

The Differences of Subjective Global Assessment between Nurses and Dietitians

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Subjective Global Assessment (SGA)

- Clinical method to assess nutritional status
- Uses elements of a patient's history and physical examination
- History
 - Weight Change
 - Dietary Intake Change
 - Gastrointestinal Symptoms
 - Functional Capacity
 - Disease and its relation to nutritional requirements
- Physical
 - Loss of Subcutaneous Fat
 - Muscle Wasting
 - Ankle Edema
 - Sacral Edema
 - Ascites

Background

- A number of doctors, nurses, and dietitians are evaluating SGA every day.
- However, there are few studies reporting the tendency of assessment depending on their specialties.

Objectives

- ❑ To clarify the concordance proportion of SGA between nurses and dietitians
- ❑ To examine the tendency of assessment between them.

Nurses



Dietitians



Setting

- A tertiary emergency hospital in Chiba, Japan.



Methods

- ❑ Consecutive patients who were newly admitted at Kameda Medical Center in July 2007 were included.
- ❑ All patients were evaluated SGA by one nurse and one dietitian.
- ❑ They assessed SGA independently and the results were masked to each other.
- ❑ The concordance proportion of SGA between nurses and dietitians was calculated.
- ❑ When the SGA evaluation between nurses and dietitians disagree, the tendency of assessment of each SGA elements depending on their specialties were assessed.

Results

- Study period: July 17-25, 2007
- 201 patients (99 male, 102 female)
- Average age 63.1 yrs (22-95)
- Average serum albumin 3.7 g/dl (2.2-5.0)

Concordance Proportion of SGA

		Nurse		Total
		A	B or C	
Dietitian	A	153	12	165
	B or C	24	12	36 (17.9%)
Total		177	24 (11.9%)	201

Concordance Proportion of SGA

		Nurse		Total
		A	B or C	
Dietitian	A	153	12	165
	B or C	24	12	36 (17.9%)
Total		177	24 (11.9%)	201

□ Concordance proportion of SGA was 82.1% (165/201).

Concordance Proportion of Each SGA Elements

SGA Element		Concordance Proportion
History	Dietary Intake Change	80.1% (161/201)
	Gastrointestinal Symptoms	78.6% (158/201)
	Functional Capacity	85.6% (172/201)
	Nutritional requirements	56.2% (113/201)
Physical	Loss of Subcutaneous Fat	82.6% (166/201)
	Muscle Wasting	88.5% (177/200)
	Edema (Ankle, Sacral)	97.0% (195/201)
	Ascites	99.5% (200/201)

“Disagreement” cases of SGA

		Nurse		Total
		A	B or C	
Dietitian	A	153	12	165
	B or C	24	12	36 (17.9%)
Total		177	24 (11.9%)	201

- “Disagreement” cases were 17.9% (36/201).

Evaluation Tendency in “Disagreement” cases

Disagreement Type	Nurse B or C/ Dietitian A	Dietitian B or C/ Nurse A
SGA Element	Proportion of Severe Evaluation by	
	Nurse	Dietitian
Dietary Intake Change	58 % (7/12)	63 % (15/24)
Gastrointestinal Symptoms	58 % (7/12)	33 % (8/24)
Functional Capacity	42 % (5/12)	13 % (3/24)
Nutritional requirements	58 % (7/12)	54 % (13/24)
Loss of Subcutaneous Fat	0 % (0/12)	46 % (11/24)
Muscle Wasting	8 % (1/12)	33 % (8/24)
Edema (Ankle, Sacral)	8 % (1/12)	0 % (0/24)
Ascites	0 % (0/12)	0 % (0/24)

Conclusion

- ❑ The concordance proportion of SGA was 82.1% between nurses and dietitians.
- ❑ When they disagree, nurses tended to think the patients' history important, and dietitians tended to regard the patients' physical status important.
- ❑ To do a better assessment, it is important to consider each other's viewpoint.

