-11 points:** At risk of malnutrition
- 0-7 points:** Malnourished

Ref. Vellas B, Villars H, Abellan G, et al. *Overview of the MNA[®] - Its History and Challenges*. J Nutr Health Aging 2006;10:456-465.
 Rubenstein LZ, Harker JO, Salva A, Guigoz Y, Vellas B. *Screening for Undernutrition in Geriatric Practice: Developing the Short-Form Mini Nutritional Assessment (MNA-SF)*. J. Geront 2001;56A: M366-377.
 Guigoz Y. *The Mini-Nutritional Assessment (MNA[®]) Review of the Literature - What does it tell us?* J Nutr Health Aging 2006; 10:466-487.
 Kaiser MJ, Bauer JM, Ramsch C, et al. *Validation of the Mini Nutritional Assessment Short-Form (MNA[®]-SF): A practical tool for identification of nutritional status*. J Nutr Health Aging 2009; 13:782-788.

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For more information: www.mna-elderly.com