



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

Example of primary care 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

	Action What care is provided?	Actor Who delivers care?	Context Where is the care?	Target Who receives care?	Time When is care provided?
SCREENING	Conduct malnutrition screening (and rescreening) i.e., MST, MUST	General practitioner, general practice nurse	Primary care clinic	Patients attending an appointment with general practitioner, general practice nurse	At time of appointment
	Conduct sarcopenia screening (and rescreening) i.e., SARC-F, SARC-F in combination with calf circumference	General practitioner, general practice nurse	Primary care clinic	Patients attending an appointment with general practice nurse	At time of appointment
	Identify high risk patients for direct referral to dietitian	General practitioner, general practice nurse	Primary care clinic	Patients attending an appointment with general practice nurse	At time of appointment
	Refer patients at risk of malnutrition to dietitian	General practitioner, general practice nurse	Primary care clinic	Patients considered at risk of malnutrition after screening	Within 2 days of screening*
	Refer patients at risk of sarcopenia to dietitian and physiotherapist or exercise physiologist	General practitioner, general practice nurse	Primary care clinic	Patients considered at risk of sarcopenia after screening	Within 2 days of screening*
ASSESSMENT	Complete full individualised nutrition assessment	Dietitian	Private practice (F2F or via telehealth)	Patients considered at risk of malnutrition	At initial appointment
	Complete clinical assessment measures for nutrition assessment and diagnosis of malnutrition/sarcopenia i.e., PG-SGA, BIA, calf circumference	Dietitian	Private practice	Patients considered at risk of malnutrition and undertaking assessment by dietitian	At initial appointment
	Complete full individualised sarcopenia assessment	Physiotherapist, exercise physiologist	Private practice (F2F or via telehealth)	Patients considered at risk of sarcopenia	At initial appointment
	Complete clinical assessment measures for evaluation of muscle mass, strength and function, and diagnosis of sarcopenia i.e., HGS, SPPB	Physiotherapist, exercise physiologist	Private practice	Patients considered at risk of sarcopenia and undertaking assessment by physiotherapist or exercise physiologist	At initial appointment

TREATMENT

Deliver individualised medical nutrition therapy	Dietitian	Private practice (F2F or via telehealth)	Patients considered at risk of malnutrition and/or diagnosed with malnutrition	At initial appointment and then as specified by dietitian
Deliver individualised exercise prescription	Physiotherapist, exercise physiologist	Private practice (F2F or via telehealth)	Patients considered at risk of sarcopenia and/or diagnosed with sarcopenia	At initial appointment 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	Private practice	Patients considered at risk of and/or diagnosed with malnutrition/sarcopenia and under the care of a dietitian or physiotherapist or exercise physiologist	Within 2 days of identifying need*
Collaborate with the multidisciplinary team to provide individualised and tailored malnutrition and sarcopenia treatment	All health professionals involved with cancer-related malnutrition and/or sarcopenia treatment	Private practice (F2F or via telehealth)	Patients considered at risk of and/or diagnosed with malnutrition/sarcopenia and under the care of a dietitian or physiotherapist or exercise physiologist	Follow up as clinically indicated

DISCHARGE

Ensure malnutrition/ sarcopenia diagnosis documented in discharge summary	Dietitian, physiotherapist, exercise physiologist	Private practice	Patients diagnosed with malnutrition/ sarcopenia	Prior to discharge
Provide a copy of discharge summary to patient and patients' general practitioner	Dietitian, physiotherapist, exercise physiologist	Private practice	Patients diagnosed with malnutrition/ sarcopenia	Prior to discharge

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

Physical assessments should ideally be conducted F2F, however this may not be practical and appropriate mode should be decided according to local context/ resources/ type of assessment conducted

Key: MST, Malnutrition Screening Tool; MUST, Malnutrition Universal Screening Tool; F2F, Face to face; PG-SGA, Patient-Generated Subjective Global Assessment; BIA, Bioelectric Impedance Analysis; HGS, Handgrip Strength; SPPB, Short Physical Performance Battery