



What is involved?

To participate in the survey, we ask Dietitians to complete a series of survey questions on as many anonymized patients as possible in their institution/wards. There are 2 different Patient Data Forms to capture responses, depending on your healthcare setting:

- 1 Hospital Patient Data Form.** For all hospitals including acute, long stay residential, rehabilitation units and hospital day wards. *A copy of the Hospital Patient Data Form and accompanying instructions are provided in **Section 1***
- 2 Nursing Home Patient Data Form:** For all private and public nursing homes, including transitional care and respite units. *A copy of the Nursing Home Patient Data Form and accompanying instructions are provided in **Section 2***

The data forms are provided to support data collection – they should be printed out and written on, (assuming that you will not have access to a computer on the wards that would allow you input the data directly into the IRSPEN survey portal). Copies of the forms will be available on both INDI and IrSPEN websites to download and print. Once completed, data from the forms should be entered onto the National Survey of Malnutrition portal which will be hosted only on the IrSPEN website. The portal will go live on the 9^h of November and will remain open for upload of your survey results for a period of 4 weeks from 9th November (official Survey Day). ***We will inform you via ezine / social media as soon as the portal goes live.***

*If data cannot be uploaded within 4 weeks, hard copies of the hospital patient data forms can be posted to IrSPEN (Irish Society for Clinical Nutrition and Metabolism), PO Box 11878, Dublin 18.

Please join us in this nationwide initiative.

For more information, please contact us on info@irspen.ie

SECTION 1 Hospital Patient Data Form (for illustration only – full size print version on website)

HOSPITAL PATIENT DATA FORM



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	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), Pre-frail (PF), Frail (F) Severely Frail (SF)	Is patient receiving nutrition support (e.g. Dietary counselling / ONS / EN / PN)	Type of admission
No.	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

***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



Instructions for completing the Hospital Patient Data Form

The responses should be gathered from data captured **in the patient's initial nutrition screening** (i.e., the first screening carried out after admission) for all patients on the ward. Although there is no column for it on the sheet above, please make a note as to whether the patient has been admitted within the previous 3 days (approx. 72 hrs) as you will be asked this question when inputting the data in the portal. At the top of the form, some general information about the hospital / ward is captured:

Hospital Reference Number

You will find this in the [Survey 2023 Hospital Reference Number PDF](#). If your institution is not included on the list, please email info@irspen.ie and you will be issued a unique number. This number should be used on all forms completed for the same institution.

Ward type / nutrition screening tool/ frailty screening tool used: Please complete as applicable and be sure to specify if the ward is a day ward.

Patient data: There is a line for each patient case – more than one page may be required for each ward.

Number: Fill this in as you go along. This doesn't have to be a unique number but can be used by the individual completing the survey to keep track of the numbers of cases/patients included. No identifying patient data should be used here.

Age / Gender: Complete as relevant

Source of admission: Input the code that relates to the patient's location before admission, as listed in the footer (home / other hospital / long term residential care / other).

Does the patient have cancer? Complete as relevant based on the current presence of a cancer diagnosis (whether this is the primary diagnosis or not).

Principle diagnosis/reason for admission: Input the code that relates to the principle/primary diagnosis as listed in the footer 1. Cancer 2. CVD 3. Falls/Fracture 4. Genito/renal 5. Gastrointestinal 6. Neuromuscular (e.g., stroke, MND) 7. Respiratory 8. No disease 9. Other.

Weight / height: Input in kg/m based on what was recorded on admission (can be measured or estimated).

Recent unintentional weight loss (last 3-6 months): Input percentage based on weight loss in the 3-6 months prior to admission (can be actual or estimated)

Is patient acutely ill and little food intake for past/next 5 days or have reduced appetite: Input based on data recorded at admission.

Frailty score: Complete if available from admission assessment.

Is patient receiving nutrition support (e.g., dietary counselling, ONS/EN/PN). Complete based on whether received nutrition support since admission to the survey date. **Type of admission:** Scheduled or unscheduled, i.e., whether admitted from the emergency department ('unscheduled') or a planned admission ('scheduled').

SECTION 2. Nursing Home Client Form (for illustration only – full size print copy on website)

NURSING / RESIDENTIAL CARE HOME FORM



Nursing Home (name):

Nutrition Screening Tool used:

Frailty Screening Tool (if used):

Number	Age	Gender	Where admitted from	Type of residency	Clinical Conditions present - tick all that apply	Weight on admission (insert N/A if not available)	Current Weight	Height	Unintentional weight loss (last 3-6 months)?	Has patient had little food intake for past / likely in next 5 days?	Does the patient have reduced appetite?	Screening risk score	Frailty status (if screened) - Robust Frail (SF) or N/A if not	Is patient receiving nutrition ONS / EN?
No.	Yrs	M/F	1 - 3 (see footnote *)	1 - 3 (see footnote **)	1 - 6 (see footnote ***)	Kg	Kg	m	Est. %	Y/N	Y/N	MUST 0 - 3 MST 0 - 5 MNA 1 - 14 Other	R/PF/F/SF	Y/N

*Where admitted from:

- 1. Home 2. Hospital 3. Other care home

**Type of residency

- 1. Long term residential 2. Transitional care (eg. post hospital) 3. Respite

***Clinical conditions present

- 1. Dementia / significant cognitive impairment 2. Dysphagia 3. Cancer 4. Renal disease (moderate to severe) 5. Chronic wounds 6. History of falls



Instructions for completing the Nursing Home Client Data Form

The responses should be gathered based on the patient/residents 'current medical status and most recent nutritional screening/assessment.

At the top of the form, some general information about the nursing home is captured:

NH Reference Number

Please provide the name of the nursing home and a unique code will be allocated when you upload your data to maintain anonymity. The name of the institution will not be stored with the data provided.

Nutrition screening tool used/ frailty screening tool used

Please complete as relevant and insert NA if data not available.

Patient data: There is a line for each patient case – more than one page may be required for each nursing home/unit.

Number: Fill this in as you go along. This doesn't have to be a unique number but can be used by the individual completing the survey to keep track of the numbers of cases/patients included. No identifying patient data should be used here.

Age / Gender: Complete as relevant.

Where admitted from: Input the code that relates to the patient's location before admission, as listed in the footer (home / hospital / other long term residential care setting).

Type of residence: Input the code that relates to the patient's type of residence in the nursing home, as listed in the footer (long term residential / transitional care / respite).

Clinical conditions: Input the code of specific medical conditions if present in the patient, as per the footer 1. Dementia/significant cognitive impairment 2. Dysphagia.

3. Cancer. 4. Renal disease (moderate-severe). 5. Chronic wounds. 6. History of falls

Current Weight / Height: Input in kg/m (can be measured or estimated).

Recent unintentional weight loss (last 3-6 months): Input percentage (can be actual or estimated)

Has patient had little food intake for past/next 5 days / does the patient have reduced appetite: Input based on current status.

Frailty score: Complete if available

Is patient receiving nutrition support (e.g., dietary counselling, ONS/EN). Complete based on whether received nutrition support since admission to the survey date.