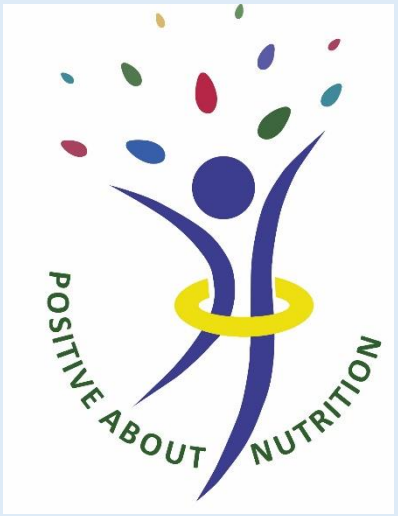
St Andrews Nutrition Screening Instrument (SANSI)



St Andrew's HEALTHCARE

Nutrition and Dietetics

Paper version of SANSI

Why screen?

- Identifies patients at nutritional risk
- Prompts intervention, care planning and monitoring
- To raise staff awareness of nutritional care
- To fulfil good healthcare governance

Why screen?

- Recommended practice;

  DoH 2007, Council of Europe 2003
- In England, Regulation 14 of the Health and Social Care Act (2014)
- NICE Clinical Guideline 32
- NICE Quality Standard 24
- Commissioners; quality indicator

Weight management and screening

- Most widely used tool is the Malnutrition Universal Screening Tool (MUST)
- MUST focuses on undernutrition in care settings
- Obesity, weight gain, disordered eating, therapeutic diets etc. not highlighted
- Severe metal illness (SMI) has been linked to higher risk of diabetes and heart disease.
- Mental Health Group of BDA; found many services have needed to develop local tools

St Andrew's Screening Instrument - SANSI

- Work started 2007, coincided with focus on weight management initiatives
- Includes elements of MUST, significance of BMI and weight change (+ and -)
- Additional mandatory questions on key issues: restricted diets, disordered eating, diabetes, dysphagia
- Trialled as a paper tool, feedback sought

Electronic notes: SANSI on RiO

- No calculations needed for BMI or % weight change
- Hyperlink to BMI charts (age related)
- BMI graphs generated overview of progress
- Action plan recommended on risk identified
- Hyperlink to intranet resources
- Link to Weight Management Care Pathway
- Piloted live in June 2009, training needed
- Included in policy, audit

How to screen

- Weigh accurately and recheck height if needed
- Observe pattern of eating and any other risks
- Follow the 4 easy steps
- It is St Andrew's policy to complete this monthly

St Andrew's Healthcare Nutrition Screening Instrument (SANSI) Paper copy

St Andrew's HEALTHCARE
Nutrition and Dietetics

Nutritional Screening Instrument (SANSI) 2026

Patient ID: _____ **Date:** _____ **Completed by:** _____

1. Current weight and BMI

Weight (kg): _____

Height (m): _____

Body Mass Index (BMI): _____ **BMI category:** _____
See Table 1 for BMI calculation and Tables 2–3 for age and gender related BMI category.

If unable to weigh, or patient refuses, is patient visibly:
☐ underweight ☐ healthy weight ☐ overweight

Risk level based on weight/BMI:

- **Underweight → High risk** — refer to dietitian
- **Healthy weight → Low risk** — continue to weigh and screen monthly
- **Overweight → Medium risk** — offer first-line weight management information/support
- **Obese → High risk** — offer first-line weight management information/support and consider referral to dietitian

2. Weight change in the last 3–6 months

Weight 3–6 months ago (self-reported if records not available): _____ kg

Weight change: _____ %
Formula: (new weight – old weight)/old weight × 100

If unable to weigh, or patient refuses: Does the patient report weight changes in the last 3–6 months, or do you feel the patient has:
☐ gained weight ☐ remained stable ☐ lost weight

Risk level based on weight change:

- **0–4.9% weight change → Low risk** — continue to weigh and screen monthly
- **5–9.9% unplanned loss → Medium risk** — alert clinical team to monitor intake, activity levels and weight. If patient has commenced a new antipsychotic medication in the last 4 weeks → refer to dietitian
- **≥10% unplanned loss → High risk** — refer to dietitian
- **≥10% unplanned gain → High risk** — offer first-line weight management information/support and consider referral to dietitian

St Andrew's HEALTHCARE
Nutrition and Dietetics

Nutritional Screening Instrument (SANSI) 2026

3. Other significant dietary issues

If Nil by Mouth (NBM) or YES to any item → alert clinical team, update care plan, and refer to dietitian if appropriate.

Question	Yes	No	NBM
Does the patient have specific dietary requirements (e.g. allergies, vegan, cultural/religious diet, renal diet)?	☐	☐	
Is patient being fed by/have a nasogastric feeding tube or gastrostomy tube?	☐	☐	
Is the patient prescribed nutritional supplements e.g. Fortisip or Ensure, NOT multivitamins?	☐	☐	
Does patient have Diabetes (type 1 or type 2)?	☐	☐	
Does the patient have a history of/ been observed to have disordered eating?	☐	☐	☐
Is the patient drinking excessively?	☐	☐	☐
Does the patient regularly refuse or not attend 2 or more main meals a day?	☐	☐	☐
If YES, has patient been consistently refusing food for 5 days or more?	☐	☐	
Does patient fail to eat at least half of their serving at most mealtimes?	☐	☐	☐
Does the patient regularly refuse or not complete drinks?	☐	☐	☐
Does the patient have chewing or swallowing difficulties?	☐	☐	☐
Does the patient suffer from nausea, diarrhoea or involuntary vomiting?	☐	☐	Sometimes: ☐
Are whole food groups (e.g. dairy products, fruit & vegetables) avoided?	☐	☐	☐
Has patient been prescribed a new antipsychotic medication in the last 4 weeks and gained 5% or more body weight (as calculated in step 2)?	☐	☐	
Is patient prescribed or going to start medication that can increase their risk of constipation significantly e.g. clozapine.	☐	☐	
Is patient prescribed or going to start weight loss medication (GLP-1 injections, Tirzepatide, Semaglutide, Orlistat)	☐	☐	

4. Action plan

☐ No immediate action

☐ Alert clinical team

☐ Refer to dietitian

Comments

Unable to obtain new weight?

If unable to weigh, or patient refuses, is patient visibly:

□ underweight □ healthy weight □ overweight?

If you are unable to obtain a new weight recording - choose from options

Do not carry over weights from previous months.

Step 1 – Current weight and BMI

Obtain actual weight and height whenever possible
- this is important to make clinical decisions

1. Current weight and BMI

Weight (kg): _____

Height (m): _____

Calculating BMI:

weight (kg) / height (m^2)

Body Mass Index (BMI): _____ **BMI category:** _____

See Table 1 for BMI calculation and Tables 2–3 for age and gender re[illegible] BMI category.

Complete BMI category i.e. underweight, healthy, overweight or obese. See Table 1 and 2 for age and gender related BMI categories.

If unable to weigh, or patient refuses, is patient visibly:

☐ underweight ☐ healthy weight ☐ overweight

Risk level based on weight/BMI:

- **Underweight → High risk** — refer to dietitian
- **Healthy weight – Low risk** — continue to weigh and screen monthly
- **Overweight → Medium risk** — offer first-line weight management information/support
- **Obese → High risk** — offer first-line weight management information/support and consider referral to dietitian

Step 2 – Weight change

2. Weight change in the last 3–6 months

Enter weight from around **3-6 months ago**.

Weight 3–6 months ago (self-reported if records not available): _____ kg

Calculate weight change using equation provided.

Weight change: _____ %

Formula: (new weight – old weight)/old weight × 100

If unable to weigh, or patient refuses: Does the patient report weight changes in the last 3–6 months, or do you feel the patient has:

☐ gained weight ☐ remained stable ☐ lost weight

Risk level based on weight change:

- **0–4.9% weight change → Low risk** — continue to weigh and screen monthly
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Step 3 – Other significant dietary issues to consider

3. Other significant dietary issues

If Nil by Mouth (NBM) or YES to any item → alert clinical team, update care plan, and refer to dietitian if appropriate.

Question	Yes	No	NBM
Does the patient have specific dietary requirements (e.g. allergies, vegan, cultural/religious diet, renal diet)?	☐	☐	
Is patient being fed by/have a nasogastric feeding tube or gastrostomy tube?	☐	☐	
Is the patient prescribed nutritional supplements e.g. Fortisip or Ensure, NOT multivitamins?	☐	☐	
Does patient have Diabetes (type 1 or type 2)?	☐	☐	
Does the patient have a history of/ been observed to have disordered eating?	☐	☐	☐
Is the patient drinking excessively?	☐	☐	☐
Does the patient regularly refuse or not attend 2 or more main meals a day?	☐	☐	☐
If YES, has patient been consistently refusing food for 5 days or more?	☐	☐	
Does patient fail to eat at least half of their serving at most mealtimes?	☐	☐	☐
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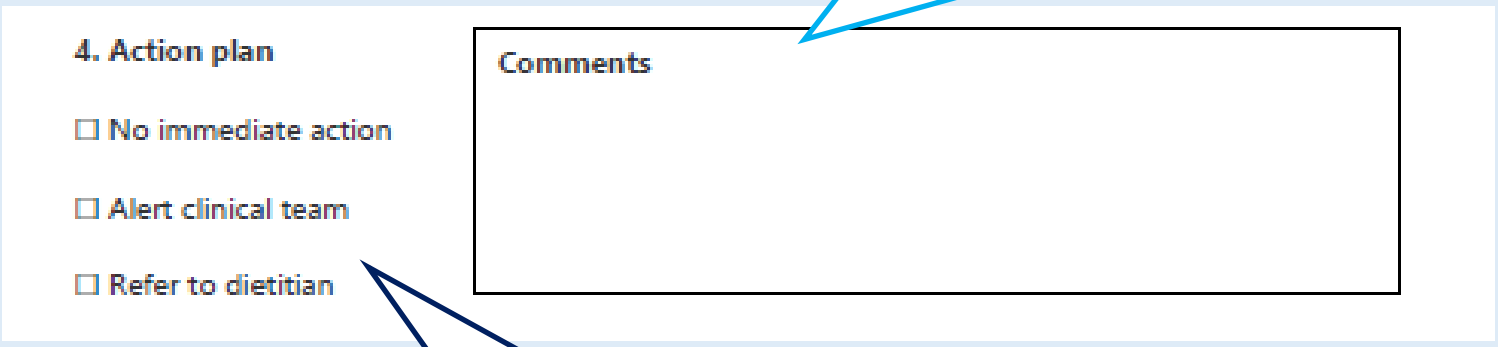
Is patient prescribed or going to start medication that can increase their risk of constipation significantly e.g. clozapine.	☐	☐	
Is patient prescribed or going to start weight loss medication (GLP-1 injections, Tirzepatide, Semaglutide, Orlistat)	☐	☐	

Answer **yes**, **no** or **nil by mouth** to each question, ask others in your team if unsure.

Step 4 – Action Plan

Referral to dietitian must have a clinical reason highlighted from the previous questions.
For weight management, please check readiness for change before referring.
Initial support and information can be given by ward staff.



Use Steps 1-3 as a guide for actions needed

Table 1 and 2 BMI category

Table 1 Approximate BMI ranges for age: Females

Age	BMI = Underweight	BMI = Healthy	BMI = Overweight	BMI = Obese
12	Below 15.5	15.5 to 22.4	22.5 to 25.4	25.5 and above
13	Below 16.0	16.0 to 22.9	23.0 to 25.9	26.0 and above
14	Below 16.5	16.5 to 23.9	24.0 to 26.9	27.0 and above
15	Below 17.0	17.0 to 24.4	24.5 to 27.4	27.5 and above
16	Below 17.5	17.5 to 24.9	25.0 to 27.9	28.0 and above
17	Below 18.0	18.0 to 25.4	25.5 to 28.4	28.5 and above
18 +	Below 20.0	20.0 to 24.9	25.0 to 29.9	30.0 and above

Table 2 Approximate BMI ranges for age: Males

Age	BMI = Underweight	BMI = Healthy	BMI = Overweight	BMI = Obese
12	Below 15.0	15.0 to 21.4	21.5 to 23.9	24.0 and above
13	Below 15.5	15.5 to 21.9	22.0 to 24.4	24.5 and above
14	Below 16.0	16.0 to 22.9	23.0 to 25.4	25.5 and above
15	Below 16.5	16.5 to 23.4	23.5 to 26.4	26.5 and above
16	Below 17.0	17.0 to 23.9	24.0 to 26.9	27.0 and above
17	Below 17.5	17.5 to 24.4	24.5 to 27.4	27.5 and above
18 +	Below 20.0	20.0 to 24.9	25.0 to 29.9	30.0 and above

Case study - Meet Julie

Julie is a 35 year who had an active lifestyle before becoming mentally unwell

Step 1 - current weight

- She weighs 73kg
- Objects to having her height taken but is reliable and recalls being 5ft 6in - use the conversion chart to convert to 1.68m
- BMI is 26 so Julie is overweight
- Use links for advice leaflets to avoid further gain

Case study - Meet Julie

Step 2 - weight change

- She started a new antipsychotic and is less active
- 68kg on admission 3 months ago, so a 10% gain
- This prompts the weight management pathway to be started and an MDT care plan drafted.

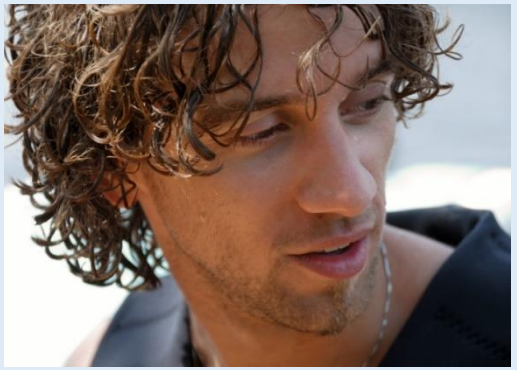
Step 3 - other significant dietary issues to consider

- Yes- whole food groups are avoided.
- Julie is avoiding carbohydrates at mealtimes in attempt to lose weight but filling up on snacks.

Step 4 - action

- Information given on healthy eating, encouraged to pick up activity she had enjoyed
- **Outcome -** Weight is being managed

Case study - Meet James



James is a 19 year old man

Step 1 - current weight

- He is 1.8m tall, weight 64kg, BMI 20

Step 2 - weight change

- He was 71kg 3 months ago, a 10% loss. Staff have noticed clothes are now loose fitting.

Step 3 - other significant dietary issues to consider

- Staff note that he is reluctant to come to the dining room for lunch and evening meal, will eat quickly and then ask to leave. He can eat well at other times and when off the ward, for example at the on-site café.

Case study - Meet James

- **Step 4:**

  Team review mealtimes/ seating/ snack meals

  Care plan drafted

Outcome:

- By screening, the clinical team is aware of James's weight loss and dietary issues, and solutions
- This has avoided further weight loss with it's physical and psychological consequences:

  - impaired immune response to infections
  - muscle wasting and weakness
  - apathy and depression