

Nutrition Audit (post-introduction of STAMP)

Ward:

Date of audit:

Person carrying out audit:

1. Does the ward have the following equipment?

- | | |
|---|------------------------------|
| a. Scales for infants and children under 2 years of age | Yes / No / Don't know |
| b. Scales for older children capable of standing | Yes / No / Don't know |
| c. Scales for older children unable to stand | Yes / No / Don't know |
| d. Length measure for infants and children under 2 years | Yes / No / Don't know |
| e. Height measure for children over 2 years able to stand | Yes / No / Don't know |
| f. Length measure for children over 2 years unable to stand | Yes / No / Don't know |

2. Is the equipment functioning?

- | | |
|---|------------------------------|
| a. Scales for infants and children under 2 years of age | Yes / No / Don't know |
| b. Scales for older children capable of standing | Yes / No / Don't know |
| c. Scales for older children unable to stand | Yes / No / Don't know |
| d. Length measure for infants and children under 2 years | Yes / No / Don't know |
| e. Height measure for children over 2 years able to stand | Yes / No / Don't know |
| f. Length measure for children over 2 years unable to stand | Yes / No / Don't know |

3. When was this equipment last calibrated?

- a. Scales for infants and children under 2 years of age
Within past 3 months/6 months/12 months/ Don't know
- b. Scales for older children capable of standing
Within past 3 months/6 months/12 months/ Don't know
- c. Scales for older children unable to stand
Within past 3 months/6 months/12 months/ Don't know
- d. Length measure for infants and children under 2 years
Within past 3 months/6 months/12 months/ Don't know
- e. Height measure for children over 2 years able to stand
Within past 3 months/6 months/12 months/ Don't know
- f. Length measure for children over 2 years unable to stand
Within past 3 months/6 months/12 months/ Don't know

4. How frequently is the equipment checked?

- | | |
|---|------------------------------|
| a. Scales for infants and children under 2 years of age | Yes / No / Don't know |
| b. Scales for older children capable of standing | Yes / No / Don't know |
| c. Scales for older children unable to stand | Yes / No / Don't know |
| d. Length measure for infants and children under 2 years | Yes / No / Don't know |
| e. Height measure for children over 2 years able to stand | Yes / No / Don't know |
| f. Length measure for children over 2 years unable to stand | Yes / No / Don't know |

5. Have nursing staff received training on weighing and measuring in the following circumstances?

- | | |
|---|-----------------------|
| a. Weight for infants and children under 2 years of age | Yes / No / Don't know |
| b. Weight for older children capable of standing | Yes / No / Don't know |
| c. Weight for older children unable to stand | Yes / No / Don't know |
| d. Length measure for infants and children under 2 years | Yes / No / Don't know |
| e. Height measure for children over 2 years able to stand | Yes / No / Don't know |
| f. Length measure for children over 2 years unable to stand | Yes / No / Don't know |

6. When last were nursing staff trained on weighing and measuring?

As a student/ at staff induction/ while working on the wards/ never trained

7. Who provided this training on weighing and measuring?

College tutors/ other nursing staff/ dietetic staff/ don't know/ never trained

8. Have nursing staff been trained on STAMP?

Yes / No / Don't know

9. When last were staff trained on STAMP?

Within past 3 months/6 months/12 months/ Don't know

Select a sample of case notes/ nursing records from the ward and note the following information

9. Is the weight recorded within 24 hours of admission?

Yes / No / Don't know

10. Has the weight centile been plotted and noted?

Yes / No / Don't know

11. Is length/height recorded within 24 hours of admission?

Yes / No / Don't know

12. Has the length/height centile been plotted and noted?

Yes / No / Don't know

13. Was appetite noted on admission?

Yes / No / Don't know

14. Was the child referred to the dietitian at any time during the admission?

Yes / No / Don't know

15. Was the child referred to the dietitian within 48 hours of admission?

Yes / No / Don't know

16. Was the child referred to the dietitian within 48 hours of admission?

Yes / No / Don't know

17. Was STAMP completed for this child?

Yes / No / Don't know

18. Was the appropriate care pathway followed based on STAMP score?

Yes / No / Don't know

For additional information about STAMP, please visit the website:

www.stampscreeningtool.org