



Malnutrition: Healthcare Professionals Experience and Expertise

Subjective Global Assessment (SGA) of Nutritional Status Malnutrition Assessment Tool

Utilize noninvasive information collecting to provide quick, inexpensive and reliable assessment of your patient's nutrition status.

A. History

1. Weight change

Overall loss in past 6 months: _____ kg _____ (lb) Percent loss _____

Change in past 2 weeks: _____ increase _____ no change _____ decrease

2. Dietary intake change relative to normal

No change _____

Change: duration _____ weeks _____ months

Type: sub-optimal solid diet _____ full liquid diet _____

hypocaloric liquid diet _____ starvation _____

3. Gastrointestinal symptoms (persisting more than 2 weeks)

None _____ Nausea _____ Vomiting _____ Diarrhea _____ Anorexia _____

4. Functional capacity

No dysfunction _____

Dysfunction: duration _____ weeks _____ months

Type: working sub-optimally _____ ambulatory _____ bedridden _____

5. Disease and its relationship to nutritional requirements

Primary diagnosis: _____

Metabolic demand/stress: none _____ low _____ moderate _____ high _____

B. Physical Examination (for each, specify: 0 = normal, 1+ = mild, 2+ = moderate, 3+ = severe)

Loss of subcutaneous fat (triceps, chest) _____

Muscle wasting (quadriceps, deltoids) _____

Ankle edema _____ Sacral edema _____ Ascites _____

C. Subjective Global Assessment Rating

Well nourished A _____

Moderately (or suspected of being) malnourished B _____

Severely malnourished C _____

Refer to guidelines on the other side of this form

Reference:

Ferguson M. Patient generated subjective global assessment. Oncology 2003; Supplement, 13-4.

Guidelines

1. Weight change¹

To evaluate changes (especially for weight loss) in body weight, use the following guidelines:

Duration	Mild weight loss	Severe weight loss
1 week	1-2%	>2%
1 month	5%	>5%
3 months	7.5%	>7.5%
6 months	10%	>10%

Remember, fluid changes such as edema and ascites could also affect short-term body weight change, so it is important to monitor changes in a longer duration. A change in weight should be noted because a thin person is not necessarily at nutritional risk.

2. Dietary intake change relative to normal

It is important to monitor one's dietary intake, including the type of diet the person is consuming and indications of recent changes in intake. Keeping a good dietary record may help to understand the actual intake.

3. Gastrointestinal symptoms

A healthy gastrointestinal tract is important for normal digestion and absorption of nutrients. Gastrointestinal symptoms are noted because they can have an important impact on nutritional status, especially if they persist for more than 14 days. Persisting nausea, anorexia, diarrhea or vomiting limits one's ability to maintain good nutritional status, so it must be addressed.

4. Functional capacity

Daily activities are direct indicators of one's well-being and Quality Of Life (QOL). Maintaining a good nutritional status is key to being active and have high QOL. Deterioration in functional capacity is also an indicator of poor nutritional status.

5. Disease and its relationship to nutritional requirements

Nutrition is fundamental to all medical care. Different disease conditions could affect nutrient requirements as well as one's ability to consume/absorb nutrition necessary to defend from insults and support faster recovery.

Physical Examination

Anthropometric body assessment can help to understand energy (fat) and protein (lean mass) reserve in the body.

Reference:

1. Gottschlich M. The science and practice of nutrition support a case-based core curriculum. American Society for Parenteral and Enteral Nutrition, 2001.