Objectives

• Discuss the impact of malnutrition on patient care and outcomes

• Identify nursing role in screening, prevention and treatment of malnutrition

• Discuss the importance of documentation of PO, meal, tube feeding and supplement intake

• Review Malnutrition Screening Tool (MST)
Malnutrition Definition/Prevalence

- Malnutrition is defined as an imbalanced and/or insufficient diet

- It has been suggested that 1 in 3 patients are malnourished upon admission

- 30-50% of hospitalized adults are estimated to have some form of malnutrition

- Diagnosis can often be overlooked in the hospitalized patient and results in adverse outcomes
Why Does Nutrition Matter?

Malnourished patients who are not treated early:

- Are 3X more likely to develop a surgical site infection
- Have 2X the risk for developing a pressure ulcer
- Are at greater risk for a fall
- Have delayed wound healing
- Are more likely to be readmitted
- Have higher hospital costs
Some Causes of Malnutrition

- Poor appetite
- Difficulty chewing and swallowing
- GI issues
  - vomiting, diarrhea, malabsorption
- Taste alterations
- Interruption of meals for tests (NPO)
- Language barriers
- Depression and altered mental status
- Inability to feed self
Who is at risk?

Any patient can have or develop malnutrition!

Patients may be at higher risk

If they are

- Elderly
- Convalescing after a serious illness or condition
- Frequently admitted or have had multiple hospitalizations over a short duration

Or have

- Chronic diseases
- Neurological impairment
- GI disorders
Most Common Signs of Malnutrition

• Chronic poor intake
• Unintended weight loss
• Reduced functional status: fatigue, weakness
• Non-healing wounds
• Visible bone prominence

* Signs may not be visible
Visible Signs of Malnutrition
Some Malnourished Patients Will Not Have Physical Signs

Wake Forest Baptist Health
Preventing Malnutrition

• Problem solve why your patient may not be eating
  ➢ How often is your patient NPO?
  ➢ Nausea/vomiting, pain?
  ➢ Cultural or language differences?
  ➢ Chewing problems?

• Make sure your patient knows how to order meals and is ordering routinely

• Encourage good nutrition by offering snacks or inquire about nutrition supplements

• Teach patients and family the importance of nutrition in healing

• Obtain weights as ordered or per unit protocol
Communicate, Communicate, Communicate

• Make nutrition a routine topic during patient huddles, rounds and shift report

• Include patient and families regarding nutrition concerns, planning and goals

• Discuss with Clinical Nutritionist (RD):
  ➢ Concerns regarding intake
    ➢ Conditions that limit intake
    ➢ Consistent meal intake < 50%
    ➢ Frequent NPO status
  ➢ Specific goals
Documenting nutrition intake is an important part of communication and can help with preventing and treating hospital malnutrition.

- Intake of meals, including when patient refuses
- Snacks
- Tube Feedings and Tube Feeding Additives (RN only)
- Supplements

Ensure documentation is accurate and represents your patient’s intake! It may be the only tool others have for evaluation and monitoring.
Nutrition Intake Documentation

Step 1: To see examples for each food category click on a cell. Row information will show up on the right side of the screen.

Step 2: Select the cell that best matches the food item and enter percentage consumed. Example = 50 %

Step 3: If amount is different than available options (refused, etc.) then use comment box to enter this information.

Step 4: If row information not visible; click on arrow (Show/Hide Docked Details) to decrease size of main screen.
Identifying the Malnourished Patient

Why is it important?

• Initiates treatment and nutrition goals early

• Directs the appropriate care to those that need it the most

• Improves patient outcomes and use of resources
  ➢ Appropriate length of stay
  ➢ Timely wound healing
  ➢ Decrease potential for readmission
Malnutrition Screening Tool (MST)
To be completed by RNs only
Identifying the Malnourished Patient

For RNs Only

• On Admission:
  • Perform the Malnutrition Screening Tool (MST) on every adult patient within 24 hours of admission

• During Hospitalization
  • Complete tool every 7 days until discharge
  • A Best Practice Alert will pop up when the repeat screening is due
Malnutrition Screening Tool

For RNs Only

• The Malnutrition Screening Tool (MST) generates a score to identify patients at the highest risk for malnutrition

• Patients with a score of 2 or more will be assessed by a Clinical Nutritionist (RD) to determine what interventions are needed

• Use the MST on adult patients only
### Malnutrition Screening Tool

**For RNs Only**

#### MST - Malnutrition Screening Tool

**Lost weight recently without trying?**
- 0 = No
- 2 = Unsure
- Yes

Unintentional weight loss in the last 6 months. Use "Unsure" if patient doesn't know, if patient has altered mental status, or if patient is intubated.

- 1 = 2-13 lbs
- 2 = 14-23 lbs
- 3 = 24-33 lbs
- 4 = > 34 lbs
- 2.0 = Unsure

**Eating poorly because of decreased appetite?**
- 0 = No
- 1 = Yes

If patient is receiving tube feedings, answer "No" to this question.

**Malnutrition Risk Score**
- 4

Score of 2 or more indicates patient is at risk of malnutrition

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**Reminder:** Review weights and intake for last seven day for changes
When to Contact the Clinical Nutritionist

• Your patient:
  • has signs of malnutrition
  • has consistent poor intake (<50% of meals)
  • may benefit from a nutrition supplement
  • does not understand or has questions about what is allowed on their diet
  • has frequent N/V or diarrhea that may impact intake of diet or tube feedings
  • has a pressure ulcer or non-healing wound
1. What can my patient have on their diet?

Answer: Information on diets can be found on the Intranet page under Clinical Applications and Links and by choosing Diet Manual and Guidelines from the list.

2. Is it necessary to document intake of fluid, meals, supplements or tube feedings on every patient?

Answer: Yes, it is recommended. Information regarding intake can be used by other disciplines to navigate patient care and may signal issues that impact patient recovery and discharge.
How to contact a Clinical Nutritionist

Call 3-3043 to find out which clinical nutritionist is assigned to your unit or check the treatment team section in Wake One.
To document completion of this module in your continuing education record:

1) Click “Take Course Test”.
2) Enter Test Code: NUTR15
3) Complete test and press “Submit”