

Mini Nutritional Assessment MNA®

Nestlé
Nutrition Institute

| | | | | | | | |
|------------|--|------|--|-------------|--|-------------|--|
| Last name: | | | | First name: | | | |
| Sex: | | Age: | | Weight, kg: | | Height, cm: | |
| Date: | | | | | | | |

Complete the screen by filling in the boxes with the appropriate numbers.

Add the numbers for the screen. If score is 11 or less, continue with the assessment to gain a Malnutrition Indicator Score.

Screening

A. Has food intake declined over the past 3 months due to loss of appetite, digestive problems, chewing or swallowing difficulties?

- 0 = severe decrease in food intake
1 = moderate decrease in food intake
2 = no decrease in food intake

☐

B. Weight loss during the last 3 months

- 0 = weight loss greater than 3kg (6.6lbs)
1 = does not know
2 = weight loss between 1 and 3kg (2.2 and 6.6 lbs)
3 = no weight loss

☐

C. Mobility

- 0 = bed or chair bound
1 = able to get out of bed / chair but does not go out
2 = goes out

☐

D. Has suffered psychological stress or acute disease in the past 3 months?

- 0 = yes 2 = no

☐

E. Neuropsychological problems

- 0 = severe dementia or depression
1 = mild dementia
2 = no psychological problems

☐

F. Body Mass Index (BMI) = weight in kg / (height in m)²

- 0 = BMI less than 19
1 = BMI 19 to less than 21
2 = BMI 21 to less than 23
3 = BMI 23 or greater

☐

Screening score (subtotal max. 14 points)

☐ ☐

12-14 points: ☐ Normal nutritional status

8-11 points: ☐ At risk of malnutrition

0-7 points: ☐ Malnourished

For a more in-depth assessment, continue with questions G-R.

Assessment

G. Lives independently (not in nursing home or hospital)

- 1 = yes 0 = no

☐

H. Takes more than 3 prescription drugs per day

- 0 = yes 1 = no

☐

I. Pressure sores or skin ulcers

- 0 = yes 1 = no

☐

J. How many full meals does the patient eat daily?

- 0 = 1 meal
1 = 2 meals
2 = 3 meals

☐

K. Selected consumption markers for protein intake

- At least one serving of dairy products (milk, cheese, yoghurt) per day yes ☐ no ☐
 - Two or more servings of legumes or eggs per week yes ☐ no ☐
 - Meat, fish or poultry every day yes ☐ no ☐
- 0.0 = if 0 or 1 yes
0.5 = if 2 yes
1.0 = if 3 yes

☐ ☐

L. Consumes two or more servings of fruit or vegetables per day?

- 0 = no 1 = yes

☐

M. How much fluid (water, juice, coffee, tea, milk...) is consumed per day?

- 0.0 = less than 3 cups
0.5 = 3 to 5 cups
1.0 = more than 5 cups

☐ ☐

N. Mode of feeding

- 0 = unable to eat without assistance
1 = self-fed with some difficulty
2 = self-fed without any problem

☐

O. Self view of nutritional status

- 0 = views self as being malnourished
1 = is uncertain of nutritional state
2 = views self as having no nutritional problem

☐

P. In comparison with other people of the same age, how does the patient consider his / her health status?

- 0.0 = not as good
0.5 = does not know
1.0 = as good
2.0 = better

☐ ☐

Q. Mid-arm circumference (MAC) in cm

- 0.0 = MAC less than 21
0.5 = MAC 21 to 22
1.0 = MAC greater than 22

☐ ☐

R. Calf circumference (CC) in cm

- 0 = CC less than 31
1 = CC 31 or greater

☐

Assessment (max. 16 points)

☐ ☐ ☐

Screening score

☐ ☐ ☐

Total Assessment (max. 30 points)

☐ ☐ ☐

Malnutrition Indicator Score

24 to 30 points ☐

17 to 23.5 points ☐

Less than 17 points ☐

Normal nutritional status

At risk of malnutrition

Malnourished

References

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The Mini Nutritional Assessment, MNA, 1994 **Mini Nutritional Assessment (MNA)**, 1998 **Mini Nutritional Assessment (MNA): Research and Practice in the Elderly** B. Vellas, P. J. Garry, Philip J. Garry, Y. Guigoz, 1999-07 This book is the first of a new series which will present the proceedings of the newly established Nestlé Nutrition Workshop Series Clinical Performance Programme aimed at adult nutrition Undernutrition is a common phenomenon in elderly people and malnutrition reaches significant levels in those being in hospital nursing homes or home care programs Consequences of malnutrition often go unrecognised owing to the lack of specific validated instruments to assess nutritional status in frail elderly persons The Mini Nutritional Assessment MNA provides a single rapid assessment of nutritional status in the elderly of different degrees of independence allowing the prevalence of protein energy malnutrition to be determined and to evaluate the efficacy of nutritional intervention and strategies Easy quick and economical to perform it enables staff to check the nutritional status of elderly people when they enter hospitals or institutions and to monitor changes occurring during their stay Moreover the MNA is predictive of the cost of care and length of stay in hospital This publication will be of immense assistance to heads of geriatric teaching units teachers in nutrition clinicians general practitioners and dieticians enabling them to better detect recognise and start treatment of malnutrition in the elderly

The Mini Nutritional Assessment, MNA, 1997 **Mini Nutritional Assessment** Vellas, 1996-01-01 **Mini Nutritional Assessment (MNA)** Nestlé Nutrition Services, 1998 **ADA Pocket Guide to Nutrition Assessment** Pamela Charney, Ainsley Malone, 2009 **The Mini Nutritional Assessment (MNA)** Bruno J. Vellas, 1994 Principles of Nutritional Assessment Rosalind S. Gibson, 2005 With over 200 newly drafted figures many new tables drawn from the wealth of data published over the last 15 years this new edition has been thoroughly revised **Geriatric Nutrition** John E. Morley, David R. Thomas, 2007-05-30 In a vicious cycle poor nutritional health leads to acute and chronic disease and disease states are catastrophic to nutritional health The magnitude of nutritional depletion from any cause depends to a large extent on the nutritional reserves an individual has accumulated over time In our increasingly older population nutritional reserves are **Handbook of Nutrition in the Aged** Ronald Ross Watson, 2008-10-20 Detailed Review of Nutritional Therapies Used to Combat Elderly Health Issues The combination of the aging baby boomer generation and their increased longevity has been fortunately met with increased research and greater understanding of health promotion and disease prevention in the elderly Handbook of Nutrition in the Aged Fourth Edition shares **Nutritional Assessment Tools for Identification and Monitoring of Malnutrition in Patients with Chronic Disease, Volume II** Lilia Castillo-Martinez, Eloisa Colin-Ramirez, 2023-08-03 **Malnutrition in the Elderly** W.O. Seiler, H.B. Stähelin, 2012-12-06 H B Stahelin Under or malnutrition is a frequent and serious problem in geriatric patients 8 Today there is no doubt that malnutrition contributes significantly to morbidity and mortality in the aged The immune function is impaired the risk for falls and fractures increases

in acute illness recovery is delayed and complications are frequent Acute and chronic illnesses lead to a catabolic metabolism and hence increase the signs and symptoms of malnutrition Cytokines related to inflammation block the synthesis of albumin and shift protein synthesis to acute phase proteins The activation of the ubiquitin proteasome pathway leads to a degradation of muscle protein which leads to an additional loss of muscle mass which occurs as age dependent sarcopenia and adds to the already existing frailty 2 4 It is often difficult to decide to what extent the metabolic alterations result from malnutrition or concomitant illness Psychological factors contribute as a *circulus vitiosus* significantly to anorexia and thus aggravate the condition They are the most important causes of failure to thrive in old age 7 It is evident that next to the therapy of the underlying illness an adequate support with calorie and nutrient intake over weeks becomes essential under these conditions Clear cut improvements are often only seen after 6 or more weeks Besides a clinical clearly visible malnutrition selective nutrient deficits are much more frequent Numerous and highly different mechanisms may lead to a marginal or insufficient supply with micronutrients

Nutrition in the Prevention and Treatment of Disease Ann M. Coulston, Carol J. Boushey, 2008-03-28 This reference addresses basic principles and concepts that are central to the major clinical nutrition related activities such as nutritional assessment and monitoring current theoretical base and knowledge of efficacious interventions interactions between genetic and nutritional factors and the use and interpretation of population based or clinical epidemiological evidence

Krause and Mahan's Food and the Nutrition Care Process E-Book Janice L Raymond, Kelly Morrow, 2020-05-03 NEW Food Nutrient Delivery Planning the Diet with Cultural Competency chapter provides international nutrition guidelines and resources to assist you with multicultural meal planning NEW Clinical Nutritional Genomics chapter features an author from the NIH's Human Genome Project and introduces you to the latest research about CRISPR and epigenetics NEW MNT for Neurologic Disorders chapter features two new authors including a speech therapist and displays IDDSI guidelines and an appendix for dysphagia diets to help you carefully and consistently address the nutritional needs of these patients NEW Clinical Water Electrolytes and Acid Base Balance and Clinical Biochemical Physical and Functional Assessment chapters are updated with the most relevant and evidence based complementary and integrative approaches to expand your expertise in these clinical nutritional areas NEW MNT for Adverse Reactions to Food Food Allergies and Intolerance chapter features completely revised guidelines and a new pathophysiology algorithm to ensure you are confident in your knowledge of how to prevent emergencies and what to do when emergencies do happen NEW Coverage of intermittent fasting health at every size and health disparities focuses on the latest nutrition trends to ensure you are well versed in these topics NEW The Mediterranean Diet Choline and Biotin appendices display at a glance information to help you find quickly supplemental information NEW Directions boxes and Focus On boxes as well as useful websites resources and key terms at the end of each chapter help you find information quickly and easily

Use of the Mini Nutritional Assessment (MNA) in Elderly Residents of Assisted Living Centers in

Suburban Atlanta Raven Renee Lopez, 2001 **Nutrition Assessment** Nancy Munoz, Melissa Bernstein, 2018-03-14 Written for the graduate level nutrition course Nutrition Assessment Clinical and Research Applications explores the purpose methods and scientific basis for nutritional assessment in community clinical and individual nutrition settings It provides students with the basic knowledge and skills to identify nutrition problems develop research questions and study hypotheses and plan nutrition interventions and treatments **Nutrition Therapy for Chronic Kidney Disease** Lynn K. Thomas, Jennifer Bohnstadt Othersen, 2016-04-19 Kidney disease is a global health concern that affects people of all ages and races Based on the work of the National Kidney Foundation and the Kidney Disease Improving Global Outcomes foundation guidelines have been developed outlining the parameters for patient care Nutritional Therapy for Chronic Kidney Disease builds upon the discoveries made **Clinical Nutrition for Surgical Patients** Mary Marian, Scott A. Shikora, Mary Russell, 2008 Clinical Nutrition for Surgical Patients Third Edition is the most comprehensive resource available for practitioners who offer interdisciplinary nutrition care to surgical patients This reference begins with a thorough review of the basics of medical nutrition therapy for surgical patients including nutritional assessment the role of surgical diets and the indications and contraindications for specialized nutrition support Subsequent chapters written by experts in the field address specific medical and surgical conditions and disease states that present specific challenges with provision of nutrition support All recommendations are evidence based and can be applied to clinical practice The latest nutrition support techniques are described and their roles in managing many types of surgical patients are outlined Any clinician caring for surgical patients will benefit from the wealth of current information provided in this text **A Multidisciplinary Approach to Managing Swallowing Dysfunction in Older People** Pere Clavé, Omar Ortega, 2024-03-29 A Multidisciplinary Approach to Managing Swallowing Dysfunction in Older People provides comprehensive coverage on oropharyngeal dysphagia OD focusing on older patient phenotypes The book provides the knowledge needed for translational researchers and professionals to aid in the detection diagnosis treatment and management of OD ultimately improving patient quality of life OD has been recently considered a geriatric syndrome because of its high prevalence the increase of life expectancy and the need to be managed by a multidisciplinary approach This reference takes a novel approach to OD covering all aspects as a geriatric syndrome examining a complicated and multi level topic in a succinct way Contents include the most innovative information available in current literature combined with practical applications to improve the diagnosis and treatments of OD as a geriatric syndrome This is the perfect reference for translational researchers physicians and healthcare professionals dealing with OD Presents full coverage of swallowing impairments in the older population and oropharyngeal dysphagia as a newly defined geriatric syndrome Explores the latest innovations and research in the field for pathophysiology diagnosis ethics treatment and potential complications Expertly written chapters by international leading experts in the fields of dysphagia and geriatric medicine are included

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