Examination of nutritional status for medical student finals, OSCEs and MRCP PACES

Introduction

- Wash hands
- Introduce self
- Ask patients name and date of birth
- Explain examination and get consent

General Inspection

- Patient
  - Well or unwell?
  - Approximate BMI
- Around bed (if present look at quantity of fluids in/out)
  - In
    - NG tube/TPN, IV fluids, nutritional supplements, food/drink/NBM notes
  - Out
    - Catheter, stoma, NG tube, vomit/sputum bowels
  - Charts
    - Observations, fluid balance, drug chart (diuretics, TPN, supplements)

Hands and arms

- Nails
  - Clubbing (cirrhosis, IBD, coeliacs)
  - Leukonychia (hypoalbuminemia)
  - Koilonychia (iron deficiency anaemia, uncommon)
- Palms
  - Temperature
  - Xanthomata (hypercholesterolaemia)
- Pulse and blood pressure sitting and standing
  - Rapid pulse and postural BP drop suggest fluid depletion

Head and Neck

- Eyes
  - Sunken, corneal arcus/ xanthelasma (hypercholesterolaemia)
  - Conjunctival pallor (anaemia e.g. bleeding, malabsorption)
- Mouth/ tongue
  - Glossitis/ stomatitis (iron/B12 deficiency anaemia)
  - Aphthous ulcers (IBD)
  - Breath odour (e.g. faeculent in obstruction; ketotic in ketoacidosis; alcohol)
  - Dry mucous membranes
  - Gingivitis (vitamin C deficiency)
- Goitre (iodine deficiency)

Chest

- Sternum
  - Capillary refill, skin turgor

Abdomen

- Fat
- Ascites
  - Hypoalbuminemia or abdominal disease
- Loose skin (rapid weight loss)

Legs

- Peripheral oedema (hypoalbuminemia)
- Bowed legs (rickets/osteomalacia)

To complete exam

- Thank patient, ask them if they need help getting dressed, turn to examiner with stethoscope behind back and say: “To complete my nutritional status assessment, I would like to…”
    - Take a full history, focusing on dietary intake and gastrointestinal symptoms
    - Look at the observations
    - Look at food and fluid balance charts
    - Calculate BMI
    - Do blood tests (FBC, U&E, LFT, CRP)
- Summarise and suggest further investigations and/or diagnosis