You can obtain 3 CEU's for reading the article "**INTRODUCING A NUTRITIONAL RISK SCREENING TOOL IN A SOUTH AFRICAN HOSPITAL**" and answering ALL the accompanying questions with a pass mark of 70% or more.

This article has been accredited for CEU's (ref. no. DT/A01/P00008/2022/00004)

HOW TO EARN YOUR CEUs

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Activity 163

1. Benefits of nutritional screening over anthropometry include:
   a) Early nutritional therapy when treatment is more effective and less expensive.
   b) To identify children with acute malnutrition.
   c) Both of the above.

2. The most common form of malnutrition in South Africa is:
   a) Underweight for age
   b) Stunting
   c) Wasting

3. Nutritional risk screening tools for children include:
   a) Anthropometry
   b) Malnutrition universal screening tool (MUST)
   c) Paediatric Yorkhill Malnutrition Score
   d) Nutritional risk screening (NRS) 2002
   e) No tools currently exist

4. The STAMP tool assesses nutritional risk based on the following parameters:
   a) WHO *z* scores
   b) Anthropometry, nutritional intake, and diagnosis
   c) Weight loss and Mid upper-arm circumference

5. What does a STAMP score of 4 suggest?
   a) Low nutritional risk.
   b) Medium nutritional risk.
   c) High nutritional risk.

6. A key factor that may affect the applicability of the STAMP tool to the local setting include:
   a) Diagnoses such as HIV and TB are not included as possible diagnoses on the STAMP diagnosis table.
   b) The tool was established in a first world setting.
   c) The tool is applicable to the local setting.

7. The most common admission diagnosis in the study were:
   a) HIV
   b) Respiratory illnesses
   c) Diarrhoeal disease

8. Regarding the nutritional implications of the various diagnoses in the current study, the majority of children had diagnoses with:
   a) No nutritional implications.
   b) Possible nutritional implications.
   c) Definite nutritional implications.

9. The most poorly performed anthropometric parameter in the current study was:
   a) Weight
   b) Length/height
   c) Mid upper-arm circumference

10. Regarding the mSTAMP tool and anthropometry, which of the following is/are correct:
    a) The mSTAMP classified all children with severe acute malnutrition (SAM) as high risk.
    b) The mSTAMP classified all children with moderate acute malnutrition (MAM) as high risk.
    c) The mSTAMP did not classify any children with malnutrition as high risk.

11. Regarding mSTAMP score and length of hospital stay (LOS):
    a) There was a statistically significant correlation between a higher mSTAMP score and LOS.
    b) There was a statistically significant correlation between a lower mSTAMP score and LOS.
    c) There was no correlation between mSTAMP score and LOS.

12. Benefits of nutritional screening tools over anthropometry alone in hospitalised children include:
    a) Screening tools may have some benefit, but it has not been demonstrated.
    b) Anthropometrics alone do not consider illness and further deterioration in the nutritional status of the child.
    c) There is no benefit to using nutritional screening tools in hospitalised children.

13. The STAMP tool was designed for use by:
    a) Dieticians only.
    b) Community-based workers.
    c) Non-dietetic healthcare professionals.

14. Observational studies of nutritional risk screening tools are often limited by:
    a) Missing data.
    b) Subjective assessment of intake recall data.
    c) All of the above.

15. Pitfalls in anthropometry in children include:
    a) Infrequent calibration of equipment.
    b) The use of mobile applications instead of WHO growth standards charts.
    c) All of the above.