

## Nutrition Audit (pre-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     | <b>Yes / No / Don't know</b> |
| b. Scales for older children capable of standing            | <b>Yes / No / Don't know</b> |
| c. Scales for older children unable to stand                | <b>Yes / No / Don't know</b> |
| d. Length measure for infants and children under 2 years    | <b>Yes / No / Don't know</b> |
| e. Height measure for children over 2 years able to stand   | <b>Yes / No / Don't know</b> |
| f. Length measure for children over 2 years unable to stand | <b>Yes / No / Don't know</b> |

### 2. Is the equipment functioning?

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

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

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

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

## **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**

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

**8. Is the weight recorded within 24 hours of admission?**

Yes / No / Don't know

**9. Has the weight centile been plotted and noted?**

Yes / No / Don't know

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

Yes / No / Don't know

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

Yes / No / Don't know

**12. Was appetite noted on admission?**

Yes / No / Don't know

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

Yes / No / Don't know

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

Yes / No / Don't know

**15. If STAMP was used on this child, did he/she require referral to a dietitian?**

Yes / No / Don't know

For additional information about STAMP, please visit the website:

[www.stampscreeningtool.org](http://www.stampscreeningtool.org)