

Nutrition Screening - SANSI

Name Completed by..... Date.....

Step 1 Current weight and BMI

- Weight (kg) _____
- Height (meters) _____
- Body Mass Index (BMI) _____
- BMI category _____

See Table 1 and 2 BMI calculator and category

Low weight	high risk (BMI ≤ 19.9 kg/m ²) – refer to dietitian
Healthy weight	low risk (BMI 20 -24.9 kg/m ²) – continue to weigh weekly or as clinically indicated
Overweight	medium risk (BMI 25-29.9 kg/m ²)– offer first line weight management information/ support (such as healthy food options, exercise groups and/or information leaflets)
Obese	high risk (BMI >30 kg/m ²)– offer first line weight management information/ support, alert clinical team and consider referral to dietitian

Step 2 Weight Change in the last 3-6 months

Weight 3-6 months ago (self-reported if records not available)kg
% weight change%

% weight change = ((current weight – old weight)/old weight x 100) If weight not available, see table 3.

Change of 0-5%	low risk – continue to weigh weekly and screen monthly
Change of 5-10%	medium risk – alert clinical team to monitor intake, activity levels and weight
Loss of 10% or more (unplanned)	high risk – refer to dietitian
Gain of 10% or more (unplanned)	high risk – offer first line weight management information/ support, alert clinical team and consider referral to dietitian

Step 3 Other significant dietary issues to consider

If **YES** to any of the below, alert clinical team, care plan and refer to dietitian if appropriate

1	Does the service user have specific dietary requirements (e.g. diabetic, allergy, vegan, cultural/religious diet)?	Yes / No
2	Is the service user fed by/have a nasogastric or gastrostomy feeding tube?	Yes / No
3	Is the service user prescribed nutritional supplements?	Yes / No
4	Does the service user have a history of/been observed to have disordered eating?	Yes / No
5	Does the service user regularly refuse or not attended 2 or more main meals a day?	Yes / No
6	Does the service user fail to eat at least half of their serving at most meal times?	Yes / No
7	Does the service user regularly refuse or not complete drinks?	Yes / No
8	Does the service user you have any chewing or swallowing difficulties?	Yes / No
9	Does the service user suffer from nausea, involuntary vomiting or diarrhoea?	Yes / No
10	Are whole food groups (e.g. dairy products, fruit and vegetables) avoided?	Yes / No

Step 4 Action Plan/Comments

- No immediate action ☐
- Alert Clinical Team ☐
- Refer to Dietitian ☐

Repeat SANSI.....

Next weight check due

Comments:

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Table 1 BMI Calculator

WEIGHT		HEIGHT in feet/inches and centimeters																							
		4'8"	4'9"	4'10"	4'11"	5'0"	5'1"	5'2"	5'3"	5'4"	5'5"	5'6"	5'7"	5'8"	5'9"	5'10"	5'11"	6'0"	6'1"	6'2"	6'3"	6'4"	6'5"		
		lbs	(kg)	142cm	147	150	152	155	157	160	163	165	168	170	173	175	178	180	183	185	188	191	193	196	
260	(117.9)	58	56	54	53	51	49	48	46	45	43	42	41	40	38	37	36	35	34	33	32	32	31		
255	(115.7)	57	55	53	51	50	48	47	45	44	42	41	40	39	38	37	36	35	34	33	32	31	30		
250	(113.4)	56	54	52	50	49	47	46	44	43	42	40	39	38	37	36	35	34	33	32	31	30	30		
245	(111.1)	55	53	51	49	48	46	45	43	42	41	40	38	37	36	35	34	33	32	31	31	30	29		
240	(108.9)	54	52	50	48	47	45	44	43	41	40	39	38	36	35	34	33	33	32	31	30	29	28		
235	(106.6)	53	51	49	47	46	44	43	42	40	39	38	37	36	35	34	33	32	31	30	29	29	28		
230	(104.3)	52	50	48	46	45	43	42	41	39	38	37	36	35	34	33	32	31	30	30	29	28	27		
225	(102.1)	50	49	47	45	44	43	41	40	39	37	36	35	34	33	32	31	31	30	29	28	27	27		
220	(99.8)	49	48	46	44	43	42	40	39	38	37	36	34	33	32	32	31	30	29	28	27	27	26		
215	(97.5)	48	47	45	43	42	41	39	38	37	36	35	34	33	32	31	30	29	28	28	27	26	25		
210	(95.3)	47	45	44	42	41	40	38	37	36	35	34	33	32	31	30	29	28	28	27	26	26	25		
205	(93.0)	46	44	43	41	40	39	37	36	35	34	33	32	31	30	29	29	28	27	26	26	25	24		
200	(90.7)	45	43	42	40	39	38	37	35	34	33	32	31	30	30	29	28	27	26	26	25	24	24		
195	(88.5)	44	42	41	39	38	37	36	35	33	32	31	31	30	29	28	27	26	26	25	24	24	23		
190	(86.2)	43	41	40	38	37	36	35	34	33	32	31	30	29	28	27	26	26	25	24	24	23	23		
185	(83.9)	41	40	39	37	36	35	34	33	32	31	30	29	28	27	27	26	25	24	24	23	23	22		
180	(81.6)	40	39	38	36	35	34	33	32	31	30	29	28	27	27	26	25	24	24	23	22	22	21		
175	(79.4)	39	38	37	35	34	33	32	31	30	29	28	27	27	26	25	24	24	23	22	22	21	21		
170	(77.1)	38	37	36	34	33	32	31	30	29	28	27	27	26	25	24	24	23	22	22	21	21	20		
165	(74.8)	37	36	34	33	32	31	30	29	28	27	27	26	25	24	24	23	22	22	21	21	20	20		
160	(72.6)	36	35	33	32	31	30	29	28	27	27	26	25	24	24	23	22	22	21	21	20	19	19		
155	(70.3)	35	34	32	31	30	29	28	27	27	26	25	24	24	23	22	22	21	20	20	19	19	18		
150	(68.0)	34	32	31	30	29	28	27	27	26	25	24	23	23	22	22	21	20	20	19	19	18	18		
145	(65.8)	33	31	30	29	28	27	27	26	25	24	23	23	22	21	21	20	20	19	19	18	18	17		
140	(63.5)	31	30	29	28	27	26	26	25	24	23	23	22	21	21	20	20	19	18	18	17	17	17		
135	(61.2)	30	29	28	27	26	26	25	24	23	22	22	21	21	20	19	19	18	18	17	17	16	16		
130	(59.0)	29	28	27	26	25	25	24	23	22	22	21	20	20	19	19	18	18	17	17	16	16	15		
125	(56.7)	28	27	26	25	24	24	23	22	21	21	20	20	19	18	18	17	17	16	16	16	15	15		
120	(54.4)	27	26	25	24	23	23	22	21	21	20	19	19	18	18	17	17	16	16	15	15	15	14		
115	(52.2)	26	25	24	23	22	22	21	20	20	19	19	18	17	17	16	16	15	15	14	14	14	14		
110	(49.9)	25	24	23	22	21	21	20	19	19	18	18	17	17	16	16	15	15	15	14	14	13	13		
105	(47.6)	24	23	22	21	21	20	19	19	18	17	17	16	16	16	15	15	14	14	13	13	13	12		
100	(45.4)	22	22	21	20	20	19	18	18	17	17	16	16	15	15	14	14	14	13	13	12	12	12		
95	(43.1)	21	21	20	19	19	18	17	17	16	16	15	15	14	14	14	13	13	13	12	12	12	11		
90	(40.8)	20	19	19	18	18	17	16	16	15	15	14	14	13	13	13	13	12	12	12	11	11	11		
85	(38.6)	19	18	18	17	17	16	16	15	15	14	14	13	13	13	12	12	12	11	11	11	10	10		
80	(36.3)	18	17	17	16	16	15	15	14	14	13	13	13	12	12	11	11	11	11	10	10	10	9		

Note:

BMI values rounded to nearest whole number.

Table 2 BMI Categories

Underweight	Low weight	Healthy Weight	Overweight	Obese
Below 18.5kg/m ²	18.5-19.9 kg/m ²	20 - 24.9 kg/m ²	25 - 29.9 kg/m ²	30 kg/m ² and above

Table 3

If previous weight not available, use subjective measures to estimate % weight change:	
Ask service user if clothes and / or jewellery have become loose or tight fitting	
➤ Not noticeable	= 0-5% change
➤ Somewhat noticeable	= 5-10% change
➤ Very obvious	= >10% loss or gain in weight