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The NOURISH Point Prevalence Study

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The NOURISH Point Prevalence Study Data Collection Tool

V4 22.8.19

Record ID

(Use Study Number provided on master re-identifier list)

PATIENT REGISTRATION AND CONSENT

Consent can occur any time post surgery provided the patient meets the inclusion and exclusion criteria

Is the patient eligible to participate in the study?

 Yes No

(Review the eligibility criteria. If no, then the patient is excluded and no further data can be collected)

Reason for ineligibility

 Aged < 18 years. Underwent surgery for palliative intent. Unable to provide consent or participate in assessment, including due to being too unwell. Taking intravenous (IV) opioids including patient controlled analgesia (PCA) at the time of recruitment. Unaware of their diagnosis of malignancy. If being considered to approach for consent after day 7 post-surgery, and has not received a nutrition assessment using SGA as part of standard care within 7 days before or after their UGI surgery. Not Applicable- Eligible

(Record why the patient was ineligible to participate, then stop filling in this form)

Date of approaching patient to participate in the study

(Enter as DDMMYYYY)

Was the patient provided with the Patient information Sheet?

 Yes No

(If no, do not ask for verbal consent until the patient receives and has read it)

Was verbal consent given?

 Yes No

(if no, then no further data can be collected)

Primary Language Spoken

Was an interpreter used?

 Yes No

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Source of interpreter

- Family or friend
 Professional
 Not Applicable- Interpreter not used

PATIENT INFORMATION**Collect from medical record**

Sex

- Male
 Female

Age

(age on date of surgery)

Postcode of usual residence

Date of this admission

(Enter as DDMMYYYY)

Date of Surgery

(Enter as DDMMYYYY)

Surgical Procedure

- Oesophagectomy
 Partial gastrectomy
 Subtotal gastrectomy
 Total gastrectomy
 Pancreaticoduodenectomy (whipple's)
 Partial pancreatectomy
 Distal pancreatectomy
 Total pancreatectomy
 Other
 (Record from surgical report. Can record multiple if applicable)

If Other, please specify

Surgical Technique

- Open or converted to open
 Laparoscopic
 Minimally invasive
 Hybrid of laparoscopic and minimally invasive

Tumour Location

- Gastric
 Oesophageal
 Pancreatic
 Ampullary
 Duodenal
 Small intestinal
 Other

If Other, please specify

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Tumour Type

Adenocarcinoma
 Squamous cell carcinoma
 Gastrointestinal stromal tumour (GIST)
 Neuroendocrine tumour (NET)
 Other
 (Record from histopathology report)

If Other, please specify

Intraoperative Tumour Stage

T1
 T2
 T3
 T4
 T0
 TX
 Unsure
 (Record from histopathology report)

Intraoperative Tumour Nodes positive

(Record from histopathology report. Whole number from 0. if unsure, leave BLANK)

Intraoperative Tumour Metastases

(Record from histopathology report. Whole number from 0. if unsure, leave BLANK)

Month and Year of Initial Diagnosis (if known)

(Enter as MMYYYY. cross check with patient if information unclear from medical records)

Did the patient receive any neoadjuvant treatment?

Yes
 No
 Unsure
 (cross check with patient if information unclear from medical records)

Did the patient complete their neoadjuvant treatment?

Yes
 No
 Unsure
 Did not receive neoadjuvant
 (cross check with patient if information unclear from medical records)

Type of neoadjuvant received

Chemotherapy
 Radiotherapy
 Chemotherapy and Radiotherapy
 Unsure
 Did not receive neoadjuvant
 (cross check with patient if information unclear from medical records)

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Usual social situation

Lives alone
 Lives with family or carer
 Lives in shared accommodation
 Lives in residential care
 (cross check with patient if information unclear from medical records)

Identifies as Aboriginal or Torres Straight Islander

Yes
 No
 Unsure
 (cross check with patient if information unclear from medical records)

NUTRITIONAL ASSESSMENT

Must be collected face to face with the patient. SGA must be collected within the 7 days of surgery period for the patient to be eligible.

What was the day post surgery was the nutritional assessment conducted? (Day 0 is day of surgery)

(for example, if the assessment conducted day 2 post surgery, enter in '2')

Height (cm, nearest 0.1 cm)

(Dietitian to clarify by asking patient or by measuring usual a height stadiometer. If patient unable, recorded by dietitian from medical record if available (e.g 165.2 if measured, or 165.0 if patient reported))

Current Weight (kg, nearest 0.5 kg)

(Dietitian to weigh patient or use weight measured within the 7 days post surgery. If unable to weigh patient, dietitian to ask patient what their weight was the week before surgery, and check the medical history. Ensure that if patient appears oedematous, then dry weight is recorded by estimation and by clarifying with the patient what their weight was the week before surgery (e.g 65.5))

Body Mass Index (BMI) (kg/m²- to the nearest 0.1)

(calculate as per formula- to the nearest 1 decimal point (e.g 23.1))

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Has the patient lost any weight recently?

- No
 Yes and amount known
 Yes and amount unknown
 Unsure
 (Dietitian to ask patient. If patient is unsure of any weight loss, or amount of weight loss, dietitian to check the medical history. If not information available from the medical record, tick UNSURE)

Is the weight loss intentional or unintentional?

- Intentional
 Unintentional
 Unsure
 Not applicable- no weight loss
 (Dietitian to ask patient.)

If unintentional and amount known, how much weight has the patient lost? (kg, nearest 0.5kg)

_____ (If unsure or not applicable, leave blank. Check medical records if patient unsure)

Percentage unintentional weight loss (nearest 0.1%)

_____ (If unsure/no information/not applicable, leave blank (e.g 5.2))

SGA: Weight 2 weeks before surgery (kg, nearest 0.5 kg)

_____ (Check medical records if patient unsure. If no information, leave blank)

SGA: Percentage Weight loss in the 2 weeks before surgery (nearest 0.1%)

_____ (If unsure/no information/not applicable, leave blank (e.g 5.2))

Weight 1 month ago (kg, nearest 0.5kg)

_____ (Check medical records if patient unsure. If no information, leave blank)

Percentage Weight loss in 1 month (nearest 0.1%)

_____ (If unsure/no information/not applicable, leave blank (e.g 5.2))

Weight 3 months ago (kg, nearest 0.5kg)

_____ (Check medical records if patient unsure. If no information, leave blank)

Percentage weight loss in 3 months (nearest 0.1%)

_____ (If unsure/no information/not applicable, leave blank (e.g 5.2))

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 SGA: Weight 6 months ago (kg, nearest 0.5kg)

 (Check medical records if patient unsure. If no information, leave blank)

 SGA: Percentage weight loss in 6 months (nearest 0.1%)

 (If unsure/no information/not applicable, leave blank (e.g 5.2))

 Weight >6 months ago (kg, nearest 0.5kg)

 (Check medical records if patient unsure. If no information, leave blank)

 Percentage weight loss in > 6 months (nearest 0.1%)

 (If unsure/no information/not applicable, leave blank (e.g 5.2))

 SGA: Did the patient have a reduced dietary intake before their surgical admission?

- No change, adequate intake (SGA A)
 - No change, inadequate intake (SGA B)
 - Change, taking suboptimal diet (SGA B)
 - Change, taking full liquid diet (SGA B)
 - Change, taking hypocaloric liquid diet (SGA C)
 - Change, minimal intake/starvation (SGA C)
- (Dietitian to ask patient.)

 If the patient reports "change taking suboptimal diet" how much had their SOLID FOOD intake been reduced before surgery?

- >75% of their usual intake
 - ≤ 75% of their usual intake
 - ≤ 50% of their usual intake
 - ≤ 25% of their usual intake
 - Not applicable- no reduction in intake
- (Dietitian to ask patient.)

 How long had their dietary intake been reduced before surgery?

- < 1 week
 - 1-2 weeks
 - 2-4 weeks
 - ≥1 month
 - Not applicable- no reduction in intake
- (Dietitian to ask patient.)

 SGA: In the 2 weeks before surgery, to what degree had their dietary intake been reduced?

- Intake borderline; increasing (SGA A)
- Intake borderline; decreasing (SGA B/C)
- Intake poor; no change (SGA B)
- Intake poor; increasing (SGA B)
- Intake poor; decreasing (SGA C)
- Not Applicable- no change in intake (SGA A)

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SGA: has the patient reported any gastrointestinal symptoms persisting > 2 weeks prior to surgery that have been impacting their ability to eat?

- Poor appetite
 Nausea
 Vomiting
 Diarrhoea
 Constipation
 Pain when eating
 Taste changes
 Dry mouth
 Problems swallowing
 Early satiety
 None of the above reported
 (Dietitian to ask patient. Can record multiple symptoms)

SGA: Frequency of symptoms persisting > 2 weeks before surgery

- Not Applicable- no symptoms (SGA A)
 Intermittent Only (SGA A)
 Some of the reported symptoms, daily (SGA B)
 All of the reported symptoms, daily (SGA C)
 (Dietitian to ask patient.)

SGA: Activity level in the past month before surgery

- Normal activities, with no limitations (SGA A)
 Difficult with ambulation or usual activities (SGA B)
 Pretty much bed/chair ridden (SGA C)
 (Dietitian to ask patient.)

SGA: Activity Level in the past 2 weeks before surgery

- Improved or no previous change reported (SGA A)
 No Change (SGA B)
 Decreased (SGA C)
 (Dietitian to ask patient.)

SGA: PHYSICAL ASSESSMENT

Consent for physical assessment

- Yes
 No
 (If no, then no physical assessment can be conducted)

SGA: Muscle Loss Assessment

Aim to examine each individual site/area if possible. If not possible, aim to examine ≥ 4 muscle sites

Leave sites blank if not assessed

	NO DEFICIT	MILD-MODERATE	SEVERE
Temples	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clavicles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shoulders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interosseous muscle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scapula	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thigh	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Calf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Overall Muscle Loss Assessment

- No Deficit (SGA A)
 Mild-Moderate Deficit (SGA B)
 Severe Deficit (SGA C)

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SGA: Fat Loss Assessment**Aim to examine each individual site/area if possible. If not possible, aim to examine ≥ 2 fat sites****Leave sites blank if not assessed**

	NO DEFICIT	MILD-MODERATE	SEVERE
Orbital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Triceps	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fat Overlying Ribs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Overall fat loss assessment

- No deficit (SGA A)
 Mild-Moderate deficit (SGA B)
 Severe deficit (SGA C)

SGA: Fluid Accumulation Assessment**Aim to examine each individual site/area if possible. If not possible, aim to examine ≥ 2 fluid accumulation sites****Leave sites blank if not assessed**

	NO FLUID	MILD-MODERATE	SEVERE
ankle or sacral odema	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ascites	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Overall fluid accumulation assessment

- No fluid accumulation (SGA A)
 Mild-Moderate fluid accumulation (SGA B)
 Severe fluid accumulation (SGA C)

MALNUTRITION DIAGNOSIS

Subjective Global Assessment (SGA) Rating

- A No Malnutrition
 B Mild/Moderate or Suspected Malnutrition
 C Severe Malnutrition
 (Use SGA questions above. Refer to SGA cheat sheet.)

Is the patient malnourished according to ICD-10AM criteria?

- NO MALNUTRITION. BMI > 18.5 kg/m² and unintentional loss of weight $< 5\%$, with no evidence of suboptimal intake or fat/muscle wasting.
 YES MILD MODERATE. BMI < 18.5 kg/m² or unintentional loss of weight (5-9%) with evidence of suboptimal intake resulting in moderate loss of subcutaneous fat and/or moderate muscle wasting.
 YES SEVERE. BMI < 18.5 kg/m² or unintentional loss of weight ($> 10\%$) with evidence of suboptimal intake resulting in severe loss of subcutaneous fat and/or severe muscle wasting
 (IF YES PATIENT REQUIRES DIETETIC INPUT AS PER SITE SPECIFIC REFERRAL PROCEDURES)

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HAND GRIP STRENGTH ASSESSMENT - must be done within 7 days of surgery. If hasn't been done during standard care and patient is recruited after day 7, this is missing data.

Consent for hand grip strength assessment

Yes
 No
 Not available at this site
 Missing data not collected within 7 days of surgery (if no, then no hand grip data can be collected)

Hand grip strength score average of the LEFT hand (kg, to the nearest kg)

((e.g 22))

Hand grip strength score average of the RIGHT hand (kg, to the nearest kg)

((e.g 22))

Does the patient have Low Muscle Strength based on hand grip test? (use highest average value of left or right hand- whichever is higher)

YES = < 20 kg women or < 30kg for men OR IF ASIAN BACKGROUND < 18kg for women or < 26kg for men
 NO
 Hand Grip Test not completed (Low Muscle Strength = Hand Grip < 20 kg women or < 30kg for men. OR IF ASIAN BACKGROUND < 18kg for women or < 26kg for men)

PRE OPERATIVE DIETETICS INTERVENTION

Collect from patient

Has the patient seen a dietitian at all pre-surgery (since diagnosis)?

Yes
 No
 Unsure (Dietitian to ask patient. If patient is unsure, check medical record. If no information available then tick UNSURE)

What was the location of this dietitian service?

In chemotherapy
 In radiotherapy
 During an inpatient admission
 Onsite UGI outpatient clinic
 Onsite general nutrition outpatient clinic
 Community health service
 Private dietitian
 Other
 Not Applicable- did not have preop dietitian input (Dietitian to ask patient. If patient is unsure, check medical record. If no information available then tick UNSURE)

If other, please specify

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 if yes, how many appointments did the patient have?

- 1 appointment
 2 appointments
 3-4 appointments
 >4 appointments
 Unsure
 Not Applicable- did not have preop dietitian input (Dietitian to ask patient. If patient is unsure, check medical record. If no information available then tick UNSURE)

 If yes, when was the last appointment?

- 1-2 weeks before surgery
 2-4 weeks before surgery
 > 1 month before surgery
 > 3 months before surgery
 Not Applicable- did not have preop dietitian input (Dietitian to ask patient. If patient is unsure, check medical record. If no information available then tick UNSURE)

 Has the patient received any nutritional advice from a surgeon, physician or other health care professional prior to surgery?

- Yes
 No
 Unsure
 (Dietitian to ask patient. If patient is unsure, check medical record. If no information available then tick UNSURE)

 What type of advice was provided?

- Advice so they can gain weight
 Advice so they can lose weight
 High protein
 Nutritional supplement drinks
 Other
 Unsure
 Not Applicable- no advice provided (Dietitian to ask patient. If patient is unsure, check medical record. If no information available then tick UNSURE)

 If other, please specify

 Was the patient taking any nutrition support prior to surgery?

- Yes
 No
 Unsure
 (Dietitian to ask patient. If patient is unsure, check medical record. If no information available then tick UNSURE)

 If yes, what type?

- High protein/calorie drinks
 Immunonutrition drinks
 Carbohydrate loading drinks
 Enteral Nutrition
 Parenteral Nutrition
 UNSURE
 Not Applicable- did not have any preop nutrition support (Dietitian to ask patient. Can record multiple options)

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If yes to high protein/calorie drinks, how long was the patient taking them for?

- 5 days before surgery
 1 week before surgery
 >2 weeks before surgery
 > 1 month before surgery
 > 3 months before surgery
 Not Applicable- did not have any preop supplements (Dietitian to ask patient. If patient is unsure, check medical record. If no information available then tick UNSURE)

If yes to immunonutrition drinks, how long was the patient taking them for?

- 5 days before surgery
 1 week before surgery
 >2 weeks before surgery
 > 1 month before surgery
 > 3 months before surgery
 Not Applicable- not taking immunonutrition (Dietitian to ask patient. If patient is unsure, check medical record. If no information available then tick UNSURE)

INPATIENT NUTRITIONAL OUTCOMES

Collect from medical record

Consent for collection of remainder of information from the medical history during the patient's admission?

- Yes
 No
 (if no, then no further data can be collected)

Was a feeding tube inserted intra-operatively (during the cancer resection surgery)?

- Yes
 No
 A feeding tube was already present pre-surgery

What was the date of insertion of this feeding tube if inserted pre-surgery?

(Enter as DDMMYYYY)

What type of feeding tube is currently present?

- NASOJEJUNAL
 NASOGASTRIC
 JEJUNOSTOMY
 GASTROSTOMY
 TRANSGASTRIC JEJUNOSTOMY
 Not Applicable- no feeding tube

What day of admission was the first dietetic contact? (Day of surgery being day 0)

(Whole number from 0. If no dietetics care received, leave blank)

Estimated energy requirements per day (to nearest kj)

(whole number. If calculated a range, record the average of that range)

Estimated protein requirements per day (to nearest g)

(whole number. If calculated a range, record the average of that range)

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Diet Codes First 10 Days of Admission

Collect from medical record. Record the diet code that the patient is on that day at the time of dietetics review. If not seeing the patient that day and retrospectively recording the diet code for the study, record the diet code the patient is on at 1200hrs on that day.

Tick 'Not Applicable' if the patient has already been discharged

	Nil by mouth	Clear Fluids	Free Fluids	Pureed or Minced	Light ward diet	Soft ward diet	Full ward diet	Not Applicable
Day 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Day 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Day 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Day 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Day 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Day 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Day 6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Day 7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Day 8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Day 9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Day 10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Dietetics Intervention first 10 days of admission

Collect during routine clinical care. If you haven't seen the patient on a particular day, record what intervention was prescribed at the last dietitian review.

CAN CLICK MULTIPLE INTERVENTIONS

Tick 'Not Applicable' if the patient has already been discharged or is no longer under the care of the dietitian.

	No nutrition intervention prescribed	Oral nutrition supplements	Enteral nutrition support	Parenteral nutrition support	HEHP diet	Dietary Education	Not Applicable
Day 0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Day 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Day 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Day 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Day 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Day 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Day 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Day 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Day 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Day 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Day 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Percentage Energy requirements met for the first 10 days of admission**Collect during routine clinical care. If you haven't seen the patient on a particular day, record an average of intake since the last review.****Tick 'Not Applicable' if the patient has already been discharged or is no longer under the care of the dietitian.**

	< 20%	>20- 40%	>40-60%	>60-80%	>80-100%	Not Applicable
Day 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Day 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Day 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Day 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Day 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Day 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Day 6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Day 7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Day 8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Day 9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Day 10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Percentage protein requirements met for the first 10 days of admission**Collect during routine clinical care. If you haven't seen the patient on a particular day, record an average of intake since the last review.****Tick 'Not Applicable' if the patient has already been discharged or is no longer under the care of the dietitian.**

	< 20%	>20- 40%	>40-60%	>60-80%	>80-100%	Not Applicable
Day 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Day 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Day 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Day 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Day 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Day 6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Day 7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Day 8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Day 9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Day 10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Weight within 2 days of discharge (kg, nearest 0.5kg)

(Ensure dry weight is recorded/estimated. If not completed, leave blank (eg 65.5))

Percentage Weight loss over surgical admission
(nearest 0.1%)

(If unsure/no information/not applicable, leave blank (e.g 5.2))

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DISCHARGE DIETETICS OUTCOMES**Collect from medical record**

Total number of contacts with dietitian during inpatient admission _____

Diet Code for Discharge

- Nil by mouth
- Clear Fluids
- Free Fluids
- Pureed or Minced
- Light ward diet
- Soft ward diet
- Full ward diet
- Diet code not known

Oral Nutrition Supplements prescribed on discharge?

- Yes
- No
- Unsure

If yes, what % of energy and protein requirements do oral nutrition supplements aim to meet per day?

- < 20%
- 20-40%
- 40-60%
- 60-80%
- 80-100%
- Unsure
- Not Applicable- no supplements prescribed

Enteral Nutrition prescribed on discharge?

- Yes
- No
- Unsure

If yes, what % of energy and protein requirements does enteral nutrition aim to meet per day?

- < 20%
- 20-40%
- 40-60%
- 60-80%
- 80-100%
- Unsure
- Not Applicable- EN not prescribed

Dietetics follow up arranged post discharge?

- No follow up arranged
- Follow up arranged, timeframe not specified
- Within 2 weeks
- Within 2-4 weeks
- Within 4-8 weeks
- Longer than 8 weeks

Dietetics Follow up location

- On site specialist UGI clinic
- On site general nutrition clinic
- CHS dietitian
- Private dietitian
- Other
- Not Applicable- no follow up arranged

if other, specify _____

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SURGICAL OUTCOMES**Collect from medical record**

Inpatient admission discharge date

(Enter as DDMMYYYY)

Total length of stay post-surgery (days) Record in days - whole number Record total length of stay of acute inpatient admission in days (date of surgery - date of discharge)

(Record total length of stay of acute inpatient admission in days (date of surgery to date of discharge inclusive))

Discharge Destination

- Home
- Aged care facility
- Inpatient rehabilitation facility
- Respite care
- Death
- Unknown

Did the patient develop any of the following complications during their surgical admission?

- Surgical site infection or wound infection
- Sepsis
- Anastomotic leak
- Fistula
- Pneumonia
- Respiratory Tract Infection
- Pressure Injury
- Wound dehiscence
- Return to theatre
- Abdominal collection
- Ileus
- Chyle leak
- Gastroparesis
- Other relevant- please list in free text option below
- None of the above identified
(can record multiple complications)

FREE TEXT FOR ANY COMMENTS RELATING TO THIS PATIENT'S DATA COLLECTION
