The following subjective indicators can be used collectively to estimate risk or malnutrition in the absence of height and weight (measured or recalled):

- Thin or very thin in appearance, or loose fitting clothes/jewellery
- History of recent unplanned weight loss
- Changes in appetite, need for assistance with feeding or swallowing difficulties affecting ability to eat (consider referral to speech and language therapist)
- A reduction in current dietary intake compared to ‘normal’

If only using clinical judgement, the following may act as a guide:

<table>
<thead>
<tr>
<th>Estimated risk of malnutrition</th>
<th>Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unlikely to be at-risk (low)</td>
<td>Not thin, weight stable or increasing, no unplanned weight loss, no reduction in appetite or intake</td>
</tr>
<tr>
<td>Possibly at-risk (medium)</td>
<td>Thin as a result of disease/condition or unplanned weight loss in previous 3-6 months, reduced appetite or ability to eat</td>
</tr>
<tr>
<td>Likely to be at-risk (high)</td>
<td>Thin or very thin and/or significant unplanned weight loss in previous 3-6 months, reduced appetite or ability to eat and/or reduced dietary intake</td>
</tr>
</tbody>
</table>

For all individuals:

- Explore and address/manage factors contributing to the cause of malnutrition
- Discuss when to seek help e.g. ongoing unplanned weight loss, changes to body shape, strength or appetite. Don’t overlook individuals with a high BMI in whom malnutrition arising from impaired intake and weight loss may not be obvious e.g. post-bariatric surgery, COPD
- Ensure that care plans are communicated between care settings
- Where possible patients should be encouraged to self-assess and manage the risk of malnutrition
- Refer to other HCPs if additional support is required (e.g. dietitian, physiotherapist, GP)