Components of the position statement described in accordance with the AACTT framework

Example of radiotherapy outpatient setting

Note: this is an example only and recommended timeframes should be adapted to the target population and the local context in which it is being applied

	Action *What care is provided?*	Actor *Who delivers care?*	Context *Where is the care delivered?*	Target *Who receives care?*	Time *When is care provided?*
SCREENING	Conduct malnutrition screening (and rescreening) i.e. MST, MUST	Nurse, allied health assistant, other health professional	Radiotherapy outpatients	All new patients with cancer commencing treatment	Radiotherapy planning or week 1 of treatment* and at repeated intervals during treatment
	Conduct sarcopenia screening (and rescreening) i.e. SARC-F, SARC-CalF	Nurse, allied health assistant, other health professional	Radiotherapy outpatients	All new patients with cancer commencing treatment	Radiotherapy planning or week 1 of treatment* and at repeated intervals during treatment
	Identify high risk patients for direct referral to dietitian	Dietitian, allied health assistant, other health professional	Radiotherapy outpatients	All new patients with cancer commencing treatment on the unit	Radiotherapy planning or week 1 of treatment*
	Refer patients at risk of malnutrition to dietitian	Nurse, allied health assistant, other health professional	Radiotherapy outpatients - referral via existing referral process/system	Patients considered at risk of malnutrition after screening + all high-risk patients commencing treatment	Within 24 hours of screening*
	Refer patients at risk of sarcopenia to dietitian and exercise physiologist or physiotherapist	Nurse, allied health assistant, other health professional	Radiotherapy outpatients - referral via existing referral process/system	Patients considered at risk of sarcopenia after screening	Within 24 hours of screening*
ASSESSMENT	Complete full individualised nutrition assessment	Dietitian	Radiotherapy outpatients (F2F or via telehealth)	Patients identified at risk of malnutrition after screening	Within 1 week of referral being placed*
	Complete clinical assessment measures for nutrition assessment and diagnosis of malnutrition i.e. PG-SGA, calf circumference	Dietitian	Radiotherapy outpatients (F2F#)	Patients identified at risk of malnutrition after screening and undertaking assessment by dietitian	Baseline measures, within 1 week of referral being placed*; repeated at regular intervals
	Complete full individualised sarcopenia assessment	Dietitian, physiotherapist, exercise physiologist	Radiotherapy outpatients (F2F or via telehealth)	Patients identified at risk of sarcopenia after screening	Within 1 week of referral being placed*
	Complete clinical assessment measures for sarcopenia assessment and diagnosis of sarcopenia i.e. HGS, SPPB	Dietitian, physiotherapist, exercise physiologist	Radiotherapy outpatients (F2F#)	Patients identified at risk of sarcopenia after screening and undertaking assessment by dietitian and exercise physiologist or physiotherapist	Baseline measures, within 1 week of referral being placed*; repeated at regular intervals

TREATMENT	Prescribe individualised medical nutrition therapy	Dietitian (may be delegated to allied health assistant)	Radiotherapy outpatients (F2F or via telehealth)	Patients identified at risk of malnutrition after screening and/or diagnosed with malnutrition	Within 1 week of referral and then as clinically indicated*
	Prescribe individualised exercise program	Physiotherapist, exercise physiologist (may be delegated to allied health assistant)	Radiotherapy outpatients (F2F or via telehealth)	Patients identified at risk of sarcopenia after screening and/or diagnosed with sarcopenia	Within 1 week of referral and then as clinically indicated*
	Refer to other healthcare professionals where appropriate to optimise patient outcomes i.e. occupational therapist, psychologist, social worker, speech pathologist	Dietitian, physiotherapist, exercise physiologist	Radiotherapy outpatients (F2F or via telehealth)	Patients identified at risk of malnutrition/sarcopenia after screening and/or diagnosed with malnutrition/sarcopenia and under the care of a dietitian and exercise physiologist or physiotherapist	Within 1 day of identifying need*
	Deliver ongoing outpatient nutrition care as indicated	Dietitian	Radiotherapy outpatients (F2F or via telehealth)	Patients identified at risk of malnutrition after screening and/or diagnosed with malnutrition requiring ongoing intervention	Follow up as clinically indicated High-risk patients*: - Weekly during treatment - 2 weekly for 6/52 post-treatment - As required up to 6 months post-treatment
	Deliver ongoing outpatient physiotherapy care as indicated	Physiotherapist, exercise physiologist	Radiotherapy outpatients (F2F or via telehealth)	Patients identified at risk of sarcopenia after screening and/or diagnosed with sarcopenia requiring ongoing intervention	Follow up as clinically indicated
DISCHARGE	Ensure malnutrition/ sarcopenia diagnosis documented in discharge summary	Dietitian, physiotherapist, exercise physiologist	Radiotherapy outpatients	Patients diagnosed with malnutrition/ sarcopenia	Prior to discharge
	Provide a copy of discharge summary to patient and patients' general practitioner	Dietitian, physiotherapist, exercise physiologist	Radiotherapy outpatients	Patients diagnosed with malnutrition/ sarcopenia	Prior to discharge
	Refer to external services as indicated	Dietitian, physiotherapist, exercise physiologist	Via external provider	Patients diagnosed with malnutrition/ sarcopenia	Follow up as clinically indicated

Timeframes may be dependent on local resources and should be aligned with local guidelines

 # Physical assessments should ideally be conducted F2F, however this may not be practical and appropriate mode should be decided according to local context/ resources/ type of assessment conducted

Key: *MST, Malnutrition Screening Tool; MUST, Malnutrition Universal Screening Tool; RTx, Radiotherapy; F2F, Face to face; PG-SGA, Patient-Generated Subjective Global Assessment; BIA, Bioelectric Impedance Analysis; HGS, Handgrip Strength; SPPB, Short Physical Performance Battery*