

PROCEDURE

TITLE: Nutrition Screening

POLICY: Patients at nutrition risk will be identified within 24 hours of admission via a nursing nutritional assessment within the Admission Data Base. Patients identified at nutrition risk will receive further intervention by a Registered Dietitian within 48 hours of admission or referral.

PURPOSE: To identify patients who require further nutrition intervention. For those patients determined to be at nutritional risk, a plan for nutrition therapy is developed, monitored, and revised as appropriate to the patient's needs.

PROCEDURE: Nutrition screening form within Admission Data Base completed by nursing within 24 hours of patient admission.

1. The following nutrition risk triggers are included on the Nursing screen:
 - Patient has decreased appetite (intake 50% or less) for 3 or more days
 - Patient has vomiting and/or diarrhea for > 72 hours
 - Patient has unintentional weight loss of 10# or more in the past 3 months
 - Patient has ventilator dependent respiratory failure
 - Patient has difficulty swallowing with risk of aspiration
 - Patient has serum albumin of 3.0 gm/dL or less upon admission
 - Patient has a pressure ulcer of Stage II or greater
 - Patient is hemodialysis or peritoneal dialysis dependent
 - Patient is a pediatric patient
2. Nursing will notify the clinical nutrition staff via order in Cerner System when any of the nutrition screening criteria, which identify patients at nutritional risk, are triggered. While Nursing referrals must be acknowledged, they need not be followed by a full nutrition assessment if the Dietitian determines that a brief intervention or teaching will be sufficient.
3. The Dietitian may utilize additional information to further identify patients at nutrition risk:
 - A. Admission diagnosis via computer: patients with at least the following diagnoses will be considered at nutrition risk and receive an assessment.
 - AIDS or HIV positive
 - Ascites
 - Cancer: head, neck, GI
 - Dehydration without diet order > 48 hours
 - Diabetes, new onset or gestational
 - Esophageal stricture/varices
 - Failure to thrive
 - Fractured hip (patient \geq 70 years old)
 - Fractured wired jaw
 - GI fistula or ileus
 - GI obstruction or resection
 - Hepatic failure
 - Malabsorption
 - Malnutrition
 - Peritonitis
 - Renal failure
 - Sepsis (systemic, not UTI)

- Septicemia
- Ventilator dependent respiratory failure

B. Pediatric patients with the following conditions / diagnoses will be considered at nutrition risk and receive an assessment.

- Inadequate growth or weight gain
- Cystic fibrosis
- Malnutrition / Failure to thrive
- Height/weight < 5% on growth chart

C. Certain diet orders may indicate nutrition risk and require further review.

- Tube feeding or TPN
- NPO/Clear liquid > 3 days, pediatric patients > 2 days
- Hemodialysis or peritoneal dialysis diets
- Thickened liquids
- Physician ordered nutrition supplement

5. All patients identified at nutrition risk will receive an initial nutrition assessment within 48 hours of notification. All other patients will receive basic nutrition care services.
6. At any point in the patient's admission, a physician or another member of the healthcare team may request consultation by the dietitian for nutritional assessment regardless of the patient's risk category assigned upon admission.
7. Basic care patients will be re-screened by the Dietitian on the 7th day of stay to ensure that no nutrition deficits have developed during the elapsed time.