Standard operating procedure (SOP) · NUT-SOP-001 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 40.3

At a glance

- Each patient is screened for malnutrition with a named validated tool.
- Weight and intake are monitored against documented targets (LTC-REG-001).
- Treatment is started and reviewed when malnutrition is found.
- The screen and its score are recorded at admission and at the set interval.
- Stop and get help straight away if: a patient at risk of malnutrition has no screen and no monitoring.

1. Purpose

To find malnutrition early and treat it before it harms the patient (40.3).

2. Scope

Applies to	Clinical and support staff in the hospital
Locations	All wards, clinics and departments of the facility
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. Definitions

Term	Meaning
Clinical lead	The doctor or nurse in charge of the area at the time

4. Background

Malnutrition slows recovery, weakens the immune system and can kill. Identifying it with a validated tool, and treating it, prevents harm.

5. Responsibilities

Role	Responsibility	Competence
Lead dietitian	Owns the screening tool and the monitoring standard	Clinical director
Nurse or clinician	Screens, weighs and records intake	Lead dietitian

6. Materials and equipment

Item	Requirement	Condition
Records and forms named in this document	Current version	Checked before use

7. Safety

- Stop and call for help if a patient is at immediate risk. Do not delay urgent care to complete paperwork.

8. Before you start

- Confirm the forms and equipment named in this document are available and current.

9. Procedure

Step 1. Screen.

- Screen each patient with the named validated tool at admission and record the score.

Key point: Screened.

Step 2. Monitor.

- Weigh and record intake against target at the set interval (LTC-REG-001).

Key point: Monitored.

Step 3. Treat.

- Start treatment for any positive screen and review it.

Key point: Treated.

10. Decision points

- No decision points in this procedure.

11. Special situations

Situation	Action
Out of hours	Follow the same steps. Use the on-call contact on the wall of the area.

12. Escalation

- Any serious problem goes to the duty clinical lead at once and to the clinical director the same day.

13. Monitoring

Measure	Target	Frequency	Owner	If not met
Patients screened at admission	100%	Monthly	Lead dietitian	Escalate to the clinical director

14. Records

Record	Kept in	Retention
Record named in this document	Patient record or the area file	the period set by the facility’s records policy years

15. Training

- Staff are trained in this document at induction and refreshed each year, with a recorded competency check.

16. Related documents

ID	Title	Use
LTC-REG-001	Falls, pressure injury and weight register (existing)	Register

17. Evidence

Reference	Note
E-009	Based on the ESPEN guideline on clinical nutrition and hydration (2019), the WHO Five Keys to Safer Food (2006), and the ASF Hospital and Long-Term Care standards for nutrition care.
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

18. Change history

Version	Date	What changed	Approval
1.0	the date of approval	First version	set Expert Committee approval

E-learning for this document

- Personal Care & Daily Living (LTC-03)

Planned course: No e-learning course is linked to this criterion yet. A course is planned to cover it.

References

- Accréditation Sans Frontières (2026). ASF Policy Framework v1.2. (E-006)
- Accréditation Sans Frontières (2026). ASF Expert Committee consensus on Standard 1. (E-009)

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