



# COMPONENTS OF THE POSITION STATEMENT DESCRIBED IN ACCORDANCE WITH THE AACTT FRAMEWORK

## Example of inpatient or ward setting

Note: this is an example only and recommended timeframes should be adapted to the target population and the local context in which it is being applied

	<b>Action</b> What care is provided?	<b>Actor</b> Who delivers care?	<b>Context</b> Where is the care?	<b>Target</b> Who receives care?	<b>Time</b> When is care provided?
<b>SCREENING</b>	Conduct malnutrition screening (and rescreening) i.e. MST, MUST	Nurse, allied health assistant, other health professional	Inpatient ward	Patients with cancer admitted to the ward	Within 24 hours of admission for initial screen* (day 6-8 for rescreen)
	Conduct sarcopenia screening (and rescreening) i.e. SARC-F, SARC-F in combination with calf circumference	Nurse, allied health assistant, other health professional	Inpatient ward	Patients with cancer admitted to the ward (and those screened as low risk for sarcopenia on admission and still an inpatient at day 7)	Within 24 hours of admission for initial screen* (day 6-8 for rescreen)
	Identify high risk patients for direct referral to dietitian	Dietitian, nurse, allied health assistant, other health professional	Inpatient ward	Patients with cancer admitted to the ward	Within 24 hours of admission*
	Refer patients at risk of malnutrition to dietitian	Nurse, allied health assistant, other health professional	Inpatient ward – referral via existing referral process/system	Patients considered at risk of malnutrition after screening	Within 24 hours of admission*
	Refer patients at risk of sarcopenia to dietitian and exercise physiologist or physiotherapist	Nurse, allied health assistant, other health professional	Inpatient ward – referral via existing referral process/system	Patients considered at risk of sarcopenia after screening	Within 24 hours of admission*
<b>ASSESSMENT</b>	Complete full individualised nutrition assessment	Dietitian	Inpatient ward – patients' room	Patients considered at risk of malnutrition after screening	As per local triage criteria
	Complete clinical assessment measures for nutrition assessment and diagnosis of malnutrition/sarcopenia i.e. PG-SCA, BIA, calf circumference	Dietitian, allied health assistant	Inpatient ward – patients' room	Patients considered at risk of malnutrition after screening and undertaking assessment by dietitian	As per local triage criteria
	Complete full individualised sarcopenia assessment	Physiotherapist, exercise physiologist	Inpatient ward – patients' room, ward or gym	Patients considered at risk of sarcopenia after screening	As per local triage criteria
	Complete clinical assessment measures for evaluation of muscle mass, strength and function, and diagnosis of sarcopenia i.e. HGS, SPPB	Physiotherapist, exercise physiologist, allied health assistant	Inpatient ward – patients' room, ward or gym	Patients considered at risk of sarcopenia after screening and undertaking assessment by physiotherapist/ exercise physiologist	As per local triage criteria

## TREATMENT

Prescribe individualised medical nutrition therapy	Dietitian (may be delegated to allied health assistant)	Inpatient ward – patients' room, ward or gym	Patients considered at risk of malnutrition after screening and/or diagnosed with malnutrition	As per local triage criteria and then as specified by dietitian
Prescribe individualised exercise program	Physiotherapist, exercise physiologist (may be delegated to allied health assistant)	Inpatient ward – patients' room, ward or gym	Patients considered at risk of sarcopenia after screening and/or diagnosed with sarcopenia	As per local triage criteria and then as specified by physiotherapist or exercise physiologist
Refer to other healthcare professionals where appropriate to optimise patient outcomes i.e. psychologist, speech pathologist, social worker, occupational therapist	Dietitian, physiotherapist, exercise physiologist	Inpatient ward – patients' room, ward or gym	Patients considered at risk of malnutrition/sarcopenia after screening and/or diagnosed with malnutrition/sarcopenia and under the care of a dietitian or physio	Within 1 day of identifying need*

## DISCHARGE

Ensure malnutrition/ sarcopenia diagnosis documented in discharge summary	Dietitian, physiotherapist, exercise physiologist	Inpatient ward	Patients diagnosed with malnutrition/ sarcopenia	Prior to discharge
Provide a copy of discharge summary to patient and patients' general practitioner	Dietitian, physiotherapist, exercise physiologist	Inpatient ward	Patients diagnosed with malnutrition/ sarcopenia	Prior to discharge
Where indicated, deliver outpatient nutrition care and/or refer to external services to ensure transition of care	Dietitian	Clinic room, via telehealth and/or via external provider	Patients considered at risk of malnutrition after screening and/or diagnosed with malnutrition requiring ongoing intervention post discharge	Within 48 hours of discharge from hospital*
Where indicated, deliver outpatient physiotherapy care and/or refer to external services to ensure transition of care	Physiotherapist, exercise physiologist	Clinic room, gym, via telehealth and/or via external provider	Patients considered at risk of sarcopenia after screening and/or diagnosed with sarcopenia requiring ongoing intervention post discharge	Within 48 hours of discharge from hospital*

\* Timeframes may be dependent on local resources and should be aligned with local guidelines

**Key:** MST, Malnutrition Screening Tool; MUST, Malnutrition Universal Screening Tool; PG-SGA, Patient-Generated Subjective Global Assessment; BIA, Bioelectric Impedance Analysis; HGS, Handgrip Strength; SPPB, Short Physical Performance Battery