



COMPONENTS OF THE POSITION STATEMENT DESCRIBED IN ACCORDANCE WITH THE AACTT FRAMEWORK

Example of day therapy 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?	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	Day therapy unit (F2F or via telehealth)	All new patients commencing treatment on the unit	C1D1 and at repeated intervals during treatment*
	Conduct sarcopenia screening (and rescreening) i.e., SARC-F, SARC-F in combination with calf circumference	Nurse, allied health assistant, other health professional	Day therapy unit (F2F or via telehealth)	All new patients commencing treatment on the unit	C1D1 and at repeated intervals during treatment*
	Identify high risk patients for direct referral to dietitian	Dietitian, nurse, allied health assistant, other health professional	Day therapy unit (F2F or via telehealth)	Patients with cancer admitted to the ward	C1D1
	Refer patients at risk of malnutrition to dietitian	Nurse, allied health assistant, other health professional	Day therapy unit - Referral via existing referral process/system	All new patients commencing treatment on the unit	C1D1 and at each cycle during treatment*
	Refer patients at risk of sarcopenia to dietitian and exercise physiologist or physiotherapist	Nurse, allied health assistant, other health professional	Day therapy unit - Referral via existing referral process/system	All new patients commencing treatment on the unit	C1D1 and at each cycle during treatment*
ASSESSMENT	Complete full individualised nutrition assessment	Dietitian	Day therapy unit (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	Day therapy unit (F2F#)	Patients identified at risk of malnutrition after screening and undertaking assessment by dietitian	Baseline measures, within 1 week of referral*; repeated at regular intervals
	Complete full individualised sarcopenia assessment	Dietitian, physiotherapist, exercise physiologist	Day therapy unit (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	Day therapy unit (F2F#)	Patients identified at risk of sarcopenia after screening and undertaking assessment by dietitian, exercise physiologist or physiotherapist	Baseline measures, within 1 week of referral*; repeated at regular intervals

TREATMENT

Prescribe individualised medical nutrition therapy	Dietitian (may be delegated to allied health assistant)	Day therapy unit (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 prescription	Physiotherapist, EP (may be delegated to allied health assistant)	Day therapy unit (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	Day therapy unit (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*
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	Day therapy unit, MDT (F2F or via telehealth)	Patients identified at risk of malnutrition after screening and/or diagnosed with malnutrition requiring ongoing intervention	Follow up at each cycle or as clinically indicated*

DISCHARGE

Ensure malnutrition/sarcopenia diagnosis documented in discharge summary	Dietitian, physiotherapist, exercise physiologist	Day therapy unit	Patients diagnosed with malnutrition/ sarcopenia	Prior to discharge
Provide a copy of discharge summary to patient and patients' general practitioner	Dietitian, physiotherapist, exercise physiologist	Day therapy unit	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 requiring ongoing intervention post discharge	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; C1D1, Cycle 1 Day 1; PG-SGA, Patient-Generated Subjective Global Assessment; BIA, Bioelectric Impedance Analysis; HGS, Handgrip Strength; SPPB, Short Physical Performance Battery; MDT, Multidisciplinary Team