

## Universal Dietetic Complexity Tool

Validated for use within all dietetic specialties (in adults and paediatrics) to determine the acuity of patients.  
Can be used as part of job planning and safe staffing (safety of caseload management with appropriate dietetic banding).

Scoring matrix: 10 Domains (rows) and 3 Categories A-C (columns) based on patient complexity (not how complex the dietitian found the assessment)

Complexity Domain	HIGH COMPELXITY NEEDS	MEDIUM COMPLEXITY NEEDS	LOW COMPLEXITY NEEDS
Dietetic Intervention	SCORE 12	SCORE 6	SCORE 3
Medical	SCORE 3	SCORE 2	SCORE 1
Screening/Growth	SCORE 3	SCORE 2	SCORE 1
Re-feeding Risk	SCORE 3	SCORE 2	SCORE 1
Biochemistry/Observations	SCORE 3	SCORE 2	SCORE 1
Social & Mental Capacity Act	SCORE 3	SCORE 2	SCORE 1
Psychological	SCORE 3	SCORE 2	SCORE 1
Communication/Education	SCORE 3	SCORE 2	SCORE 1
Behavioural	SCORE 3	SCORE 2	SCORE 1
Discharge/Handover Communication	SCORE 3	SCORE 2	SCORE 1

See last page for abbreviations.

**Example: Only one score per domain even if more than one item occurring. See next page for items within domains;**

**Dietetic Intervention:** NBM requiring NG straight forward set up (no tolerance issues) = (6)

**Medical:** = Type 2 diabetes, acute stroke admission (2)

**Screening:** MUST score 3 = (3)

**Re-feeding:** Moderate risk = (2)

**Biochemistry/Observations:** High BMs on feed requiring medical management liaison = (3)

**MCA & Social:** Family distress issues requiring frequent support or crisis intervention = (3)

**Psychological** = No risk (1)

**Comms/Education** = Complex communication aids required (3)

**Behavioural** = No significant behavioural issues (1)

**Discharge (d/c)/Handover (HO)** = No Dietetic Planning Currently (1)

**Total score = 26**

**Total Score Interpretation:**

**High complexity Scores of 27 + (>33 = Very High complexity)**

**Medium complexity Scores between 18- 26**

**Low complexity Scores between 12-17**

DOMAIN	HIGH COMPLEXITY	MEDIUM COMPLEXITY	LOW COMPLEXITY
	<b>Nutritional Intake SCORE 12: (only one score per domain)</b>	<b>Nutritional Intake SCORE 6: (only one score per domain)</b>	<b>Nutritional Intake SCORE 3: (only one score per domain)</b>
<b>Dietetic Intervention</b>	<ul style="list-style-type: none"> <li>Lengthy discussions suitability Enteral Nutrition (EN), Parenteral Nutrition (PN), EN tube type/or tube issues/ joint assessment with Medic/Nutrition Specialist Nurse/Community Nurse/other HCP/IMCA/ e.g., difficult placement/insertion decisions.</li> <li>Unstable EN e.g., vomiting/diarrhoea/high aspirates (absorption issues) or Extensive EN or PN regimen titration including difficulty weaning from PN/EN or transitioning onto Blended Diet / Balancing oral (+/- ONS) to meet requirements or extensive EN/PN tailoring required for multiple nutrient drug interactions.</li> <li>Extended scope practice e.g., prescribing PN/micronutrients/nutrition related meds or Inserting NG/NJ tubes or insulin/CGM/pump start.</li> <li>Unstable medical patient requiring frequent changes to nutrition support plan e.g., haemofiltered pts, Sedative ++ (Kcal) or ECMO requiring complex regimen to achieve protein requirements or requiring NaCl additions to feeds or insulin adjustment/tailored feeding plan for meds.</li> <li>Significant restrictions on nutrition support e.g., fluid restriction, chyle leaks, PO4/K+/NaCl or Multiple nutritional deficiencies/severely restricted dietary intake (e.g., eating disorder) or Complex ONS / SLT involvement dysphagia IDDSI Levels balancing with ONS intake.</li> <li>Complex bariatric/head and neck/GI surgery dietary management (inc. pre-op explanations &amp; post operative complications symptom management including metabolic issues caused by dumping syndrome or medical device impacting swallow).</li> <li>Complex balance between diet and meds requiring detailed dietary education e.g., CHO counting + insulin, ketogenic ratios, PERT &amp; dietary management, gastroparesis, or high output stoma requiring extensive education.</li> <li>Extensive exclusions/reintroductions/aversions e.g., complex allergy, FODMAP, ketogenic, ARFID, complex pregnancy.</li> </ul>	<ul style="list-style-type: none"> <li>Routine PN/EN/Oral Nutrition Support (ONS) initiation/titration/weaning off to meet requirements.</li> <li>Enteral feed or PN set up or review with no tolerance issues.</li> <li>Existing drug nutrient interaction(s)/insulin regimen requiring minor meds or feed amendments.</li> <li>Tube issues e.g., recurrent displacement, blockage escalations, site infection.</li> <li>First line therapeutic diets e.g., Food fortification, modified consistency, liquid diets for IBD remission, healthy eating, lipid lowering, NAS, liver shrinkage pre-bariatric surgery, first line IBS, first line K+ restriction, first line allergen exclusion e.g., milk protein, gluten free, low lactose, fussy eating/correcting inappropriate weaning, dispelling alternative diets myths, taste change/mucositis advice, neutropenic/food safety.</li> <li>Singular nutritional deficiency dietary correction advice e.g., Iron, Vitamin D.</li> <li>Organising specialist equipment to aid feeding/mealtime assistance.</li> <li>Relaxing dietary restriction education post new kidney transplant.</li> </ul>	<ul style="list-style-type: none"> <li>Stable modified diet/fluids</li> <li>ONS review – Meeting requirements</li> <li>Fortification review –meeting requirements</li> <li>Eating independently or with previously organized supervision/assistance/specialist aids.</li> </ul>
	<b>All sections below SCORE 3:</b>	<b>All sections below SCORE 2:</b>	<b>All sections below SCORE 1:</b>
<b>Medical</b>	Multiple co-morbidities, unstable psychiatric disorder, MOF, inborn errors of metabolism, extreme prematurity, multiple allergies, complex gastro/haematology/oncology/neuro/endocrine/bariatric diagnoses and or surgeries, unstable medical.	Single complex medical diagnosis or multiple simple diagnosis.	Single diagnosis uncomplicated.
<b>Weight/ Screening/ Growth</b>	<ul style="list-style-type: none"> <li>Malnutrition Screening Tool Score = Malnourished/significant unintentional weight loss: <math>\geq 3</math>, SGA = C, <math>&gt;80\%</math> excess weight. loss within 1 year post Bariatric surgery.</li> <li>No weight gain in children <math>&lt;2</math> years old or <math>&lt;10\text{g/kg/d}</math> gain in premature infants. Discrepancy of <math>\geq 3</math> centiles height vs. weight paediatric growth chart threshold for concern for faltering growth (NICE).</li> <li>Obese: BMI 35 with significant morbidities or BMI <math>&gt;40</math>.</li> <li>Significantly poor performance in functional tests (Hand Grip Strength or Sit to Stand tests).</li> <li>Calculations due to physiological changes e.g., multiple amputations, extensive burns.</li> </ul>	<ul style="list-style-type: none"> <li>Malnutrition Screening Score = 2, SGA = B, <math>&gt;70\%</math> excess weight.</li> <li>loss 1 year post Bariatric surgery.</li> <li>Weight gain <math>&gt;10\%</math> on enteral nutrition support.</li> <li>Discrepancy of <math>&gt;2</math> centiles height vs. weight paediatric growthchart.</li> <li>BMI 27 with co-morbidities or BMI 30.</li> </ul>	<ul style="list-style-type: none"> <li>Malnutrition Screening Score = 1 or less, SGA = A</li> <li>Child growing as expected.</li> <li>BMI 25-30 without comorbidities.</li> </ul>
<b>Re-feeding Risk</b>	<p><b>Extremely high risk:</b> BMI <math>&lt; 14\text{kg/m}^2</math> (<math>&lt;5^{\text{th}}</math> Centile) <b>AND</b> Negligible intake <math>&gt;15</math> days (2-7 days paediatrics age dependent).</p> <p><b>High risk (<math>\geq 1</math> of the following):</b> BMI <math>&lt; 16</math>, Unintentional/acute weight loss <math>&gt;15\%</math> in 3-6 months, Very little intake <math>&gt;10</math> days (<math>&gt;7</math> paediatrics), Low levels of K+/PO4/Mg prior to feeding, (paediatrics prolonged/severe vomiting &amp;/or diarrhoea <math>&gt;5</math> days or severe malabsorption/severe metabolic stress). <b>(OR <math>\geq 2</math> of the following):</b> BMI <math>&lt; 18.5\text{kg/m}^2</math> (<math>&lt;5^{\text{th}}</math> Centile), Unintentional weight loss <math>&gt;10\%</math> in 3-6 months, little or no intake <math>&gt;5</math> days, Alcohol/drug abuse (including insulin, chemotherapy, antacids, diuretics).</p>	<b>At risk:</b> little or no intake for $> 5$ days.	No Risk.
<b>Biochemistry /Observations</b>	<ul style="list-style-type: none"> <li>Repeated hypoglycaemia or Blood Glucose (BG) consistently <math>&gt;10\text{mmol}</math> or Ketones or erratic control (yo-yo CBG).</li> <li>CGM or insulin pump download interpretation.</li> <li>Raised LFTs or deranged electrolytes secondary to PN.</li> <li>High (<math>&gt;150</math>) or Low (<math>&lt;128</math>) Na requiring nutrition support.</li> <li>Renal bone disease management.</li> <li>Fluid balance issues or persistent pyrexia requiring fluid/feed adjustments.</li> <li>Indirect Calorimetry measurement indicating overfed requiring frequent feed adjustments and monitoring.</li> <li>Multiple electrolyte or nutritional deficiencies requiring supplementation/infusions and monitoring.</li> <li>Extensive MDT co-ordination to obtain bloods in community setting.</li> </ul>	<ul style="list-style-type: none"> <li>High/low PO4/Mg/K+ requiring monitoring &amp; replacement.</li> <li>High cholesterol requiring tailored advice.</li> <li>High blood pressure requiring dietary advice.</li> <li>Singular nutritional deficiencies requiring supplementation &amp; monitoring.</li> <li>CBG <math>\sim 50\%</math> in target requires dietetic support/monitoring.</li> </ul>	No issues with biochemistry or No result to interpret.
<b>Mental Capacity Act &amp; Social</b>	<ul style="list-style-type: none"> <li>Mental capacity assessments/consent issues &amp;/or DoLs/PoVA applications or patient advocate/IMCA required.</li> <li>Medico-legal issues requiring interaction with legal system e.g., court of protections applications and/or litigation issues.</li> <li>Safeguarding/force feeding behavioral concerns requiring discussions, referrals, case management or family distress issues requiring frequent support/ crisis intervention OR Suspected/confirmed drug/alcohol misuse in the household or concerns about unstable home environment.</li> </ul>	<ul style="list-style-type: none"> <li>Advance care planning/end of life conversations.</li> <li>Discussions required on capacity and ability to consent.</li> <li>Signposting/referrals for support services e.g., food bank referral, hot meals, Meals on Wheels, PINNT, Age UK, Diabetes UK, MND Association, SWAN UK.</li> </ul>	<ul style="list-style-type: none"> <li>No consent issues / established method of obtaining consent.</li> <li>Confirmed unable to consent/Acting in best interests.</li> </ul>
<b>Psychological</b>	<ul style="list-style-type: none"> <li>Complex/unstable psychiatric needs diagnosed or under investigation / requires treatment under section (Mental Health Act)).</li> <li>Family member/parent/care giver/partner/household member has unstable psychological /psychiatric/ additional learning needs.</li> </ul>	<ul style="list-style-type: none"> <li>Stable psychological /psychiatric condition/low risk requires monitoring.</li> <li>Family/parent/care giver/partner/household member has low risk condition.</li> </ul>	No psychological / psychiatric concerns.
<b>Communication &amp; Education</b>	<ul style="list-style-type: none"> <li>Communication aids or interpreters required.</li> <li>Self-management education empowering patient/intense behavioural change therapy.</li> <li>Difficulty with education –lengthy due to patient/carers/parents limited understanding of concept.</li> <li>Lengthy MDT discussions/family meetings regarding best interest interventions or medical care.</li> </ul>	<ul style="list-style-type: none"> <li>Moderate communication issues but able to communicate basic needs.</li> <li>Best interest discussions without conflict of agreement.</li> </ul>	<ul style="list-style-type: none"> <li>No communication barriers/ unable to speak with patient/relative/carer.</li> <li>Patient information sheet given requiring minimal explanation.</li> </ul>
<b>Behavioural/ Environmental</b>	<ul style="list-style-type: none"> <li>Challenging behaviours e.g., resistance to change, physical/verbal aggression, IV Drug user, alcohol dependency, self-harming, suicidal thoughts, parent/child interactions requiring interactive behavioural management programme.</li> <li>Risk of harm to HCP due to the environment/location (including assistance of Police/prison services).</li> <li>Lives/attends multiple residences e.g., school/respite/foster setting.</li> </ul>	<ul style="list-style-type: none"> <li>Challenging behaviours in controlled environment e.g., eating disorder unit, mental health unit.</li> </ul>	No significant behavioural / environmental issues.
<b>Discharge/HO</b>	<ul style="list-style-type: none"> <li>HEF/HPN set ups and or detailed GP/MDT letters or other communication regarding complex nutritional issues.</li> <li>Complex HO to another dietitian (ward or hospital transfer/national or international/complex logistics/ complex arrangements/ multiple discharge meetings/complex medical situation) or Lengthy community discussions regarding patient care between multiple providers/MDT.</li> </ul>	<ul style="list-style-type: none"> <li>Standard GP/MDT letters/community referrals or routine HO to another dietitian ward/hospital transfer/community provider/occasional MDT liaison.</li> <li>HEF/HPN modifications for changes in social circumstances /Package of Care.</li> </ul>	<ul style="list-style-type: none"> <li>No dietetic discharge planning currently.</li> <li>Minimal MDT liaison.</li> </ul>

## Abbreviations

AFRID (Avoidant Restrictive Food Intake Disorder)  
BG (Blood Glucose)  
BMI (Body Mass Index)  
CBG (Continuous Blood Glucose)  
CGM (Continuous Blood Glucose Monitor)  
CHO (Carbon Hydrogen Oxygen = Carbohydrate)  
DoLS (Deprivation of Liberty Safeguarding)  
ECMO (Extracorporeal Membrane Oxygenation) – life support  
EN (Enteral Nutrition)  
FODMAP (Fermentable Oligosaccharides Disaccharide Monosaccharides and Polyols)  
GP (General Practitioner)  
HCP (Health Care professional)  
HEF (Home Enteral Feeding)  
HO (Hand Over)  
HPN (Home Parenteral Nutrition)  
IBD (Inflammatory Bowel Disease)  
IBS (Irritable Bowel Disease)  
IDDSI (International Dysphagia Diet Standardisation Initiative)  
IMCA (Independent Mental Capacity Advocate)  
IV (Intra Venous)  
K+ (Potassium)  
Kcal (Kilocalories)  
LFTs (Liver Function Tests)  
MDT (Multi-disciplinary Team)  
Mg (Magnesium)  
MND (Motor Neuron Disease)  
MOF (Multi-organ failure)  
NaCl (Sodium chloride)  
NAS (No Added Salt)  
NICE (National Institute Clinical Excellence)  
ONS (Oral Nutrition Support)  
PERT (Pancreatic Enzyme Replacement)  
PINNT (Patients on Intravenous and Nasogastric Nutrition Treatment)  
PN (Parenteral Nutrition)  
PO4 (Phosphate)  
POVA (Protection of Vulnerable Adults)  
Pts (Patients)  
SGA (Subjective Global Assessment)  
SLT (Speech & Language Therapist)  
SWAN (Syndromes Without a Name) Charity  
UK (United Kingdom)  
Vs. (Verses)