

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

### Example of rural / community 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*

	<b>Action</b> <i>What care is provided?</i>	<b>Actor</b> <i>Who delivers care?</i>	<b>Context</b> <i>Where is the care delivered?</i>	<b>Target</b> <i>Who receives care?</i>	<b>Time</b> <i>When is care provided?</i>
<b>SCREENING</b>	Conduct malnutrition screening (and rescreening) i.e. MST, MUST	Nurse, allied health assistant, patient, dietitian or other health professional	Outpatient clinic (F2F or via telehealth)	All patients with cancer	At diagnosis, at commencement or change of treatment, or when clinically indicated before, during and after treatment
	Conduct sarcopenia screening (and rescreening) i.e. SARC-F, SARC-CalF	Nurse, allied health assistant, dietitian or other health professional	Outpatient clinic (F2F or via telehealth)	All patients with cancer	At diagnosis, at commencement or change of treatment, or when clinically indicated before, during and after treatment
	Identify high risk patients for direct referral to dietitian	Nurse, allied health assistant, dietitian or other health professional	Outpatient clinic (F2F or via telehealth)	All patients with cancer	At diagnosis, at commencement or change of treatment*
	Refer patients at risk of malnutrition to dietitian	Nurse, allied health assistant, patient, dietitian, or other health professional	Outpatient clinic – referral via existing referral process/system	Patients considered at risk of malnutrition after screening	As soon as possible after identifying malnutrition risk
	Refer patients at risk of sarcopenia to dietitian and physiotherapist	Nurse, allied health assistant, dietitian or other health professional	Outpatient clinic – referral via existing referral process/ Private Practice	Patients considered at risk of sarcopenia after screening	As soon as possible after identifying sarcopenia risk
<b>ASSESSMENT</b>	Complete full individualised nutrition assessment	Dietitian, appropriately trained health professional	Outpatient clinic (F2F or via telehealth)	Patients considered at risk of malnutrition after screening	At first consult following identification of malnutrition risk*
	Complete clinical assessment measures for dietitian assessment and diagnosis of malnutrition i.e. PG-SGA, calf circumference	Dietitian, allied health assistant, appropriately trained health professional	Outpatient clinic (F2F*)	Patients considered at risk of malnutrition after screening and undertaking assessment by dietitian	At first consult following identification of malnutrition risk*
	Complete full individualised sarcopenia assessment	Physiotherapist, exercise physiologist, allied health assistant, appropriately trained health professional	Outpatient clinic (F2F or via telehealth)	Patients considered at risk of sarcopenia after screening	At first consult following identification of sarcopenia risk*
	Complete clinical assessment measures for assessment and	Physiotherapist, exercise physiologist, allied health	Outpatient clinic (F2F*)	Patients considered at risk of sarcopenia after screening and undertaking assessment	At first consult following identification of sarcopenia risk*

	diagnosis of sarcopenia i.e. HGS, SPPB	assistant, appropriately trained health professional			
<b>TREATMENT</b>	Prescribe individualised medical nutrition therapy	Dietitian (may be delegated to allied health assistant)	Outpatient clinic (F2F or via telehealth)	Patients considered at risk of malnutrition after screening and/or diagnosed with malnutrition	At first consult following malnutrition diagnosis* (or risk identification), and then as specified by dietitian
	Prescribe individualised exercise program	Physiotherapist, exercise physiologist (may be delegated to allied health assistant)	Outpatient clinic (F2F or via telehealth)	Patients considered at risk of sarcopenia after screening and/or diagnosed with sarcopenia	At first consult following sarcopenia diagnosis* (or risk identification), and then as specified by physiotherapist or exercise physiologist
	Refer to other healthcare professionals where appropriate to optimise patient outcomes i.e. psychologist, speech pathologist, social worker, occupational therapist	Dietitian, physiotherapist, exercise physiologist, health professional	Outpatient clinic (F2F or via telehealth)	Patients considered at risk of malnutrition/sarcopenia after screening and/or diagnosed with malnutrition/sarcopenia and under the care of a dietitian, physiotherapist or exercise physiologist	Within 1 day of identifying need*
	Collaborate with the multidisciplinary team to provide individualised and tailored malnutrition and sarcopenia treatment	All health professionals involved with cancer-related malnutrition and/or sarcopenia treatment, general practitioner	Outpatient clinic, MDT meetings, correspondence, established communication pathways	All patients receiving treatment for malnutrition and/or sarcopenia	Throughout treatment
<b>DISCHARGE</b>	Ensure malnutrition/ sarcopenia diagnosis documented in discharge summary	Dietitian, physiotherapist, exercise physiologist	Outpatient clinic	Patients diagnosed with malnutrition/ sarcopenia	Prior to discharge
	Provide a copy of discharge summary to patient and patients' general practitioner	Dietitian, physiotherapist, exercise physiologist	Outpatient clinic	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; F2F, Face to face; PG-SGA, Patient-Generated Subjective Global Assessment; BIA, Bioelectric Impedance Analysis; HGS, Handgrip Strength; SPPB, Short Physical Performance Battery; MDT, Multidisciplinary Team