



# ALL WALES PAEDIATRIC NUTRITIONAL RISK ASSESSMENT: STAMP

(Paediatrics 2 weeks-16 years)  
NHS Wales v1 (17/01/2025)

ADDRESSOGRAPH

Following initial assessment on admission/transfer see Part 5 for frequency of reassessment (after 3 days/weekly)

Hospital					
Ward					
Date					
Time					

## STEP 1 - DIAGNOSIS

Use the diagnosis list to determine whether the child's condition has any nutritional implications.

Does the child have a diagnosis that has any nutritional implications?	Score	Insert score				
<b>Definitely</b> <ul style="list-style-type: none"> <li>▪ Bowel failure, intractable diarrhoea</li> <li>▪ Burns and major trauma</li> <li>▪ Crohn's disease</li> <li>▪ Cystic fibrosis</li> <li>▪ Dysphagia</li> <li>▪ Liver disease</li> <li>▪ Major surgery</li> <li>▪ Multiple food allergies/intolerances</li> <li>▪ Oncology on active treatment</li> <li>▪ Renal disease/failure</li> <li>▪ Inborn errors of metabolism</li> </ul>	<b>3</b>					
<b>Possibly</b> <ul style="list-style-type: none"> <li>▪ Behavioural eating problems</li> <li>▪ Cardiology</li> <li>▪ Cerebral palsy</li> <li>▪ Cleft lip and palate</li> <li>▪ Coeliac disease</li> <li>▪ Diabetes</li> <li>▪ Gastro-oesophageal reflux</li> <li>▪ Minor surgery</li> <li>▪ Neuromuscular conditions</li> <li>▪ Psychiatric disorders</li> <li>▪ Respiratory syncytial virus (RSV)</li> <li>▪ Single food allergy/intolerance</li> </ul>	<b>2</b>					
<b>No</b> <ul style="list-style-type: none"> <li>▪ Day case surgery</li> <li>▪ Investigations</li> </ul>	<b>0</b>					

## STEP 2 - NUTRITIONAL INTAKE

Use your knowledge of the child's eating habits to determine their nutritional intake. If necessary, speak to other Healthcare Professionals and the parent/carer to find out more.

What is the child's nutritional intake?	Score	Insert score				
None	<b>3</b>					
Recently decreased / poor	<b>2</b>					
No change / good	<b>0</b>					

## STEP 3 - WEIGHT AND HEIGHT

Weigh and measure the child. Use the centile quick reference tables or a growth chart to determine how many columns/centiles apart the height and weight are.

Use the centile quick reference tables to determine the child's measurements	Score	Insert score				
> 3 centile spaces/≥3 columns apart (or weight < 2 <sup>nd</sup> centile)	<b>3</b>					
> 2 centile spaces/= 2 columns apart	<b>1</b>					
0 to 1 centile spaces/columns apart	<b>0</b>					

## STEP 4 - OVERALL RISK OF MALNUTRITION

Add the scores from steps 1-3 together to calculate the child's overall risk of malnutrition.

Insert total score

**Continue to Step 5 for risk level and plan**



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**STEP 5 - CARE PLAN**  
Once you have calculated the child's overall risk of malnutrition, develop a care plan for the child in accordance with local guidelines. Repeat screening as recommended on the STAMP screening form.

Develop a care plan based on the child's overall risk of malnutrition	Tick risk level				
<b>High risk (Score ≥ 4)</b> Refer to a Dietitian, nutritional support team or consultant Monitor as per Dietitian care plan Repeat STAMP screening weekly or as per Dietitian care plan					
<b>Medium risk (Score 2-3)</b> Monitor nutritional intake for 3 days Repeat STAMP screening after 3 days					
<b>Low risk (Score 0-1)</b> Continue routine clinical care Repeat STAMP screening weekly while child is an in-patient					
<b>Signature</b>					
<b>Name</b>					
<b>Designation</b>					
<b>Reassessment due date:</b>					

Reassess earlier if condition changes

**STAMP should be used in association with Health Board referral guidelines and policies.**

[www.stampscreeningtool.org](http://www.stampscreeningtool.org)

