

Nutrition Screening Tool for patients under specialist palliative care services

Abridged Patient-Generated Subjective Global Assessment (PG-SGA)

PATIENTS NAME:

DoB:

NHS No:

Date:

1. Weight

In summary of my current and recent weight:

I currently weigh about _____

I am about _____ tall

One month ago I weighed about _____

Six months ago I weighed about _____

During the past two weeks my weight has:

Decreased Not changed Increased

2. Food Intake

As compared with my normal intake, I would rate my food intake in the past month as:

Unchanged More than usual Less than usual

I am now taking*:

Normal food, but less than normal amount

Little solid food

Only liquids

Only nutritional supplements

Very little of anything

Only tube feedings or nutrition by vein

*See Action Plan 1 (Early palliative patients) or 2 (for patients at late palliative stages)

3. Symptoms

I have had the following problems that have kept me from eating enough during the past two weeks (tick all that apply):

- | | |
|--|---|
| <input type="checkbox"/> No problem eating | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> No appetite, did not feel like eating | <input type="checkbox"/> Nausea |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Diarrhoea |
| <input type="checkbox"/> Mouth sores | <input type="checkbox"/> Dry mouth |
| <input type="checkbox"/> Food tasting funny / having no taste | <input type="checkbox"/> Smells bother me |
| <input type="checkbox"/> Pain: where? _____ | <input type="checkbox"/> Problems swallowing |
| <input type="checkbox"/> Other* _____ | <input type="checkbox"/> Feeling full quickly |

4. Activities and Function

Over the past month, I would generally rate my activity as (please tick only one box):

- Normal with no limitations (no action required)
- Not my normal, but able to be up and about with fairly normal activities
- Not feeling up to most things, but in bed or chair for less than half of the day
- Able to do little activity and spend most of the day in bed or chair
- Pretty much bedridden, rarely out of bed

- If any Nutritional problems are highlighted from the above screening refer to Nutritional Action Plan 1 or 2 as appropriate
- Patient leaflets and information for nutrition and activity can be found in the full Durham Cachexia Pack
- Adapted from The Macmillan Durham Cachexia Pack

PTO

Patient name:

NHS number:

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Date of birth:

(To be completed, if appropriate: monthly or as able)

Date	Changes in weight from initial Screening (if appropriate)	Factors affecting nutritional intake (if different to initial patient centred nutritional Screening)	Action taken (E.g. Action Plan 1 or 2, or referred to dietitian)	Staff name and signature