Nutrition Assessment Tutorial

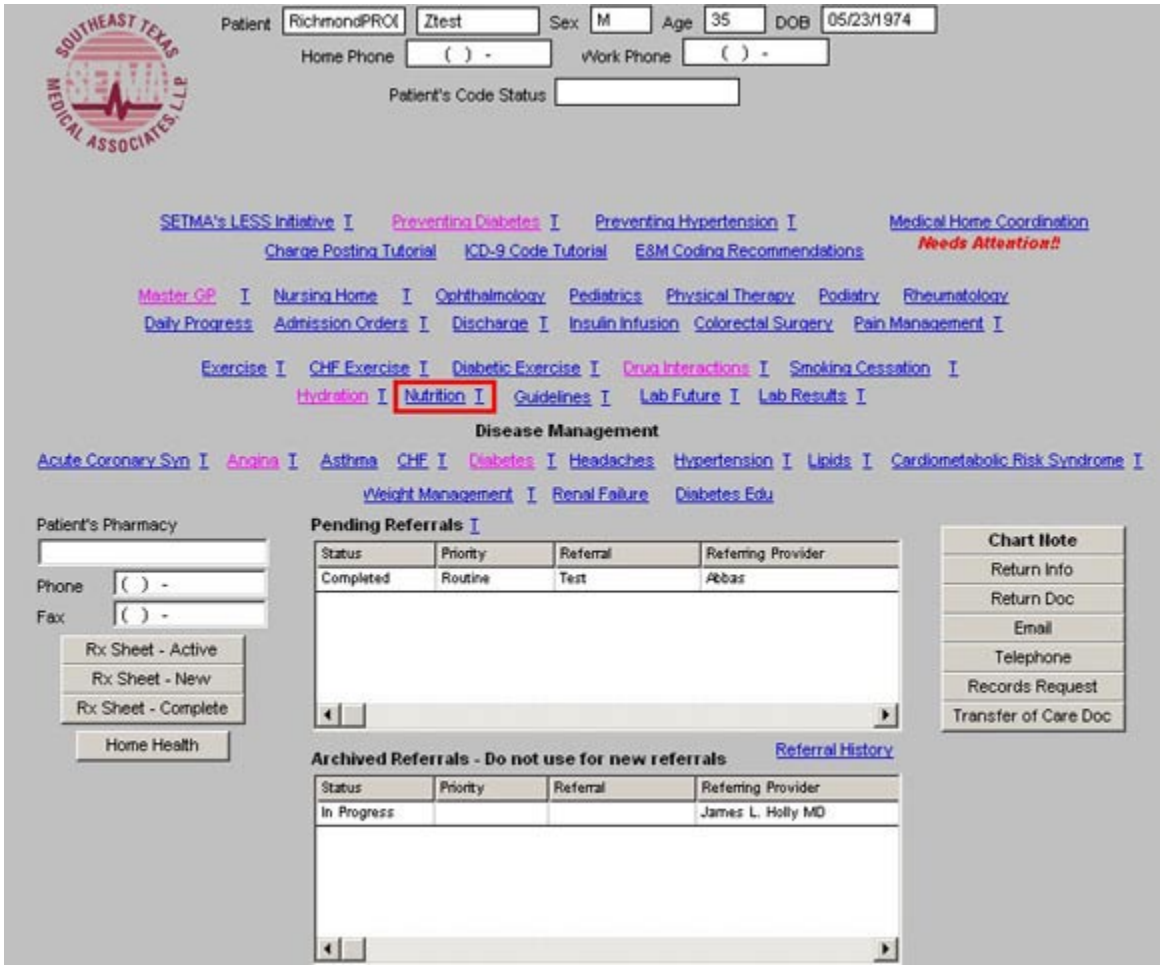
One of the most neglected areas of acute and critical care is nutrition. Also, one of the most litigated areas in long-term residential and/or nursing home care is malnutrition.

SETMA's Nutrition Assessment Template makes it possible to objectively document a patient's nutritional status in regard to:

- Risk Factors for Malnutrition
- Physical Signs and Symptoms of Malnutrition
- Chemical and Metabolic Indications of Malnutrition

The Nutrition Template can be launched from the:

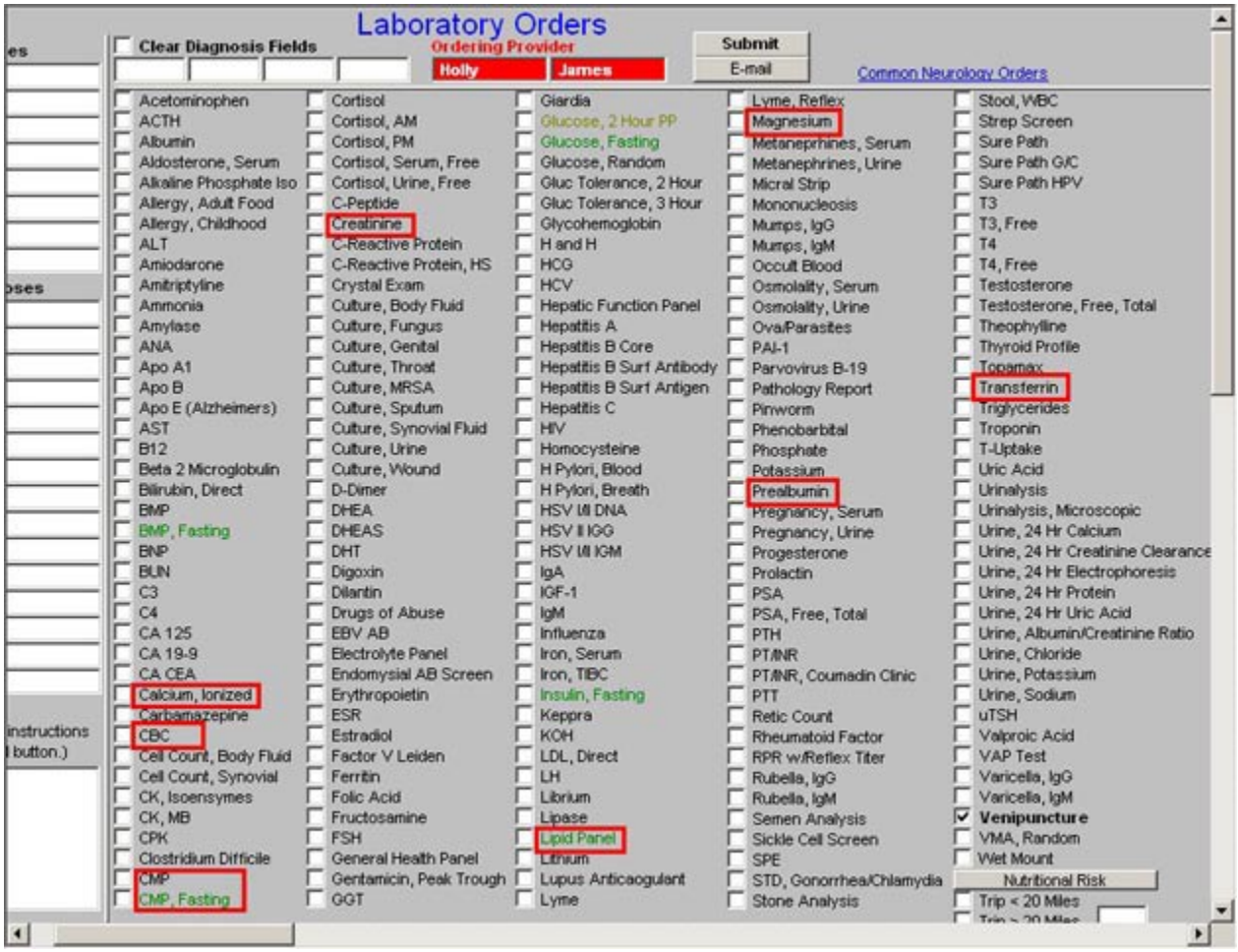
- AAA Home



- SETMA Navigation Bar of Patient Data Master template
- SETMA Navigation Bar of Nursing Home Master template

The laboratory nutritional assessment of a patient can be completed by:

- Going to the Plan Tempate on the GP Master Suite of Templates and
- Opening the Lab Charge Posting Template.
- At the bottom of the fifth column of that template, there is a button entitled “Nutritional Risk.”
- When clicked 8 lab studies are highlighted in blue.
- The boxes next to each of these should be clicked which will order all of the test necessary to properly evlaute the patient’s nutritional status.
- The ICD-9 Codes for Malnutrition should be used with this set of tests.



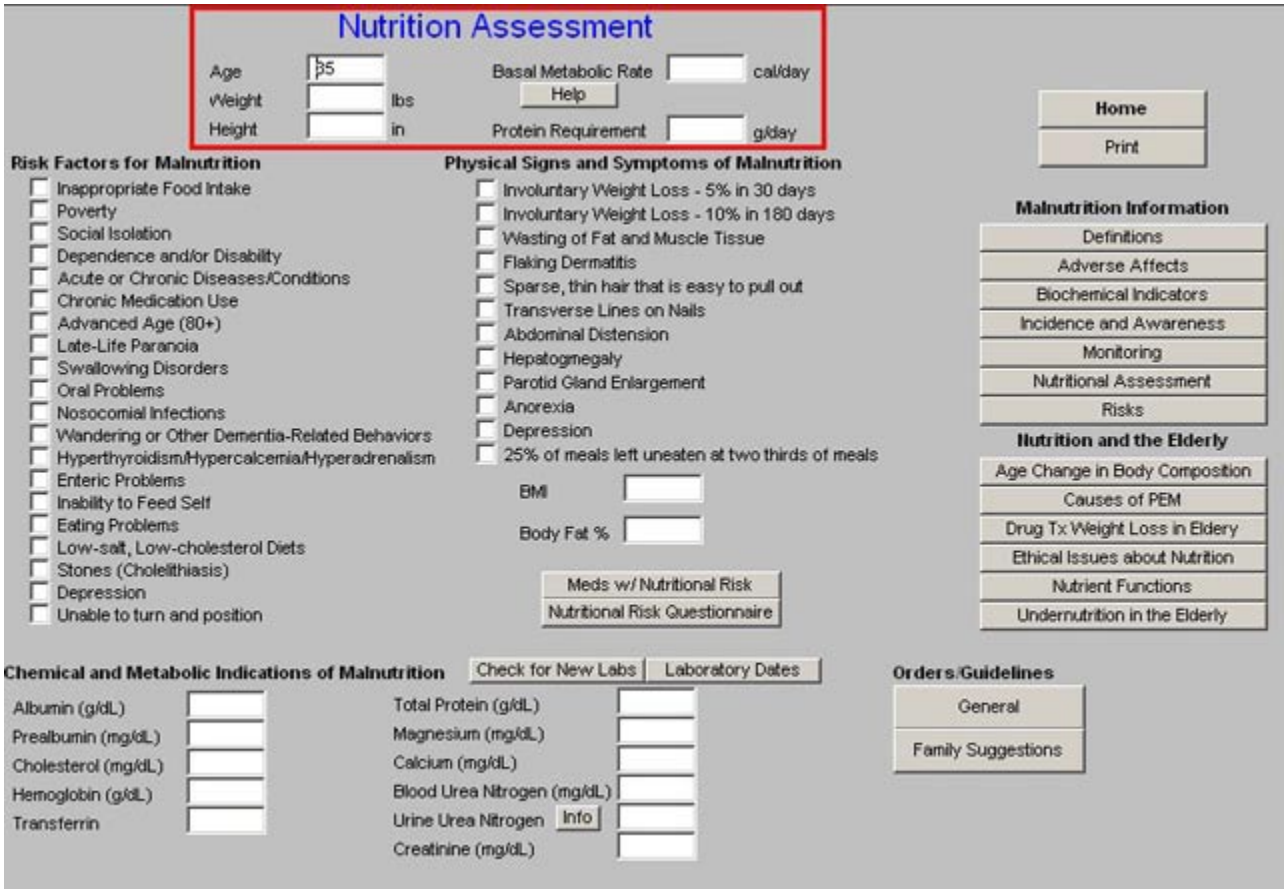
The Nutrition Template is organized into four sections from top to bottom. They are:

Top Section:

The following patient data is pulled from other parts of the EMR:

- **Age**
- **Weight**

- **Height**
- **BMI**
- **Body Fat %**
- **Basal Metabolic Rate** – there is a help button which gives details about the patient's BMR. If the BMR is not displayed, it it is simple to go to AAA Home, click on Master GP, go the Nursing tempate, click in the box beside BMR, add the patient's level of activity and click "OK." The BMR is automatically calculated and displayed on the Nutrition Template.
- **Protein Requirements** – Among the very important aspects of a patient's nutritional status is appropriate protein intake. In the first help button to the right of the Nutrition button two definitions are given:
    - **Kwashiorkor** – a form of malnutrition caused by inadequate protein intake
    - **Marasmus** -- a form of failure to grow with emaciation in face of a fair appetite.

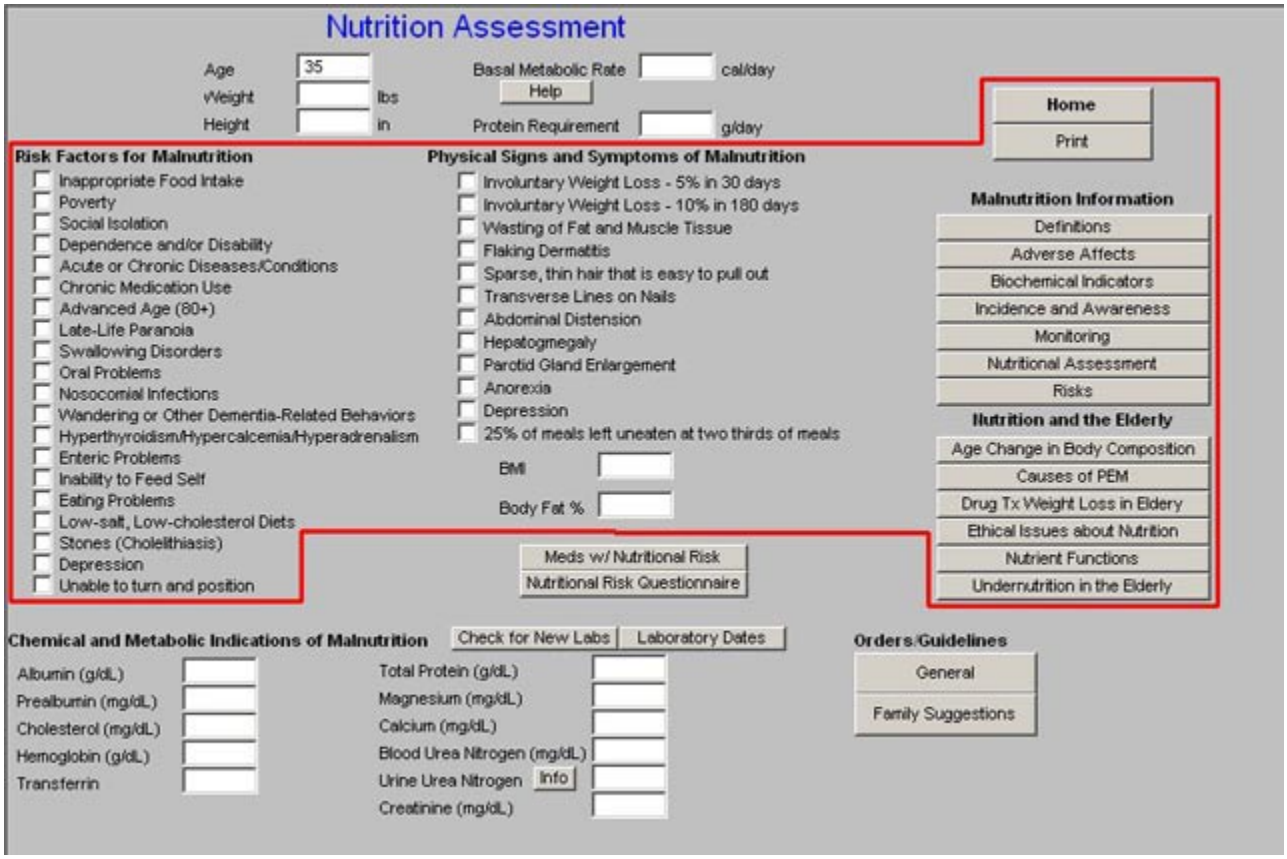


The second section of the Nutrition Assessment is composed of three columns:

Risk Factors for Malnutrition

- Inappropriate Food Intake
- Poverty
- Social isolation

- Dependence and/or Disability
- Acute of chronic Diseases/conditions
- Chronic medication use
- Advanced aged (80+)
- Late-Life Paranoia
- Swallowing Disorders
- Oral Problems
- Nosocomial Infections
- Wandering or Other Dementia-related Behaviors
- Hyperthyroidism/Hypercalcemia/Hyperadrenalism
- Enteric Problems
- Inability to feed self
- Eating Problems
- Low-salt, low-cholesterol Diets
- Stones (Cholelithiasis)
- Depression
- Unable to turn and position

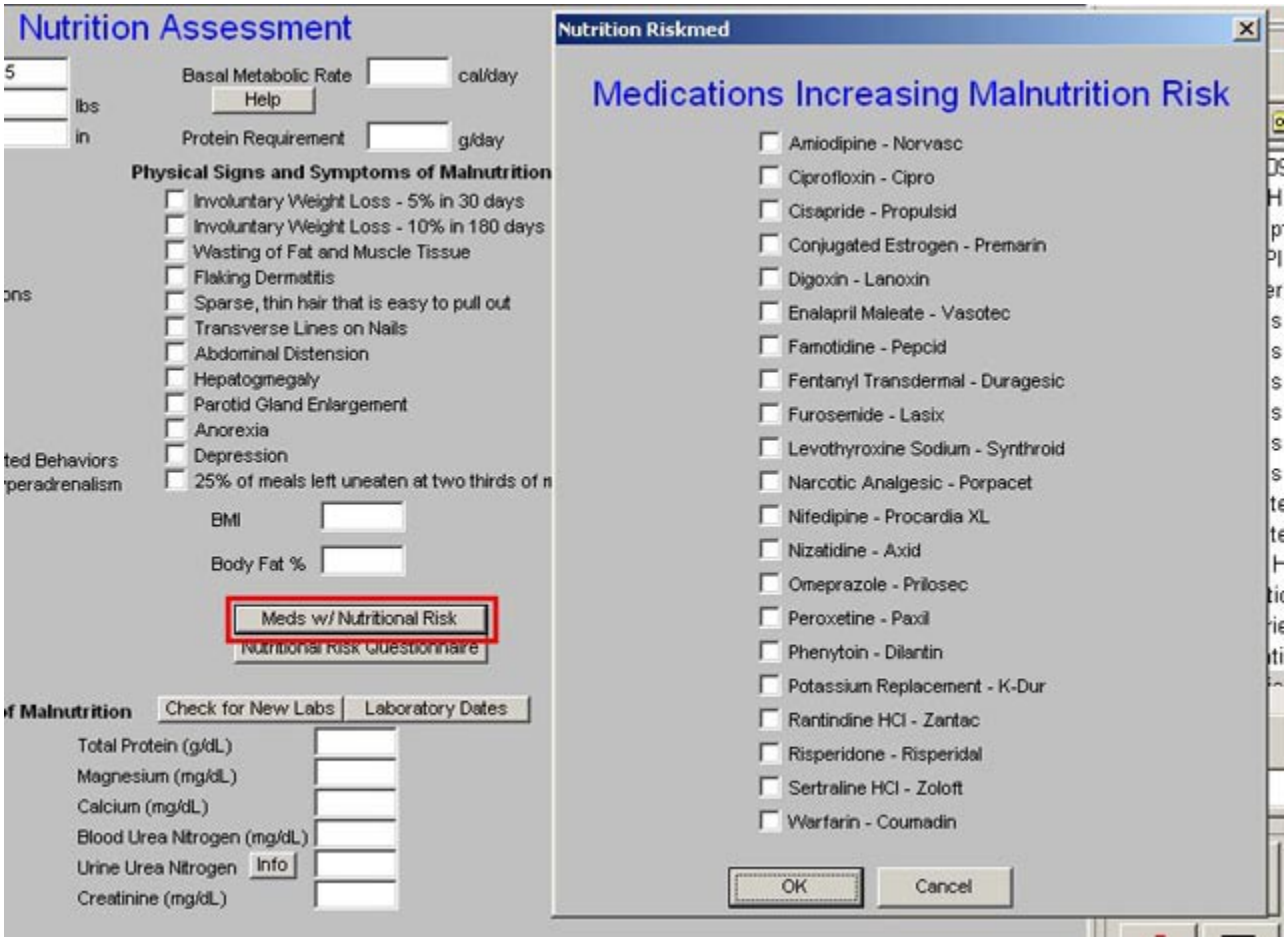


This check list not only provides an excellent risk stratification for nutritional compromise in a patient but also provides an excellent guide to evaluation of nutritional problems.

Midway down the first column and next to the Risk Factors for Malnutrition are two

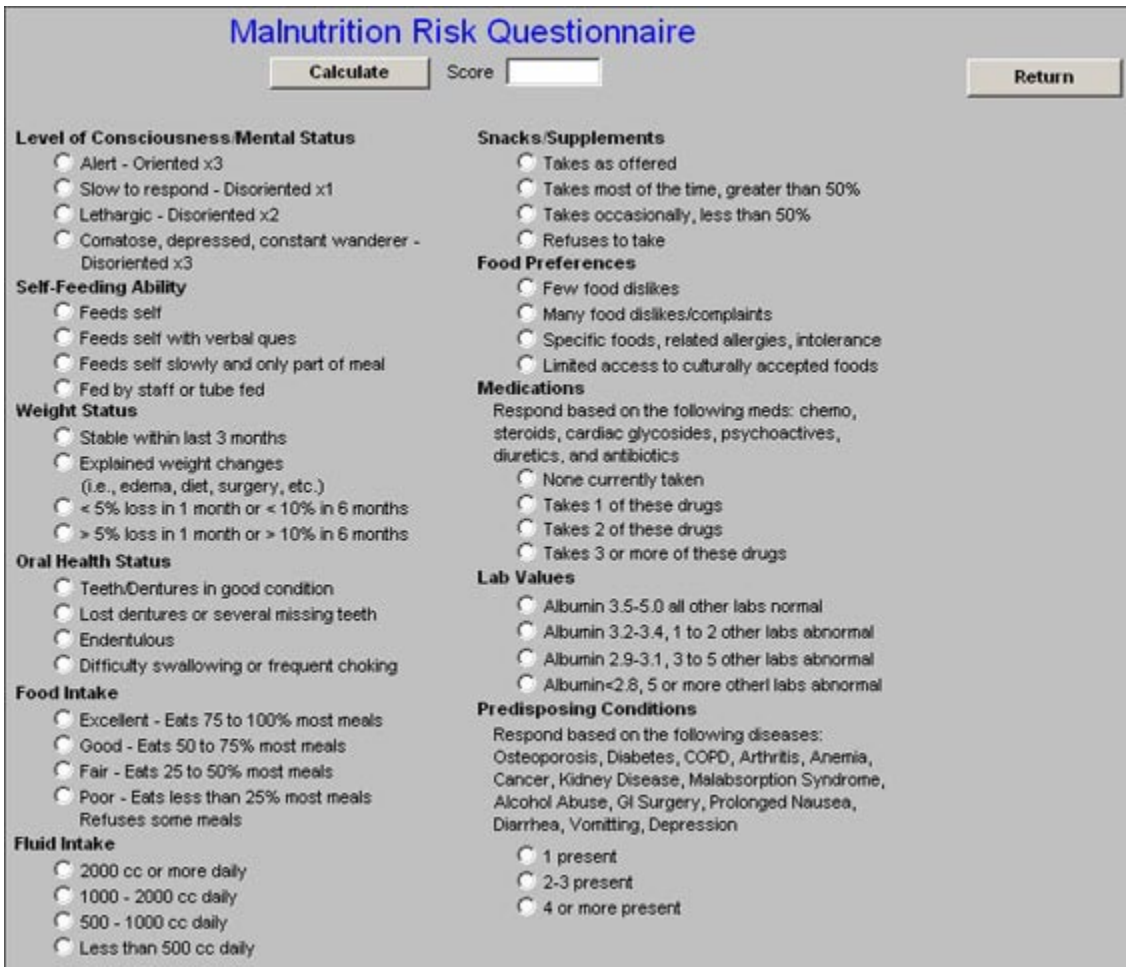
buttons:

Meds w/Nutritional Risk – this is the list of common medications which can contribute either to decrease appetite or to decrease absorption. Any patient at nutritional risk ought to be evaluated for the possibility of avoiding these medications.



Nutritional Risk Questionnaire – based on the following categories, a score of 10 or higher places the patient at a high risk of malnutrition. The categories are:

- Level of Consciousness/Mental Status
- Self-feeding ability
- Weight Status
- Oral health status
- Food intake
- Fluid intake
- Snacks/Supplements
- Food Preferences
- Medications
- Lab Values
- Predisposing Conditions



Column 2:

Physical Signs and Symptoms of Malnutrition

- Involuntary Weight Loss – 5% in 30 days
- Involuntary Weight Loss – 10% in 180 days
- Wasting of Fat and Muscle Tissue
- Flaking Dermatitis
- Sparse, thin hair that is easy to pull out
- Transverse lines on Nails
- Abdominal distension
- Hepatomegaly
- Parotid Gland enlargement
- Anorexia
- Depression
- 25% of meals left uneaten at two thirds of meals.

Column 3:

Print Button -- this creates a document for the Nutritional Assessment Template

Malnutrition Information -- these are provider education pieces on nutrition

- Definitions
- Adverse Affects
- Biochemical Indicators
- Incidence and Awareness
- Monitoring
- Nutritional Assessment
- Risks

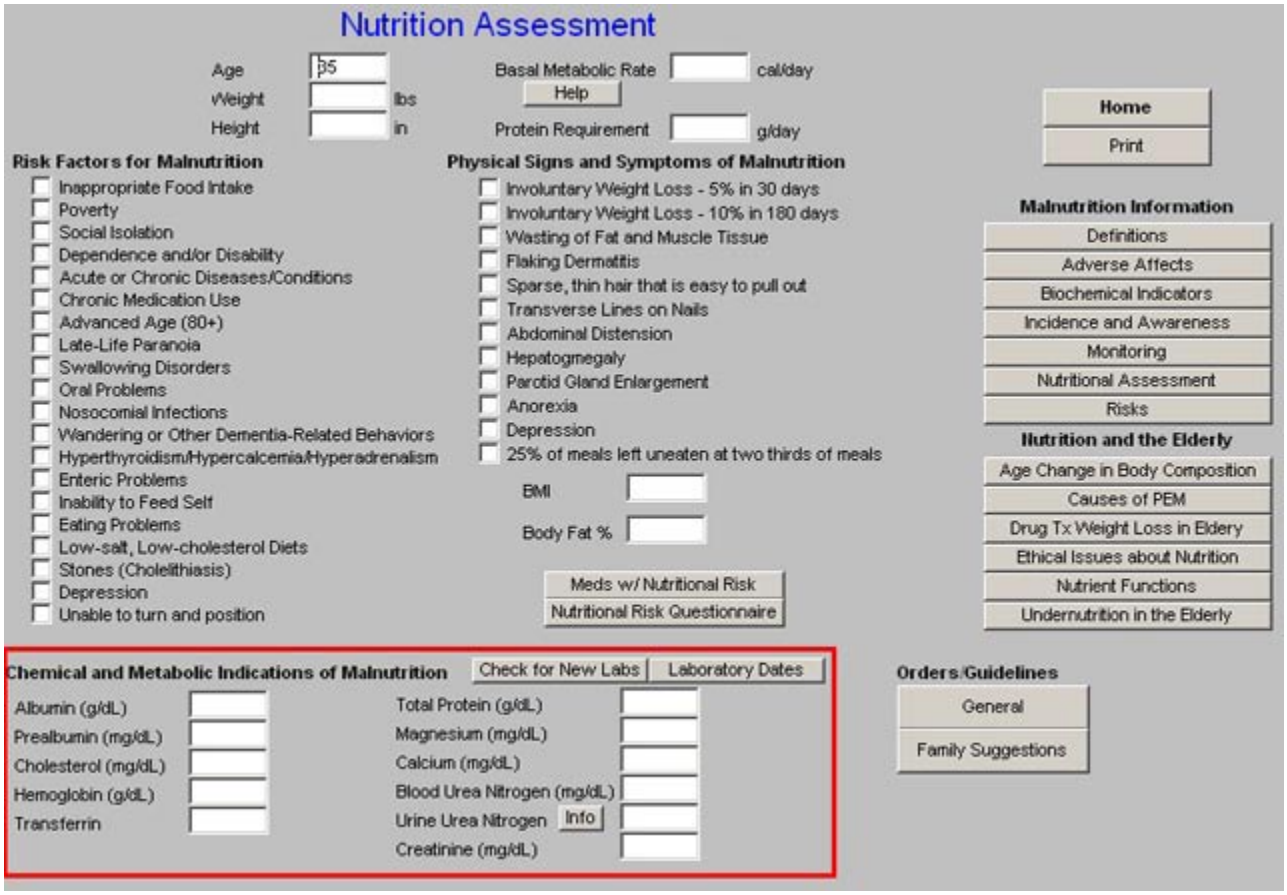
Nutrition and the Elderly – these are provider education pieces

- Age Change in Body Composition
- Causes of PEM
- Drug Tx Weight Loss in Elderly
- Ethical Issues about Nutrition
- Nutrient Functions
- Undernutrition in the Elderly

The third section from top to bottom is:

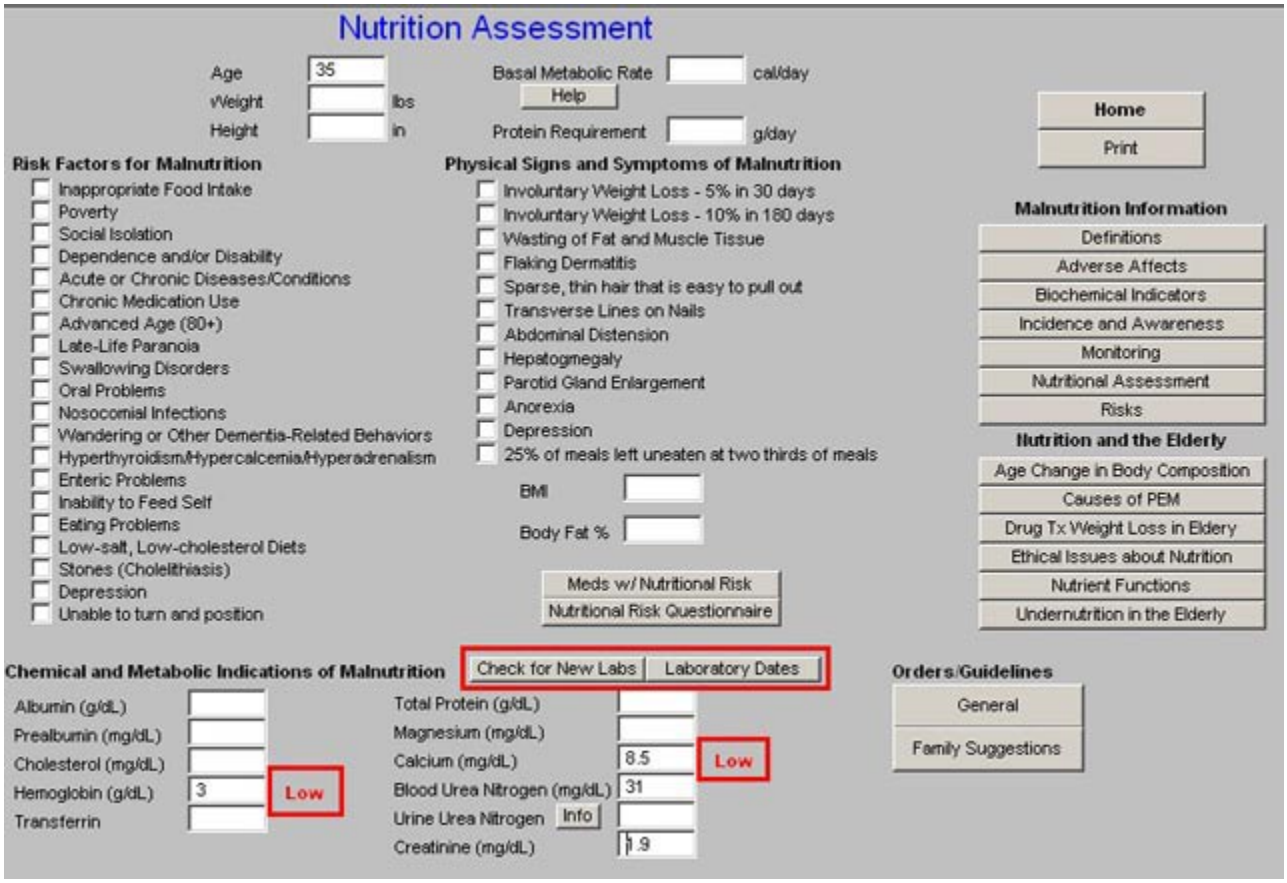
Chemical and Metabolic Indications of Malnutrition

- Albumin
- Prealbumin
- Cholesterol
- Transferrin
- Total Protein
- Magnesium
- Calcium
- Blood Urea Nitrogen
- Urine urea nitrogen -- there is an “info” button which explains what urine urea nitrogen is.
- Creatinine

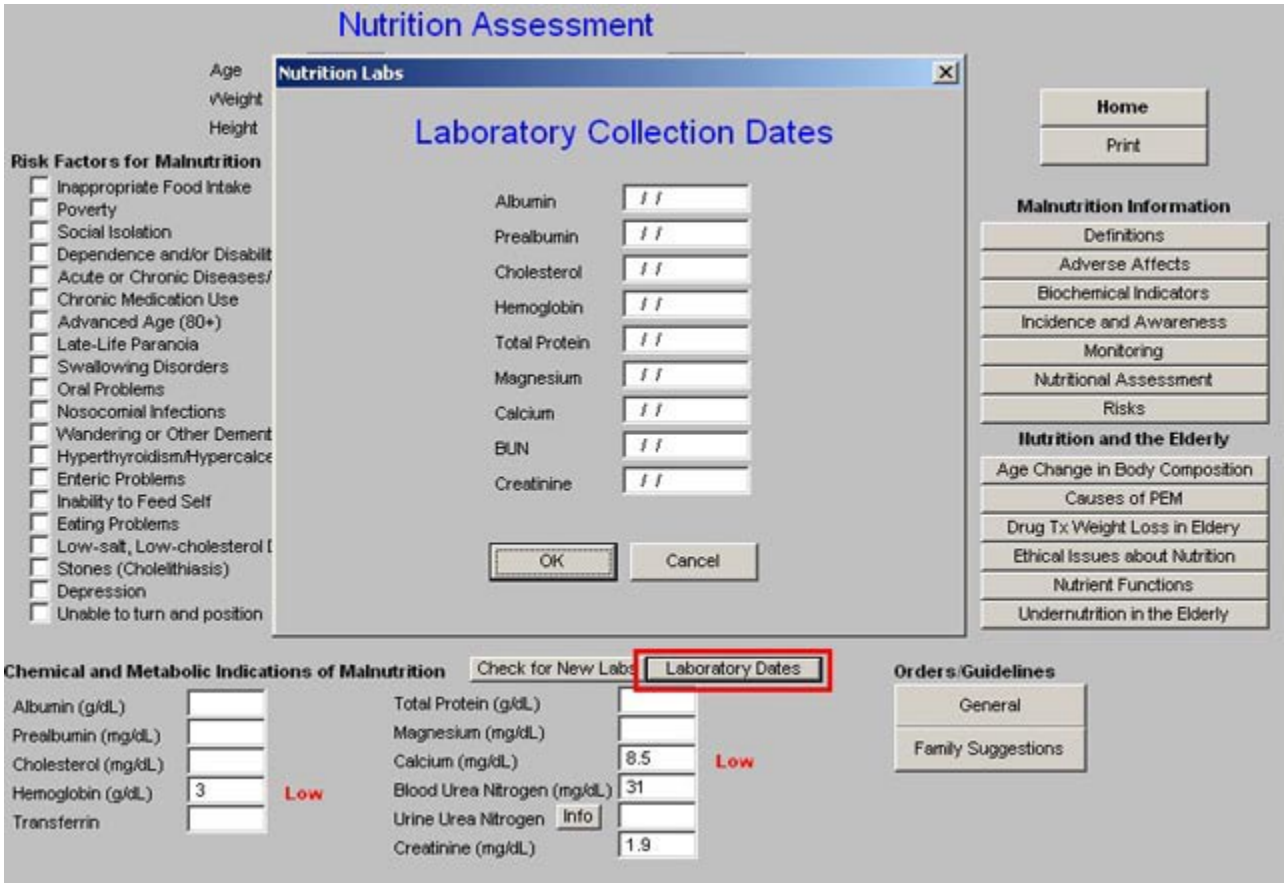


To the right of this section are two buttons:

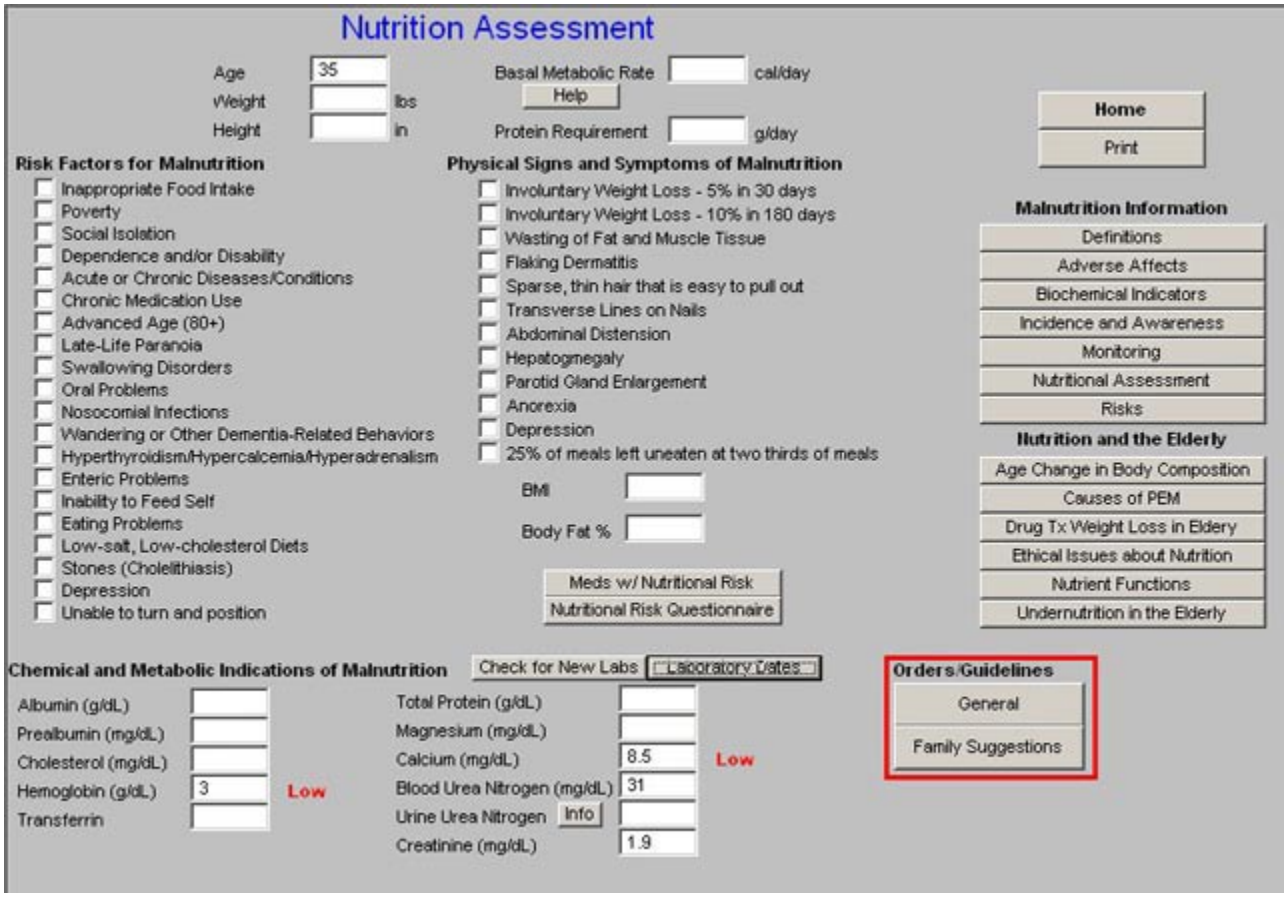
- **Check for new lab** – this populates the lab results with the most current lab.



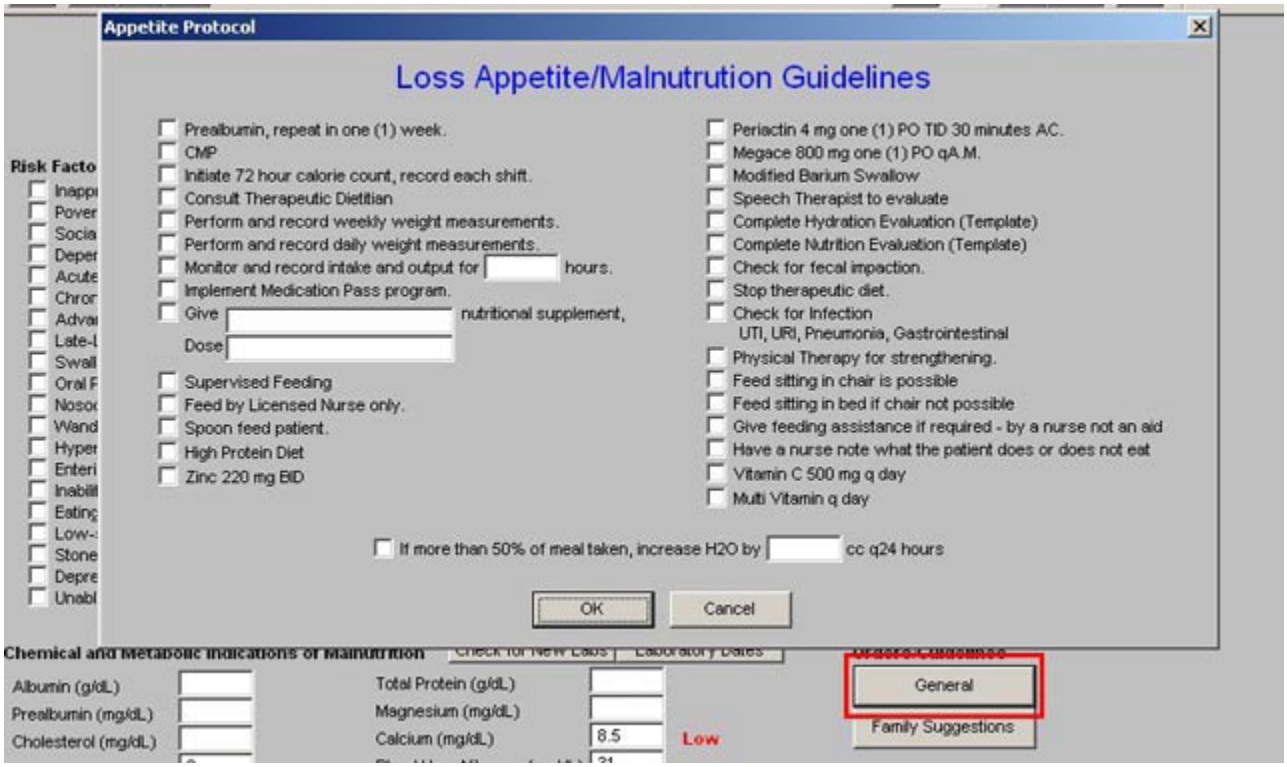
- **Laboratory Dates** – this tells you when the lab was done.



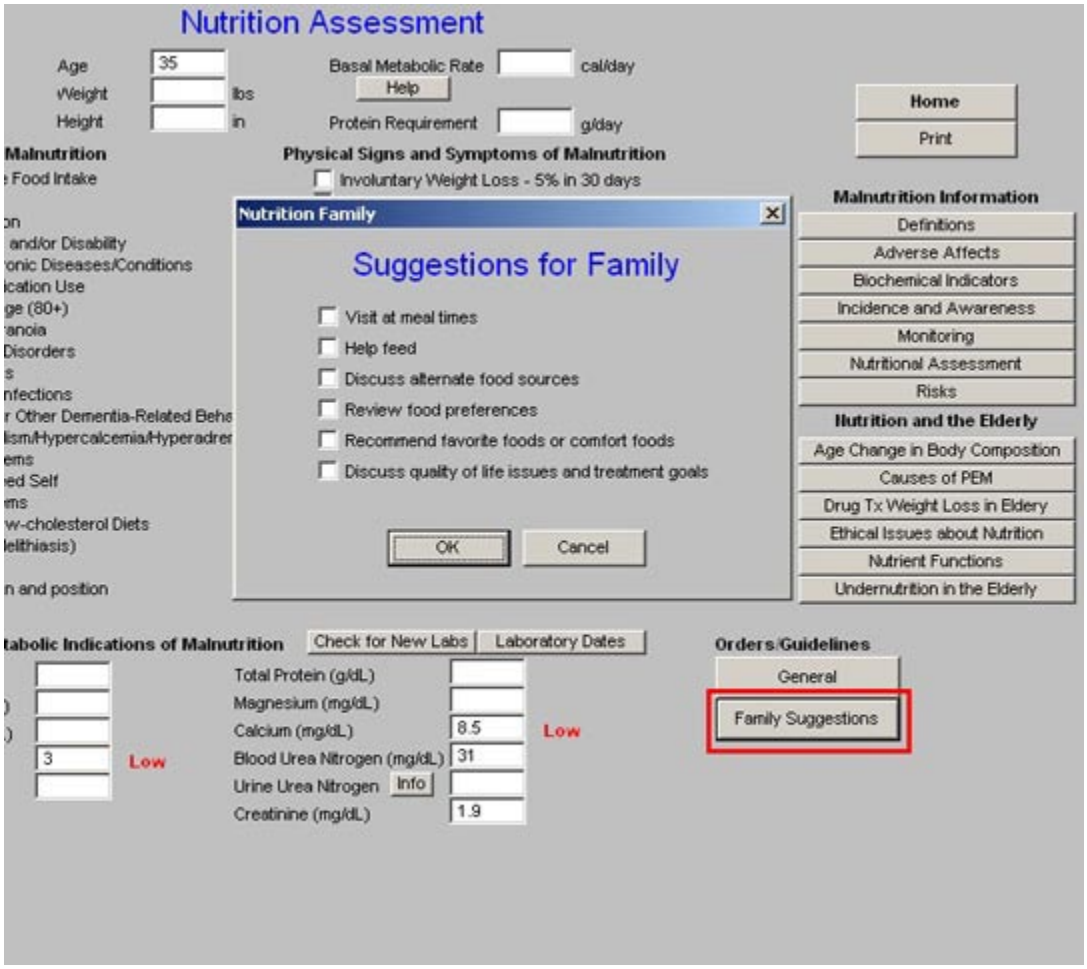
The last section from top to bottom has two buttons and is entitled "**Orders/Guidelines**"



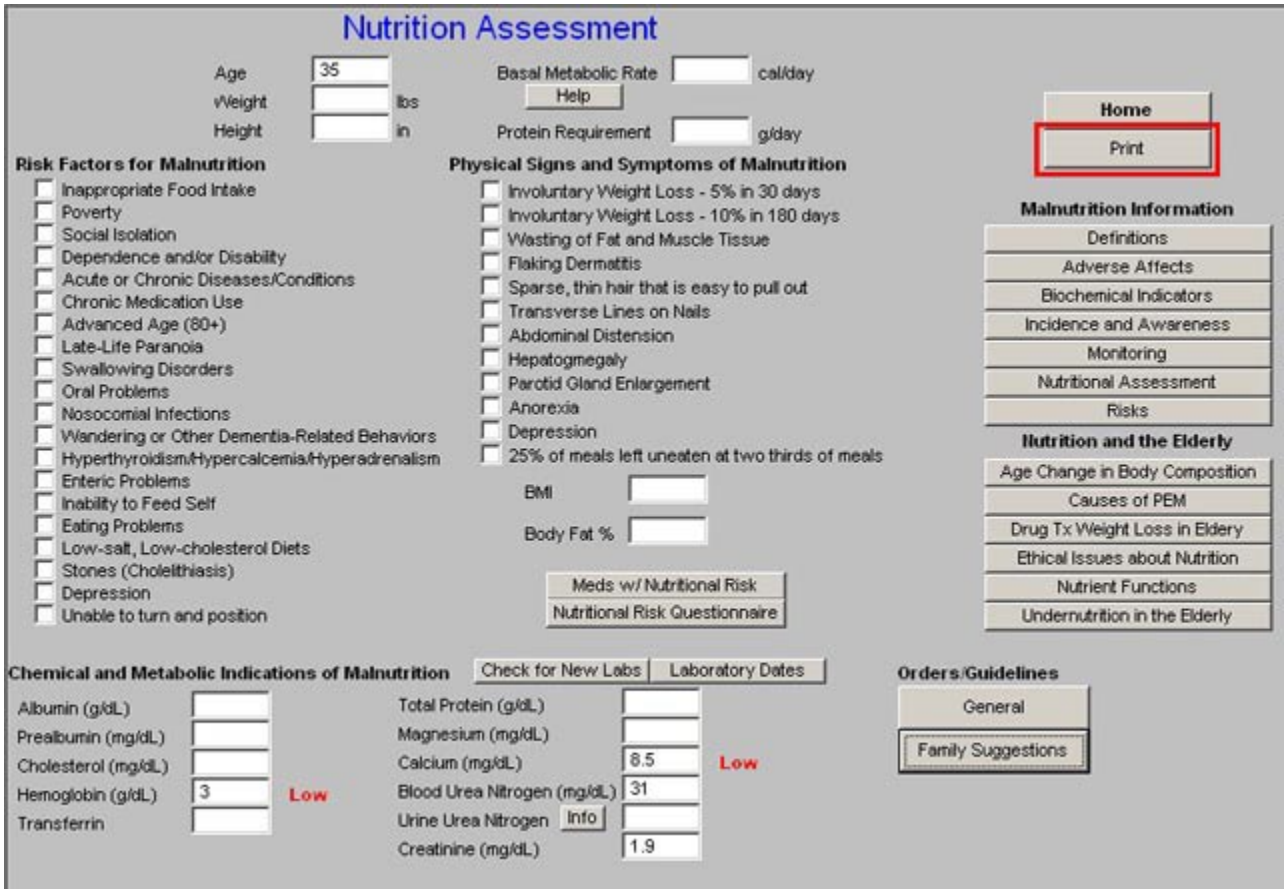
General – launches a pop-up entitled **Loss of Appetite/Malnutrition Guidelines**



Family Suggestions – six suggestions which can be made to the family to improve the nutrition of their loved one.



The “Print” button creates a document with all of the information competed on this template. The information also is added to the document of the Master GP and the Master Nursing Home chart notes.


Nutrition Assessment
Age 35
Weight lbs
Height in
Basal Metabolic Rate cal/day
Help
Protein Requirement g/day
Home
Print
Risk Factors for Malnutrition
Inappropriate Food Intake
Poverty
Social Isolation
Dependence and/or Disability
Acute or Chronic Diseases/Conditions
Chronic Medication Use
Advanced Age (80+)
Late-Life Paranoia
Swallowing Disorders
Oral Problems
Nosocomial Infections
Wandering or Other Dementia-Related Behaviors
Hyperthyroidism/Hypercalcemia/Hyperadrenalism
Enteric Problems
Inability to Feed Self
Eating Problems
Low-salt, Low-cholesterol Diets
Stones (Cholelithiasis)
Depression
Unable to turn and position
Physical Signs and Symptoms of Malnutrition
Involuntary Weight Loss - 5% in 30 days
Involuntary Weight Loss - 10% in 180 days
Wasting of Fat and Muscle Tissue
Flaking Dermatitis
Sparse, thin hair that is easy to pull out
Transverse Lines on Nails
Abdominal Distension
Hepatomegaly
Parotid Gland Enlargement
Anorexia
Depression
25% of meals left uneaten at two thirds of meals
BMI
Body Fat %
Meds w/ Nutritional Risk
Nutritional Risk Questionnaire
Malnutrition Information
Definitions
Adverse Affects
Biochemical Indicators
Incidence and Awareness
Monitoring
Nutritional Assessment
Risks
Nutrition and the Elderly
Age Change in Body Composition
Causes of PEM
Drug Tx Weight Loss in Eldery
Ethical Issues about Nutrition
Nutrient Functions
Undernutrition in the Elderly
Chemical and Metabolic Indications of Malnutrition
Check for New Labs
Laboratory Dates
Albumin (g/dL)
Prealbumin (mg/dL)
Cholesterol (mg/dL)
Hemoglobin (g/dL) 3 Low
Transferrin
Total Protein (g/dL)
Magnesium (mg/dL)
Calcium (mg/dL) 8.5 Low
Blood Urea Nitrogen (mg/dL) 31
Urine Urea Nitrogen Info
Creatinine (mg/dL) 1.9
Orders/Guidelines
General
Family Suggestions