

HOSPITAL PATIENT DATA FORM

National Malnutrition Survey 2023

Hospital Reference Number :

Ward Type:

Tick if DAY WARD:

eg. Oncology, Gen. Medical, Surgical, Care of elderly, ICU/HDU, Rehabilitation

Nutrition Screening Tool used:

Frailty Screening Tool (if used):

| Number | LOS - Days since admission | Age | Gender | Where admitted from | Does patient have cancer? | Principle diagnosis / reason for admission ** (see bottom of page) | Weight | Height | Recent unintentional weight loss (last 3-6 months)? | Is patient acutely ill and little food intake for past / next 5 days? | Does the patient have reduced appetite? | Screening risk score | Frailty score (if screened) - Robust (R), PreFrail (PF) Frail (F) Severely Frail (SF) | Is patient receiving nutrition support (e.g. Dietary counselling / ONS / EN / PN) | Type of admission | |
|--------|----------------------------|-----|--------|-----------------------|---------------------------|--|--------|--------|---|---|---|---|---|---|-------------------|-------------|
| No. | ≤3 days (y/n) | Yrs | M/F/NB | 1 - 4 (see footnote*) | Y/N | 1 - 9 (see footnote**) | KG | M | Est. % | Y/N | Y/N | MUST 0 - ≥3 MST 0 - 5 MNA 1 - 14 Other | R/PF/F/SF | Y/N | Scheduled | Unscheduled |
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***Where admitted from:**

- 1. Home 2. Other hospital 3. Care Home 4. Other

****Principle Diagnosis categories:**

- 1. Cancer 2. CVD 3. Falls/Fracture 4. Genito/renal 5. Gastrointestinal 6. Neuromuscular (eg. stroke, MND) 7. Respiratory 8. No disease 9. Other

