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  Daily/ weekly/ monthly/ Don’t know

b. Scales for older children capable of standing  Daily/ weekly/ monthly/ Don’t know

c. Scales for older children unable to stand  Daily/ weekly/ monthly/ Don’t know

d. Length measure for infants and children under 2 years  Daily/ weekly/ monthly/ Don’t know

e. Height measure for children over 2 years able to stand  Daily/ weekly/ monthly/ Don’t know

f. Length measure for children over 2 years unable to stand  Daily/ weekly/ monthly/ 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

10. Is the weight recorded within 24 hours of admission?  
   Yes / No / Don’t know

11. Has the weight centile been plotted and noted?  
   Yes / No / Don’t know

12. Is length/height recorded within 24 hours of admission?  
   Yes / No / Don’t know

13. Has the length/height centile been plotted and noted?  
   Yes / No / Don’t know

14. Was appetite noted on admission?  
   Yes / No / Don’t know

15. Was the child referred to the dietitian at any time during the 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