Name of Policy:	Inpatient Nutrition Screening	TITED THE UNIVERSITY OF TOLEDO
Policy Number:	3364-104-202	MEDICAL CENTER
Department:	Clinical Nutrition	
Approving Officer:	Senior Hospital Administrator	
Responsible Agent:	Chief Clinical Dietitian	
Scope:	Clinical Nutrition	Effective Date: 4/1/2023 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

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

- Within 24 hours of admission, the Registered Nurse (RN) completes the Admission Assessments.
 Included in the Admission Assessment 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**)
- 2. The registered Dietitian or Registered Diet Technician reviews the medical record for the following criteria and combines the Admission Assessment completed by the RN to complete the total nutrition risk score.
 - a. 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)
- 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.

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/	04/03/2023	8/02
Michele Lovett RD, LD	Date	5/04
Chief Clinical Dietitian		5/05
Chief Chinear Dictitian		6/2/2008
		9/10/2008
1.1	04/03/2023	7/1/2011
/s/		11/1/2012
Russell Smith, B.S. Pharm D, MBA, BCPS	Date	6/17/14
Senior Hospital Administrator		3/3/17
•		3/23/20
Review/Revision Completed By:		3/31/23
Clinical Nutrition		Next Review Date: 4/1/2026

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