

# Why aren't we weighing our patients?

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## Background

Malnutrition amongst hospital inpatients is common with 1 in 3- 4 of all adults classed as malnourished upon admission.<sup>1</sup> It can be both the cause and consequence of illness, can increase susceptibility to disease, lengthen hospital stay, and increase the cost of hospital admission by up to 70%, yet despite this, malnutrition is often unrecognised and undertreated amongst health professionals.<sup>2</sup>

The 2006 NICE malnutrition guidelines state all patients should be screened for malnutrition upon admission,<sup>3</sup> yet BAPEN (The British Association for Parenteral and Enteral Nutrition) have reported that only just over 50% of hospitals weigh patients on their wards, despite 82% having a screening policy.<sup>1</sup>

At Wirral University Teaching Hospital screening for malnutrition on admission has been mandatory since 2006.

## Aims

- 1) To assess compliance with the NICE recommendation that all patients should be screened for malnutrition upon admission to hospital, by determining if patients are being weighed
- 2) To assess the reasons why this screening may not be being implemented

## Standard

All hospital inpatients should be weighed within 48 hours of admission

## Methods

New admissions to Wirral University Teaching Hospital were identified from medical post take ward round lists from 3 different days (Saturday, Monday and Wednesday) between 13<sup>th</sup>-17<sup>th</sup> March. A total of 64 eligible new admissions were identified. All had their case notes reviewed approximately 48 hours after admission to determine if weight had been recorded in either the nurses admission document, the bedside weight chart or the doctors admission clerking. When weight had not been documented, the nurse currently looking after that patient was surveyed to determine why this was the case. Additional information on any relevant presenting complaint or comorbidity particularly necessitating weighing was also collected from the casenotes.

## Inclusion criteria

- All adult medical admissions including medical outliers on surgical wards

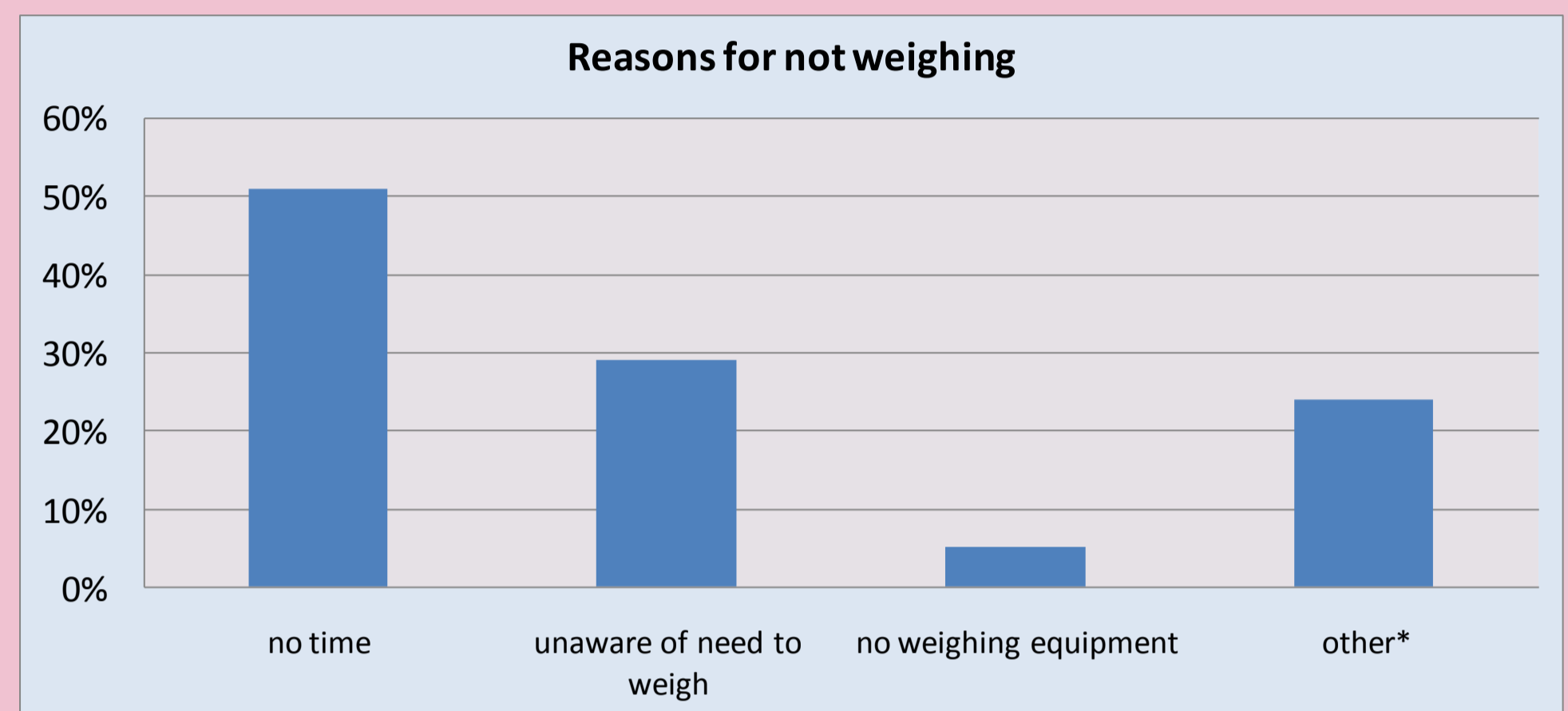
## Exclusion criteria

- Children (under 16)
- Patients admitted to surgical wards
- Patients admitted to ITU/HDU/CCU
- Patients discharged prior to casenote review

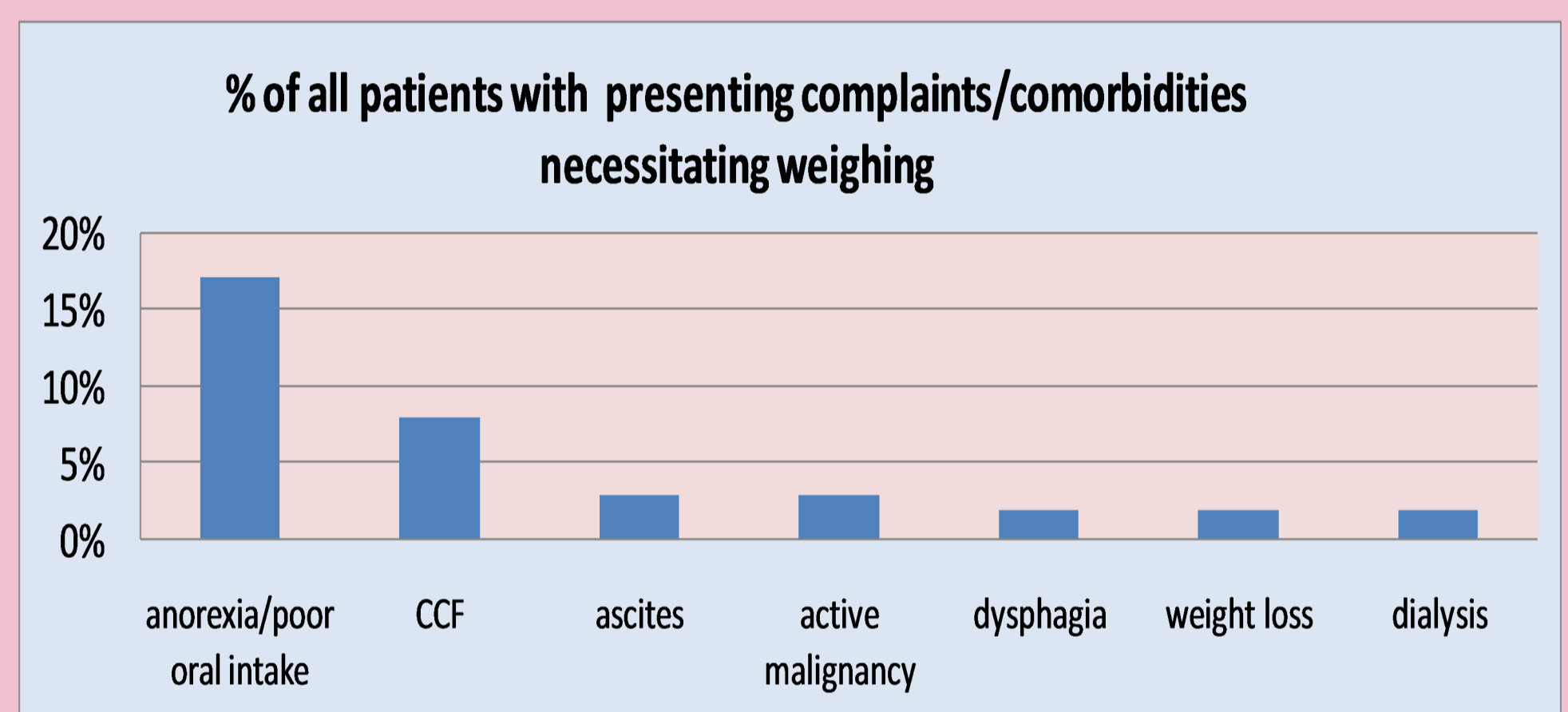
## Results

36% of all patients had their weight documented. This was found in the nursing admission document in 87%, the bedside weight chart in 9% and the doctors admission clerking in 4%.

33% of all patients had a relevant presenting complaint or past medical history necessitating weighing but of these, only 29% were weighed



\*'Other' reasons include: patient only recently transferred to ward, nurse only started looking after patient that day and patients normally weighed at the weekend when it is quiet



## Conclusions

Weight recording is generally poor and surprisingly it is no better even when there is a specific indication to weigh the patient. The main reasons given for this by nursing staff were "lack of time" and "unaware of need." MUST (the Malnutrition Universal Screening Tool) has now been implemented in the Trust and weighing is an integral part.

## Recommendations

- Include patient weight on the post take ward round proforma to ensure that weighing and assessing patients' nutritional status becomes a routine part of the admission process.
- Train other health professionals such as health care assistants to weigh patients and use alternative methods of estimating weight in patients who are bed bound, e.g. mid upper arm circumference to reduce the time pressure on nurses.
- For the non-acute medical wards, allocate a day each week when all their patients are weighed to prevent this task from being overlooked

## References

1. Combating malnutrition: recommendations for action. Report from the Advisory Group on Malnutrition. BAPEN (The British Association for Parenteral and Enteral Nutrition) June 2008
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3. Nutrition support in adults, oral nutrition support, enteral tube feeding and parenteral nutrition. NICE CG32 Feb 2006