<table>
<thead>
<tr>
<th>BMI Chart (Kgs/m²) for use with the Weight Management Treatment Algorithm</th>
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<tr>
<td>A Quick Reference Guide For Primary Care Staff</td>
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<tr>
<td>(See <a href="http://www.icg.org.uk/weightmanagement">www.icg.org.uk/weightmanagement</a> or <a href="http://www.nhs.uk">www.nhs.uk</a> for additional online resources)</td>
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</table>

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<tr>
<th>Underweight (&lt;18.5 kgs/m²)</th>
<th>Healthy weight</th>
<th>Overweight (18.5 - 24.9 kgs/m²)</th>
<th>Obese Class I (25.0 - 29.9 kgs/m²)</th>
<th>Obese Class II (30.0 - 34.9 kgs/m²)</th>
<th>Obese Class III (35.0 - 39.9 kgs/m²)</th>
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BMI ranges with corresponding body weight categories are provided. The chart illustrates the BMI classification for individuals based on their weight and height, aiding in the identification of underweight, healthy weight, overweight, and obesity classes.
Why have we created a Making Every Contact Count Client Record?

Recording every Brief Intervention
1. Is good clinical practice.
2. Helps to prompt and promote Brief Interventions as part of routine practice.
3. Supports consistent delivery of Brief Interventions across all services.
4. Facilitates patient follow-up.
5. Supports compliance with Safer Better Healthcare Standards.
6. Supports monitoring of the implementation of the Making Every Contact Count programme across services.
7. Supports evaluation of the Making Every Contact Count programme to inform future service design improvements.

How to use the Making Every Contact Count Client Record

The Making Every Contact Count Client Record Book contains 25 patient/client records.

The perforated white sheet (original) is used to record the Brief Intervention by the healthcare professional during a consultation. The yellow sheet is the duplicate copy.

A new record will be completed if further Brief Interventions are delivered to the patient/client during follow-up visits.

The column on the left has the questions on risk factors for chronic disease; the column on the right has details on the intervention/action taken by the healthcare professional in response to the presence of a particular risk factor(s).

You do not have to complete all sections of the Client Record with a patient/client during a single consultation; taking a patient-centred approach allied to your clinical judgement will determine the appropriate conversation at each and every clinical consultation.
As you will remember from the training programme, it is important to always ask permission before you begin a Brief Intervention with your patient/client.

In some consultations, you may raise a particular risk factor relating to their current health issue or reason for their visit – once the patient/client has indicated their willingness to engage....."I notice you have quite a bad cough, can I ask do you smoke?"

In some consultations, you might in the first instance ask about all four preventable lifestyle behaviours to get an overview of a patient’s/client’s chronic disease risk; and based on the outcome of this exercise and on the patient’s willingness and readiness to engage you may

- undertake one intervention based on their stated preference;
- undertake more than one intervention based on their stated preferences;
- not undertake any intervention as the patient/client has declined the invitation to engage.

“We are asking all our patients about their lifestyle behaviours, would it be ok if I asked you a few questions?”

The training programme advises that healthcare professionals should use their clinical judgement to determine the most appropriate time during the consultation to instigate a conversation with patients/clients about lifestyle behaviour change.

In hospital settings, Brief Interventions could be implemented during the admission process, as part of daily observation checks or during preparation for discharge. Brief Interventions will also be embedded into consultations in out-patient visits. In community services, Brief Interventions could be part of the patient’s/client’s first visit or return visits with their healthcare professional.

On completion of the patient/client clinical consultation

1. Remove the white sheets (original) from the Client Record Book and insert into the patient/client file. The appropriate placement within the file will be decided by services locally.
2. The yellow sheets (copy) remain in the Client Record Book.
3. Always check that the patient’s/client’s personal details are not on the duplicate copy.
4. Completed Client Record Books should be stored in a secure location locally for audit purposes.

Additional Client Record Books can be ordered from www.makingeverycontactcount.ie/MECCClientRecordBook

The Making Every Contact Count programme can be accessed at www.makingeverycontactcount.ie. The Making Every Contact Count team can be contacted at makingevery.contactcount@hse.ie

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The Making Every Contact Count programme can be accessed at www.makingeverycontactcount.ie. The Making Every Contact Count team can be contacted at makingevery контактcount@hse.ie
Patient Name: __________________________
Date of Birth: __________________________

Gender: M □ F □ Age range: 18-25 □ 26-44 □ 45-64 □ 65+ □
Diagnosed condition(s): YES □ NO □
ASTHMA □ BLOOD PRESSURE □ COPD □ DIABETES □ HEART FAILURE □

Staff Discipline:

TOBACCO USE
Do you smoke any Tobacco products?
Daily □
Occasional (less than daily) □
Quit Smoking (within the last 6 months) □
Quit Smoking (longer than 6 months) □
Never □

TOBACCO INTERVENTION
If patient/client does not smoke or has been quit for longer than 6 months affirm and reinforce benefits of being tobacco free. □
If patient/client is a TOBACCO USER (daily or occasional smoking) or has QUIT WITHIN THE LAST 6 MONTHS, tick all actions you have taken:
Brief Intervention (emphasising benefits of quitting and offering strategies to help them quit) □
Signposted to HSE QUIT services (helpline 1800 201 203 and www.quit.ie) □
Referred to HSE QUIT services □
Prescribed or referred for Stop Smoking medication (NRT/varenicline) □
Patient declined / not interested in quitting at this time □

Date:______  / ______  / ____________       Signature: __________________________

ALCOHOL USE (AUDIT-C TOOL)

1. How OFTEN do you have a drink containing alcohol?
   • Never □
   • Monthly or less □
   • 2-4 times a month □
   • 2-3 times a week □
   • 4 or more times a week □

2. How MANY standard drinks of alcohol do you have on a typical day when drinking?
   • 1-2 □
   • 3-4 □
   • 5-6 □
   • 7-9 □
   • 10 or more □

3. How OFTEN have you had six or more standard drinks on a single occasion, in the last year.
   • Never □
   • Less than monthly □
   • Monthly □
   • Weekly □
   • Daily or almost daily □

ALCOHOL SCORE
(Add scores from all three questions)

ALCOHOL RISK
Total SCORE   0-4 LOW RISK □
Total SCORE   5+ INCREASED RISK □

ALCOHOL INTERVENTION
If patient is assessed as Low Risk 0-4: AFFIRM them and reinforce positive benefits of remaining at the low risk level. □
If patient is assessed as Increased Risk 5+: Engage patient in a brief intervention* to discuss the following:
Discuss risks to health of drinking in short and long term* □
Discuss benefits of cutting down* □
Explore strategies for managing drinking pattern* □
Signpost to askaboutalcohol.ie (self assessment tool for further information on personal drinking pattern risk levels)* □
Refer to HSE Drug and Alcohol Helpline Mon-Fri 9.30-5.30 Tel.1800 459 459 for information on local alcohol and drug services.
*To assist this discussion use “A Quick Question” leaflet (healthpromotion.ie/alcohol)

Weekly low risk drinking guidelines:

• 11 standard drinks or less for women with at least two alcohol free days
• 17 standard drinks or less for men with at least two alcohol free days
For men and women avoiding any alcohol on at least 2-3 days/week is important

1 Standard Drink contains 10g of pure alcohol

Staff Discipline:

Date:______  / ______  / ____________       Signature: __________________________
TOBACCO USE
Do you smoke any Tobacco products?

- Daily
- Occasional (less than daily)
- Quit Smoking (within the last 6 months)
- Quit Smoking (longer than 6 months)
- Never

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If patient/client does not smoke or has been quit for longer than 6 months affirm and reinforce benefits of being tobacco free.

If patient/client is a TOBACCO USER (daily or occasional smoking) or has QUIT WITHIN THE LAST 6 MONTHS, tick all actions you have taken:

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(Add scores from all three questions)

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- Discuss risks to health of drinking in short and long term*
- Discuss benefits of cutting down*
- Explore strategies for managing drinking pattern*

Signposted to askaboutalcohol.ie (self assessment tool for further information on personal drinking pattern risk levels)*

Weekly low risk drinking guidelines:

- 11 standard drinks or less for women with at least two alcohol free days
- 17 standard drinks or less for men with at least two alcohol free days

For men and women avoiding any alcohol on at least 2-3 days/week is important

Date:______  / ______  / ____________       Signature:
### PHYSICAL ACTIVITY

**In a typical week, how MANY days have you been physically active for a total of 30 mins or more?**

- 0 days (inadequate)  
- 1-4 days *  
- 5-7 days (adequate)  

*Unable to be physically active*

---

### PHYSICAL ACTIVITY INTERVENTION

**If patient/client is assessed as meeting physical activity guidelines, affirm and reinforce positive benefits of physical activity.**

**If patient/client is assessed as NOT meeting physical activity guidelines, tick all actions you have taken:**

- **Brief Intervention** (emphasising benefits of being active)
- **Signposted** to www.getirelandactive.ie, Get Active Your Way booklet
- **Signposted** to community groups / activities
- **Patient declined/not interested in discussion at this time**

---

**Physical Activity Guidelines for adults is at least 30 minutes of moderate intensity activity 5 days per week.**

Physical activity may include: walking/cycling for recreation or to get to and from places; gardening; and exercise or sport which lasts for at least 10 minutes

---

**Date:** __________ / __________ / ____________  **Signature:** __________________________

---

### BODY WEIGHT

**Height in metres**

**Weight in kilos**

**BMI**

*Use the BMI chart on inside front cover to calculate*

---

### NUTRITION INTERVENTION

**BMI RISK**

- **Underweight BMI <18.5 INCREASED RISK**
- **Normal weight BMI 18.5 – 24.9 LOW RISK**
- **Overweight BMI 25 – 29.9 INCREASED RISK**
- **Obese BMI >30 HIGH RISK**
- **BMI not done**

---

**Information on healthy eating available at**

www.hse.ie/healthyeatingactiveliving

---

**Tick all actions you have taken:**

- **BMI < 18.5 INCREASED RISK**  
- **BMI 18.5 – 24.9 LOW RISK**  
- **BMI 25 – 30 INCREASED RISK**  
- **BMI >30 HIGH RISK**  

**Referred to GP/MDT team for MUST/MST nutrition screening as increased nutritional risk**

**Brief intervention** (emphasising the benefits of healthy eating, increasing fruit & vegetable intake, strategies to prevent weight gain)

**Signposted to** www.hse.ie/healthyeatingactiveliving

**Signposted to local weight management programmes (HSE or private).**  
www.hse.ie/selfmanagementsupport

**Refer to Dietetic service if 2 or more co-morbidities exist**

**BMI not done**

**Brief intervention** (emphasising the benefits of healthy eating, increasing fruit & vegetable intake, strategies to prevent weight gain)

**Signposted to** local weight management service (HSE or Private).  
www.hse.ie/selfmanagementsupport

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**Patient declined/not interested in discussion at this time**

---

**Date:** __________ / __________ / ____________  **Signature:** __________________________
**PHYSICAL ACTIVITY**

In a typical week, how MANY days have you been physically active for a total of 30 mins or more?

- 0 days (inadequate)  
- 1-4 days *  
- 5-7 days (adequate)

Unable to be physically active

*If patient states 1-4 days, ask patient if they engage in 150 minutes moderate activity or 75 minutes vigorous activity in a typical week?

- Yes (adequate)  
- No (Inadequate)

**PHYSICAL ACTIVITY INTERVENTION**

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**BODY WEIGHT**

If any patient has had unplanned weight loss in the past 3-6 months or is unable to eat or drink or has a swallowing difficulty, refer to GP/MDT team for MST/MUST nutrition screening.

**NUTRITION INTERVENTION**

Tick all actions you have taken:

- BMI< 18.5 INCREASED RISK
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**Information on healthy eating available at**

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---

**Date:** _____ / _____ / ____________  
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---

**Height in metres**  
**Weight in kilos**  
**BMI**

*Use the BMI chart on inside front cover to calculate*

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**Signature:** ____________________

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**BMI**

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- BMI >30 HIGH RISK
  - Referred to Dietetic service if 2 or more co-morbidities exist
  - Brief intervention (emphasising the benefits of healthy eating, increasing fruit & vegetable intake, strategies to prevent weight gain)
  - Signposted to local weight management service (HSE or Private).
  - www.hse.ie/selfmanagementsupport
  - Referred to Dietetic service
  - Patient declined/not interested in discussion at this time

**Information on healthy eating available at**

www.hse.ie/healthyeatingactiveliving

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**Date:** _____ / _____ / ____________  
**Signature:** ____________________

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**Height in metres**  
**Weight in kilos**  
**BMI**

*Use the BMI chart on inside front cover to calculate*

**BMI RISK**

- Underweight BMI <18.5 INCREASED RISK
- Normal weight BMI 18.5 – 24.9 LOW RISK
- Overweight BMI 25 – 29.9 INCREASED RISK
- Obese BMI >30 HIGH RISK
- BMI not done