Paediatric Yorkhill Malnutrition Score (PYMS)

<table>
<thead>
<tr>
<th>Name:</th>
<th>Hospital No:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surname:</td>
<td>CHI:</td>
<td>Nurse Signature:</td>
</tr>
<tr>
<td>DoB:</td>
<td></td>
<td>Weight:</td>
</tr>
<tr>
<td>Age:</td>
<td>Sex: F / M</td>
<td>Height:</td>
</tr>
<tr>
<td>Ward:</td>
<td>Consultant:</td>
<td>BMI:</td>
</tr>
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**Step 1**
Is the BMI below the cut-off value in the table overleaf?
- NO: 0
- YES: 2

**Step 2**
Has the child lost weight recently?
- NO: 0
- YES: 1
  - Unintentional weight loss
  - Clothes looser
  - Poor weight gain (if <2yrs)

**Step 3**
Has the child had a reduced intake (including feeds) for at least the past week?
- NO: Usual intake: 0
- YES: Decrease of usual intake for at least the past week: 1
- YES: No intake (or a few sips of feed only) for at least the past week: 2

**Step 4**
Will the child's nutrition be affected by the recent admission/condition for at least the next week?
- NO: 0
- YES: For at least the next week:
  - Decreased intake and/or
  - Increased requirements and/or
  - Increased losses: 1
  - No intake (or a few sips of feed only) for at least the next week: 2

**Step 5**
Calculate total score (total of steps 1-4)

**Total PYMS Score**

PYMS must be completed by a registered nurse.

**PYMS Dietetic Management Pathway**

**Total PYMS Score**

- **0**
  - Repeat PYMS Score in ONE WEEK

- **1**
  - Repeat PYMS Score in THREE DAYS

- **≥2**
  - Request Dietetic Review
    - AND
    - Repeat PYMS Score in ONE WEEK

*NB: Regardless of PYMS score if you have any nutritional concerns about this patient please refer to dietitians following initial screening.*

**Body Mass Index (BMI) Scoring Guide**
(If the BMI calculated is less than that shown for age and gender, answer Yes for Step 1)

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>13</th>
<th>14</th>
<th>15</th>
<th>16</th>
<th>17</th>
<th>18</th>
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</thead>
<tbody>
<tr>
<td>Boys</td>
<td>15.0</td>
<td>14.5</td>
<td>14.0</td>
<td>13.5</td>
<td>13.5</td>
<td>13.5</td>
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<td>15.0</td>
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<td>16.0</td>
<td>16.5</td>
<td>17.0</td>
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<tr>
<td>Girls</td>
<td>15.0</td>
<td>14.0</td>
<td>13.5</td>
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**Notes – Comments**

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<tr>
<th>Nursing Comments (including reason unable to complete PYMS step)</th>
<th>Date: <em><strong>/</strong></em>/____</th>
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<tbody>
<tr>
<td>Health Professional Request made to:</td>
<td>Dietitian □ Dentist □</td>
<td>Dietitian □ Dentist □</td>
<td>Dietitian □ Dentist □</td>
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<tr>
<td></td>
<td>SALT □ Other □</td>
<td>SALT □ Other □</td>
<td>SALT □ Other □</td>
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<tr>
<td></td>
<td>Specify...............</td>
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<td>Specify...............</td>
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