

The MEONF-II Manual

Assessment of nutritional status: The patient/resident should be weighed and measured, preferably first thing in the morning, before breakfast. The patient/resident should only be wearing light clothing. If this is not possible, information about height and weight can be obtained from the patient chart or by asking the person. Information about weight should be recorded at least weekly (in hospital) or monthly (in long-term care).

1. Unintentional weight loss (regardless of amount of loss and of whether recent or occurred over time). Ask the patient and also review documentation relating to weight history. Ask whether rings, watch, or clothes are beginning to fit loosely. Also ask whether the person is intentionally trying to lose weight.

2a. BMI is calculated according to the following formula: weight (kg)/height squared (m²). If height and/or weight cannot be obtained to calculate BMI – measure calf circumference instead.

2b. Calf circumference is measured in centimeters. Measure the calf at the widest point. Also measure above and below the widest point, to ensure that the first measurement was the largest.

Eating difficulties (items 3-5 below): The patient/resident should preferably be assessed by observing the individual during a meal. If this is not possible the assessment may be carried out by interviewing the patient/resident. If a person has assistive devices/assistance to be able to eat, note that the person has special needs (under “Comments”). For example, if the person has a soft diet due to swallowing difficulties, state that swallowing difficulties are present, even if they are not evident since the consistency of the diet was modified.

3. Food intake

Maintaining good sitting position during meals	Sits independently and with unrestricted mobility
Manipulating food on plate	Uses both hands, only spills occasionally, does not have plate with inner lip or special cutlery, uses traditional flatware (not a spoon for meat and potatoes), cuts food and butters bread, puts down glass unassisted
Conveying food to mouth	Coordinates arms/trunk/head when food is conveyed to mouth, does not need a bib, finds mouth without problems, only spills occasionally, no adapted equipment such as mug or straw

4. Swallowing/mouth

Chewing	Both “up and down” and rotating/grinding chewing movements. No modification of food consistency. Able to bite off pieces of food, does not rip them off. Food does not fall from mouth while chewing.
Coping with food in mouth	Food is moved to back of mouth without problems. No food remains in mouth after meals. Able to talk between bites.
Swallowing	No coughing during meals that may be attributed to aspiration. Smooth swallowing movement when food is completely chewed. No delay or concentrated effort before swallowing. Mouth essentially empty after swallowing.

5. Energy/appetite

Eats less than ¾ of food served	It is assumed that portion size is adapted to individual needs (quantity and content). Patient does not have feeding tube/IV due to inadequate food intake.
Lacks energy to complete an entire meal	Meal is interrupted due to lack of energy to continue (not due to satiety).
Poor appetite	If possible, ask directly; if not, make an assessment. Appetite should be compared with the person’s usual appetite.

6. Clinical signs. Indicate risk of undernutrition. Assess e.g. body shape, subcutaneous fat, muscle mass, grip strength, oedema (fluid retention), blood tests (e.g. serum albumin)

Total score. Note that unintentional weight loss gives 2 points, as do problems related to Energy/appetite, as it is known that they are strongly associated with undernutrition.

Interpretation of MEONF-II total scores

0-2 points = No or Low risk of undernutrition

3-4 points = Moderate risk of undernutrition

5 points or more = High risk of undernutrition

When the initial assessment is carried out, proceed by planning interventions!

High BMI (overweight/obesity) is not part of the assessment of risk for undernutrition. Please note, however, that overweight/obesity may occur in the presence of undernutrition that requires intervention.