

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 be reviewed by a Registered Dietitian within 48 hours of admission or referral.

PURPOSE: To identify patients who may require further nutrition intervention.

PROCEDURE: Nutrition screening form is part of the Adult Admission Assessment completed by nursing within 24 hours of patient admission.

1. The following nutrition risk triggers are included on the Nursing screen:
 - Enteral Feedings
 - Intake < 50% of Normal in last 3 days
 - Nausea/Vomiting/Diarrhea > 3 days
 - Skin breakdown/Decubitus Ulcers
 - Parenteral Nutrition
 - Eating Disorder
 - New Dialysis Patient
 - Recent Uncontrolled Diabetes
 - Hyperemesis
 - Unintentional Wt Loss > 10lbs/6 mos
 - Patient Request
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. 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.
4. 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.