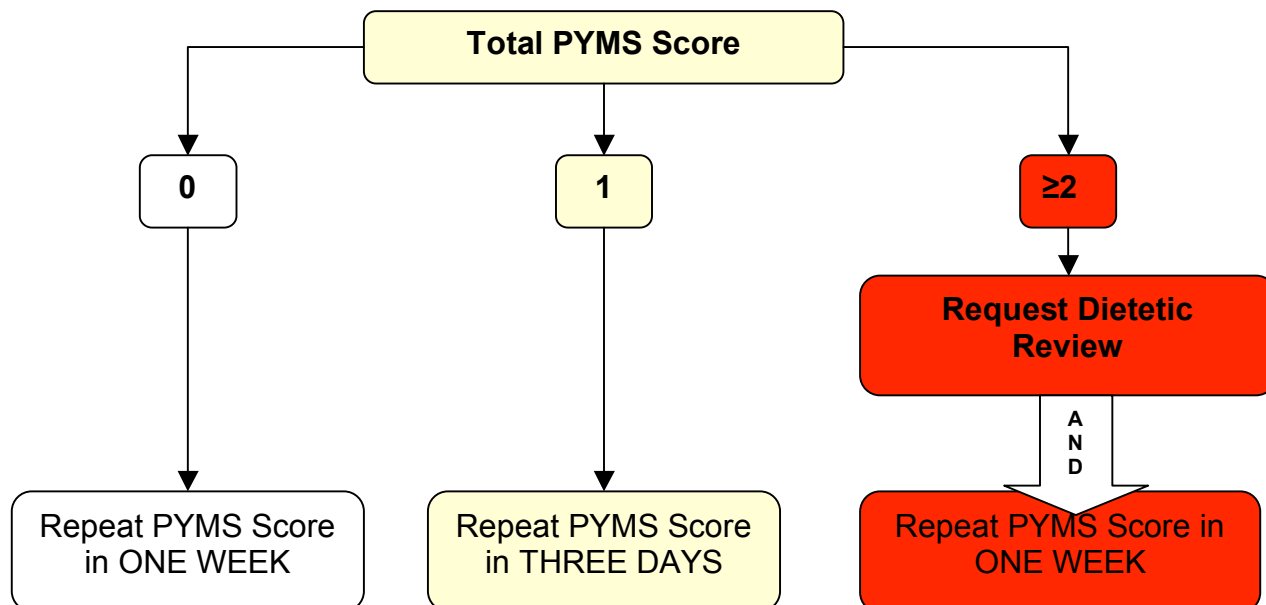


Paediatric Yorkhill Malnutrition Score (PYMS)

Name:		Hospital No:		Date			
Surname:		CHI:		Nurse Signature			
DoB:		Sex: F / M		Weight			
Age:		Consultant:		Height			
Ward:				BMI			
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 <ul style="list-style-type: none"> • Unintentional weight loss • Clothes looser • Poor weight gain (if <2yrs) 	1				
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 <ul style="list-style-type: none"> • Decreased intake and/or • Increased requirements and/or • Increased losses 	1				
		YES 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



******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)

Age (years)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Boys	15.0	14.5	14.0	13.5	13.5	13.5	13.5	13.5	13.5	14.0	14.0	14.5	15.0	15.5	16.0	16.5	17.0	17.0
Girls	15.0	14.0	13.5	13.5	13.0	13.0	13.0	13.0	13.0	13.5	14.0	14.5	15.0	15.5	16.0	16.5	17.0	17.0

Notes – Comments

	Date: ___/___/___	Date: ___/___/___	Date: ___/___/___
Nursing Comments (including reason unable to complete PYMS step)			
Health Professional Request made to:	Dietitian <input type="checkbox"/> Dentist <input type="checkbox"/> SALT <input type="checkbox"/> Other <input type="checkbox"/> Specify.....	Dietitian <input type="checkbox"/> Dentist <input type="checkbox"/> SALT <input type="checkbox"/> Other <input type="checkbox"/> Specify.....	Dietitian <input type="checkbox"/> Dentist <input type="checkbox"/> SALT <input type="checkbox"/> Other <input type="checkbox"/> Specify.....
Health Professional Comments			