

MEONF-II U.K. English version

Please tick the appropriate boxes on the left and score according to instructions		SCORE
1	Unintentional weight loss (regardless of amount of loss and of whether recent or occurred over time)	Weight loss = 2 No weight loss = 0 Don't know = 2
2a	<input type="checkbox"/> BMI is less than 20 (69 years or younger) <input type="checkbox"/> BMI is less than 22 (70 years or older) <i>If height/weight cannot be obtained, measure calf circumference (2b)</i>	BMI = weight (kg)/height squared (m ²) Low BMI or small calf circumference = 1 Otherwise = 0
2b	<input type="checkbox"/> Calf circumference is less than 31 centimetres	Otherwise = 0
3	Eating difficulties Food intake <input type="checkbox"/> Difficulty maintaining good sitting position during meals <input type="checkbox"/> Difficulty manipulating food on plate <input type="checkbox"/> Difficulty conveying food to mouth	One/more difficulties = 1 No difficulty = 0
4	Swallowing/mouth <input type="checkbox"/> Difficulty chewing <input type="checkbox"/> Difficulty coping with food in mouth <input type="checkbox"/> Difficulty swallowing	One/more difficulties = 1 No difficulty = 0
5	Energy/appetite <input type="checkbox"/> Eats less than ¾ of food served <input type="checkbox"/> Lacks energy to complete an entire meal <input type="checkbox"/> Poor appetite	One/more problems = 2 No problems = 0
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).	Clinical signs indicate risk = 1 Otherwise = 0
Sum observations 1-6 into a total score (min = 0, max = 8)		TOTAL SCORE:
RISK OF UNDERNUTRITION <input type="checkbox"/> 0-2 points = no/low risk <input type="checkbox"/> 3-4 points = moderate risk <input type="checkbox"/> 5 points or more = high risk		
BMI INTERPRETATION		
<input type="checkbox"/> Underweight	69 years or younger: BMI <20	70 years or older: BMI <22
<input type="checkbox"/> Normal	BMI 20-24.9	BMI 22-26.9
<input type="checkbox"/> Overweight	BMI 25-29.9	BMI 27-31.9
<input type="checkbox"/> Obesity	BMI 30-39.9	BMI 32-41.9
<input type="checkbox"/> Severe/morbid obesity	BMI >40	BMI >42
Comments:		
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<input style="width: 20px; height: 20px; margin: 0 auto 10px auto;" type="checkbox"/> 0-2 points No or Low risk <u>Reassess:</u> <ul style="list-style-type: none"> • Hospital – once/week • Long-term care facilities – every 3 months • Home care – annually 	<input style="width: 20px; height: 20px; margin: 0 auto 10px auto;" type="checkbox"/> 3-4 points Moderate risk <ul style="list-style-type: none"> • Document fluid/dietary intake for 2-3 days • Give nutritional drink or equivalent, possibly energy diet. • Interventions for eating difficulties (see below) • If improvement or adequate intake: no cause for concern; If no improvement: cause for concern – follow local policy and/or refer to dietician 	<input style="width: 20px; height: 20px; margin: 0 auto 10px auto;" type="checkbox"/> 5 points or more High risk <ul style="list-style-type: none"> • Referral to dietician, nutrition team and follow local policy • Improve nutritional intake through e.g. fortified food, oral nutritional supplements (consult dietician) • Interventions for eating difficulties (see below) • Follow up, update care plan
<u>Reassess & update care plan</u> Hospital – once/week and at discharge Long term care facilities – at least monthly Home care – at least every 2-3 months		

All risk categories:

- Treat underlying condition and provide help and advice about food choices, eating and drinking when needed.
- Document risk category (No or low/Moderate/High risk)
- Document dietary needs and follow local guidelines

Main steps in eating process	Specific interventions <i>Linked to main steps in eating process</i>	General interventions <i>Linked to eating process</i>
Food intake <ul style="list-style-type: none"> • Maintaining good sitting position during meals • Manipulating food on plate • Conveying food to mouth 	Adapt cutlery, glass, mug. Consult physiotherapist, occupational therapist.	Assistance. Feeding. Training.
Swallowing/mouth <ul style="list-style-type: none"> • Chewing • Coping with food in mouth • Swallowing 	Adapt consistency. Specific swallowing techniques and head positions. Consult dysphagia expertise (usually speech therapist), dietician, dental hygienist/dentist.	Artificial nutrition. Adapt mealtime environment (e.g., create a calm environment).
Energy/appetite <ul style="list-style-type: none"> • Eats less than ¾ of food served • Lacks energy to complete an entire meal • Poor appetite 	Dietary supplement. Fortified food. Plan other activities to preserve energy for eating. Consult dietician.	Reduce distractions. Information.

Obesity
Document overweight/obesity. Check underlying reasons before initiating therapy. Refer to dietician.

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