

NHS Number
Hospital No.
Forename(s)
Surname
Date of Birth DD / MM / YYYY
Address

DD / MM / YYYY

Postcode:

ADULT NUTRITIONAL RISK SCREENING TOOL (WAASP)



TO BE COMPLETED IN BLACK INK

Category	Admission Date DD/MM/YYYY Weight _____ kg Height _____ m BMI _____ kg/m ² Circle: Measured/ Reported/ Estimated/ Unable to weigh				
	Time (24hour clock)	---	---	---	---
	Weight (kg) / indicate reason if no weight (Measured, Reported, Estimated, or Unable to weigh)				
Weight (consider fluid retention when assessing weight history)	Unintentional weight loss of 6 kg or more (1 stone) within last 6 months, extremely thin or cachexic , *BMI < 18.5 kg/m ²	7			
	Unintentional weight loss 3kg (7lb) within last 6 months	2			
	No weight loss	0			
Appetite (current)	Little or no appetite or refuses meals and drinks	4			
	Poor: eating less than a quarter (1/4) of meals and drinks	3			
	Reduced: eating half of meals	1			
	Good: eats 3 meals/day or is fully established on tube feed	0			
Ability to eat (current)	NBM for more than 5 days	7			
	Unable to tolerate food via gastrointestinal tract due to nausea or vomiting, constipation or diarrhoea, difficulty chewing/swallowing	4			
	Requires prompting, encouragement or assistance to eat and drink	1			
	No difficulties, able to eat and drink normally and independently	0			
Stress Factor (if clinical condition is not listed, choose a similar condition)	Upper GI cancer (pre/post-surgery), extensive bowel resection, high output stoma/fistula. Head & neck cancer surgery, both kidney & pancreatic or Bone Marrow transplants, Mixed depth burns (≥20%)	7			
	Moderate surgery e.g. cardiothoracic, kidney transplant, vascular Malignant disease with complication e.g. infection. Recent multiple injuries e.g. spinal injury/trauma, head injury, GBS Bowel surgery (uncomplicated), liver disease (decompensated) Kidney e.g. acute kidney injury, renal replacement therapy (HD/PD) Severe infection e.g. sepsis, endocarditis, pneumonia, peritonitis. Pancreatitis (acute & chronic), HIV, Burns (15-20% mixed depth)	4			
	Progressive disorders e.g. MND, MS, Parkinson's, dementia, heart failure, COPD). Stroke Fractured neck of femur, inflammatory bowel disease Uncomplicated /stable malignant disease, 10-15% mixed depth burn	2			
	Uncomplicated condition with no interruption in food intake e.g. MI	0			
Pressure Ulcer/ Wound (if ungradable choose highest)	Cat 4 pressure ulcer or open abdomen	7			
	Cat 3 pressure ulcer or dehisced/infected/moderate exudate wound	4			
	Cat 1-2 pressure ulcer or non-healing/low level exudate wound	2			
	Pressure areas intact, healing or healthy wound	0			
Total Score					
Completed by (Initials)					
Supervising Registrant (Initials)					

See Page 2 for Actions

Version: 2.1

Review Date:

Issue Date:

Approved by:

ADULT NUTRITIONAL RISK SCREENING TOOL (WAASP) GUIDANCE



Note: This nutritional risk screening tool does not supersede clinical judgement; refer to the Dietitian if you have any concerns regarding the patient's nutrition

Guidelines for completion

- Complete assessment within 24 hours of admission to hospital
- Record weight and height (if unable, ask the patient or relative to estimate)
- Select the **highest** score that applies in **each** section
- Add** the score of each section and record in the **total** box
- Assess risk depending on the score and take appropriate action
- Reassess weekly

SCORE and ACTION

0-2 LOW RISK

- Repeat screening in one week or sooner if patient condition changes

3-6 MODERATE RISK

- Assist with meal choice
- Encourage eating and drinking and assist if required
- Encourage milky drinks and snacks between meals
- Monitor intake on the All Wales Food Record Chart
- Complete/initiate local care plans – refer to local policy
- Repeat screening in one week or sooner if patient condition changes

7+ HIGH RISK

- Refer to the Dietitian & follow actions as per Moderate Risk
- Monitor intake on the All Wales Food Record Chart
- Complete/initiate local care plans – refer to local policy
- Repeat screening in one week or sooner if patient condition changes

Referral to the Dietitian should be made irrespective of WAASP score if the patient:

- Requires or is receiving any form of Enteral or Parenteral nutrition support
- Reports the use of prescribed nutritional supplements on admission
- Newly diagnosed therapeutic diet e.g. gluten free, Type 1 Diabetic

If the patient requires a therapeutic diet e.g. texture modified diet, potassium restriction, food allergy or intolerance– inform catering of the specific dietary need and refer to the Dietitian if the patient requires additional support.