

# 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 tool<sup>1</sup>**

\* 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 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)



- 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)



- 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<sup>®</sup>

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)<sup>2</sup>

- 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<sup>®</sup> - 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<sup>®</sup>) 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<sup>®</sup>-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](http://www.mna-elderly.com)