Name of Policy: Policy Number:	Nutrition Assessment and Reassessment3364-104-201	UT THE UNIVERSITY OF
Department:	Clinical Nutrition	1872
Approving Officer:	AVP Patient Care Services/CNO	
Responsible Agent:	Chief Clinical Dietitian	
Scope:	Clinical Nutrition	Effective Date: 8/1/2019 Initial Effective Date: 5/1999
New policy proposal X Minor/technical revision of existing policy Major revision of existing policy Reaffirmation of existing policy		

(A) Policy Statement

The Clinical Nutrition staff perform comprehensive nutrition assessments on patients at risk for malnutrition or nutrition-related problems. Assessment includes establishing nutritional needs, developing a multidisciplinary care plan and assigning a level of nutrition care.

(B) Purpose of Policy

To ensure timely nutrition assessment of patients at high risk for malnutrition or nutritionally compromised so that appropriate levels of nutritional care can be assigned and implemented. Medical Nutrition Therapy (MNT) is provided to support the physician with the nutritional care of their patient to maintain or improve nutritional state during admission.

(C) Procedure

- 1. A physician, licensed independent practitioner, family or staff may request MNT consult at any time during the patients stay and will be completed within 48 hours.
- 2. A nutrition assessment will be completed on high-risk inpatients within 48hrs.
- 3. High risk patients are identified from the nutrition screen, which is completed by the admitting RN within 24 hours of admission, and criteria based from the Inpatient Nutrition Screening policy (see policy #3364-104-202).
- 4. High-risk patients will be reassessed every 7 days, or sooner if appropriate.
- 5. Assessment will include interview with patient, family, and staff as appropriate and review of medical record, documented weights, educational needs, diet tolerance, enteral/parenteral nutrition tolerance, oral intakes of meals, supplements and snacks. (Refer to clinical dietitian and diet technician job descriptions for more details on nutrition assessments.)
- 6. Patients who are not identified at high nutritional risk on admission will be rescreened every 7 days; except for Senior Behavioral patients, who will be rescreened every 14 days. (Refer to Inpatient Nutrition Screening policy (#3364-104-202) for nutrition screening criteria.
- 7. Assessment and reassessment include patient's perception of effectiveness of and any side effects related to his/her medications.

- 8. Documentation will be provided in the electronic medical record.
- 9. Nutrition care within the clinical nutrition staff scope of practice will be implemented per MNT Order Writing Privileges for Dietitians (policy# 3364-104-210).

Approved by:		Review/Revision Date: 8/2002 5/2004
/s/ Michele Lovett, RD, LD Chief Clinical Dietitian	Date Date	5/2005 6/2/2008 9/10/2008 7/1/2011 12/13/2012 3/3/2017 7/9/2019
/s/ Monecca Smith, MSN, RN AVP Patient Care Services, CNO <i>Review/Revision Completed By:</i> <i>Clinical Nutrition</i>		
Policies Superseded by This Policy:		Next Review Date: 8/1/2022