Name of Policy:	Inpatient Nutrition Screening	THE UNIVERSITY OF
Policy Number:	3364-104-202	TOLEDO
Department:	Clinical Nutrition	
Approving Officer:	Associate VP Patient Care Services/CNO	
Responsible Agent:	Chief Clinical Dietitian	
Scope:	Clinical Nutrition	Effective Date:4/1/2020Initial Effective Date:5/1999
New policy proposalMinor/technical revision of existing policyMajor revision of existing policyXReaffirmation of existing policy		

(A) Policy Statement

Nutrition screening is completed by Registered Nurses to identify a patient's current or potential nutritional problems (risks) may have that requires intervention and further assessment by Clinical Nutrition. Screening is conducted within 24 hours of admission.

(B) Purpose of Policy

To identify patients who may benefit from nutrition intervention to maintain or improve their nutrition status.

(C) Procedure

- 1. Within 24 hours of admission, the Registered Nurse (RN) completes the Admission Data w/History. Included in the Admission Data w/History is the initial Nutrition Screen which list the following nutrition related problems.
 - a. Impaired Nutritional Status
 - i. Unplanned weight loss:
 - 1. Past month (score **3** if wt loss > 5%)
 - 2. Past 2 months (score 2 if wt loss >5%)
 - 3. Past 3 months (score 3 if wt loss >15% OR score 1 if wt loss >5%)
 - ii. Decreased food intake over last week:
 - 1. <50-75% of normal (1/2-3/4 of normal), (score1)
 - 2. <25-60% of normal (2/3 normal, (score 2)
 - 3. 0-25% of normal (1/2 of normal), (score 3)
 - b. Severity of Disease (Admitting diagnosis/condition):
 - i. Hip fracture (score 1)*
 - ii. Cirrhosis (score 1)*
 - iii. COPD (score 1)*
 - iv. Malnourished (score 3)
 - v. Dialysis (score 1)
 - vi. BMI 18.5 20.5 with impaired general condition (score 2)
 - vii. BMI < 18.5 with impaired general condition (score 3)
 - viii. BMI <22, Age >65 with impaired general condition (score 3)
 - ix. Diabetes Mellitus New diagnosis (score 3)
 - x. Diabetes (score 1)
 - xi. Cancer (score 1)
 - xii. Intubation (score 3)
 - xiii. Abdominal Surgery (score 2)*
 - xiv. Head Injury (score **3**)*
 - xv. Age >74 years (score 1)
 - xvi. Pancreatitis (score 1)

- xvii. Hematologic Malignancy: Leukemia's, Lymphomas (score 2)
- xviii. Severe Pneumonia (score 2)
- xix. Stroke (score 2)
- xx. Pressure Ulcer stage 2-4 (score 3)
- xxi. Tube Feeding /TPN prior to admission (score 3)
- 2. Registered Dietitian (RD) and/or Registered Dietetic Technician (DTR) reviews screens completed by the RN for patients indicated with nutrition related problems.
- 3. Clinical Nutrition staff contacts nursing staff to request completion of uncompleted nutrition screens.

Above nutrition screening criteria is taken from NRS -2002 which is based on an interpretation of available randomized clinical trials. NRS-2002 is a validated screening tool which has received a grade 1 per ESPEN Guidelines for Nutrition Screening 2002.

*indicates that a trial directly supports the categorization of patients with that diagnosis.

Nutritional Risk is defined by the present nutritional status and risk of impairment of present status, due to increased requirements caused by stress metabolism of the clinical condition.

A nutritional assessment and care plan is indicated in all patients who are

(1) Severely undernourished (score = 3), or (2) severely ill (score = 3), or (3) moderately undernourished + mildly ill (score 2 + 1), or (4) mildly undernourished + moderately ill (score 1 + 2).

Categorization for severity of disease:

Score = 1: a patient with chronic disease, admitted to hospital due to complications. The patient is weak but out of bed regularly. Protein requirement is increased, but can be covered by oral diet or supplements in most cases.

Score = 2: a patient confined to bed due to illness. Protein requirement is substantially increased, but can be covered, although nutrition support is required in some cases.

Score = 3: a patient with a severe illness or condition, who cannot adequately and/or appropriately meet nutritional needs with oral intakes. Protein requirement is increased.

Approved by:		Review/Revision Date:
		4/01
		8/01
/s/		8/02
Michele Lovett RD, LD	Date	5/04
Chief Clinical Dietitian		5/05
		6/2/2008
		9/10/2008
/s/		7/1/2011
Monecca Smith MSN, RN	Date	11/1/2012
Associate VP Patient Care Services/CNO		6/17/14
Associate VP Patient Care Services/CNO		3/3/17
		3/23/20
Review/Revision Completed By: Clinical Nutrition		
Cunical Indifition		Next Review Date: 4/1/2023