Accurate assessment of patient weight

One in four patients admitted to hospital is already malnourished (Russell and Elia, 2010) so accurate assessment of nutritional needs is essential from admission onwards to ensure the appropriate level of nutritional support is provided.

There has been a lot of publicity on the importance of using nutrition screening tools for patients entering a care setting, and developing and implementing an appropriate individualised plan of care to ensure their nutritional needs are met. Guidance on nutrition support for adults states that all hospital inpatients on admission to hospital and all hospital outpatients on their first visit to a clinic appointment should have a nutrition screening tool completed. It also recommends that all people admitted to care homes be nutritionally screened on admission (National Institute for Health and Care Excellence, 2006).

While anyone admitted to a clinical setting who is acutely unwell could be considered to be at risk of undernutrition, certain groups pose a definite risk and should be identified early. These include:
» Patients with existing acute and long-term conditions such as chronic obstructive pulmonary disease;
» Patients with long-term, progressive conditions such as dementia and cancer;
» Patients who have been discharged from hospital recently; and
» Older people (Elia and Russell, 2009).

Recording an accurate body weight is a fundamental part of any nutrition screening tool as well as other interventions that may arise as part of the patient’s treatment, including accurate drug dosage (Clarkson, 2012) and fluid gain (oedema) or loss. An accurate recording of body weight is also important when admitting patients for whom specialist equipment, such as profiling beds for pressure relief, may be needed.

NICE (2006) states that patients in hospital should have their body weight measured weekly and when there is clinical concern. In the community, weight should be assessed if it is relevant to the purpose of the visit, for example when patients are receiving nutritional support or weight management reviews.

Problems with weighing patients
Inconsistencies in recording patient body weight, as well as using inaccurate or inappropriate weighing equipment, can have a negative impact on patient care (Clarkson, 2012). This can increase the risk of errors in diagnosis, interventions, treatment or medication dosage (Department of Health,
of NHS organisations found that weighing equipment in regular use in clinical areas was often incorrectly calibrated or of the wrong type (LACORS, 2008). All weighing scales should be calibrated on an annual basis (LACORS, 2009), but some centres were not aware this was a national recommendation (LACORS, 2008).

Repeating the audit in 2009, LACORS found a third of all hospital scales tested by council trading standards officers were found to be inaccurate; it also revealed that many hospital staff were not correctly trained to use the weighing equipment (LACORS, 2009).

As a result of these findings, a number of recommendations were made to hospitals (Box 1) and guidance was offered on what to look out for to ensure the correct use and maintenance of weighing apparatus (Box 2).

In the following years, the DH (2010) issued an alert advising hospitals to review the report by LACORS and draw up an action plan if their weighing equipment did not meet the recommendations.

**Accuracy of weighing equipment**

Medical weighing equipment is covered in Schedule 3 of the Non Automatic Weighing Instrument Regulations (LACORS, 2008). In healthcare premises it is a legal requirement to have weighing equipment that is accurate and fit for purpose.

Weighing scales in hospital must be in the Class III category because small changes in weight may be clinically relevant; in GP surgeries, nursing or residential accommodation or in the patient’s own home, Class III category weighing scales are acceptable (DH, 2010; UK Weighing...
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Federation, 2002). To clarify this grading, Class I scales provide the highest degree of accuracy, and Class III, the lowest. Class III scales include bathroom scales aimed at domestic use and should not be used in the hospital environment.

**Key points for practice**
Organisations should ensure they take note of the recommendations outlined in Boxes 1 and 2. Guidance for individual practitioners is detailed in Box 3.

**Alternatives to weighing patients**
It is not always possible to obtain an accurate body weight for all patients on admission to hospital. Patient acuity may demand that in some circumstances alternative measures of recording a body weight must be considered. In such cases, practitioners should:
- Ask the patient about their latest recorded weight;
- Check their medical records;
- Ask their relatives for their last recorded weight;
- Undertake a visual assessment – does the patient “look” thin? For example, are rings obviously loose on fingers;
- Use a weighing bed.

These may not give an accurate body weight but may provide the healthcare team with some guidance to be able to plan the level of intervention required for the patient until an accurate weight can be recorded.

**Conclusion**
Recording and documenting an accurate patient body weight is a fundamental part of any nutrition screening tool and is a valuable tool in monitoring fluid balance and calculating medication doses. Nurses are key in ensuring an accurate assessment of body weight and patient risk and in ongoing monitoring and intervention of appropriate nutritional care. Weight should not be considered as a one-off observation on admission but must be recognised as an important tool for ongoing assessment throughout the patient’s health journey and should be carried out by staff who have the appropriate knowledge and training. NT

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**References**